Sharma, Khem Lal

MRN: 1000096703

Dimple A. Patel, MD
Physician
General Internal Medicine

Progress Notes
Signed

Date of Service: 01/15/26 0801

Mid-Atlantic Permanente Medical Group

HOSPITALIST PROGRESS NOTE

Patient Name: Khem Lal Sharma
DoB: 5/3/1962
MRN: 1000096703
KP: 73251056 - (Commercial)
CSN: 5157166942

Date/Time: 1/15/2026 8:01 AM

Admission Class: Inpatient

Code Status: CPR, Full Code

Preferred Language: Nepali

Assessment/Plan:

Khem Lal Sharma is a 63 y.o. male, HD #7 admitted on 1/8/2026 with complaints of hiccups, cough and shortness of breath. Admitted for suspected PNA and low grade fever. Work up concerning of on going aspirations.

history of rapidly recurrent small squamous cell carcinoma of oropharynx status post concurrent chemoradiation therapy, hypertension, diabetes, recurrence of cancer with evidence of mediastinal lymph node involvement

Intractable nausea and vomiting
Intractable hiccups
Severe protein caloric malnutrition
Aspiration on MBS
- s/p PEG placement on 1/14
- patient treated supportively with IV hydration, nausea meds
- *CT A/P: 1/8 :: multiple low-density lesions in the right lobe of the liver.There are diverticula of the descending and sigmoid colon. Moderate stool is present in the sigmoid colon and rectum. There is no*

extraluminal fluid or focal inflammatory changes.
In comparison to the prior study of 5/25/2025, multiple low-density lesions have appeared in the hepatic parenchyma compatible with hepatic metastases.
- MBS done on 112 noted intermittent penetration aspiration of thin liquids, benefits for use of supraglottic swallow
- SLP - recommended PEG tube placement - son and family agreeable
- 1/14: s/p PEG tube placement by IR. Will start Tube feeds this evening after 24 hrs of placement, resume DVT ppx - AC
- Nutritionist recs appreciated -
"Nutrition Recommendation #1: EN- Initiate Glucerna 1.5 @20 mL/hr; advance by 10 mL/hr every 6 hours until goal rate of 40 mL/hr with 1 pkt of prosource TF20 daily. This will provide: 1520 kcal, 99 g protein, 128 g CHO, 730 mL Free Water. Waster Flush tube 50 mL every 4 hours or per provider. Advance slowly, due to decreased PO intakes since adm to hospital and replete lytes per provider. Will assess the need for Bolus TF regimen closer to discharge and per clinical course.
Nutrition Recommendation #2: Po diet per SLP/Provider recs. Continue with Ensure plus HP Vanilla TID if within SLP recs.
Nutrition Recommendation #3: Maintain Aspiration Precautions"

Low grade fever - remains afebrile now
Suspected PNA - ruled out
- CTA chest - 1/7:: No PE, Interval progression of metastatic disease with increasing mediastinal/hilar lymphadenopathy, new pulmonary nodules and new hepatic lesions
- blood cx - NGTD
- extended viral panel - negative
- lactate - negative
- Procalcitonin - negative
- ID recommended to stop all antibiotics, cefepime discontinued on 01/10, patient remained stable and afebrile, negative blood cultures and normal WBC

Neutropenia - improved
Anemia - stable
Thrombocytopenia - improved
- neutropenia & anemia secondary to chemotherapy
- s/p 1U PRBC on 1/8
- patient also received 1 dose of filgrastim as per Oncology
- no overt bleeding noted
- we will continue to trend labs

Small squamous cell carcinoma of oropharynx
- s/p concurrent chemoradiation therapy
Recurrence of cancer with evidence of mediastinal lymph node involvement
- case was discussed with head and neck surgeon Dr. Hughes by previous provider who saw the patient and did not think this is an upper airway issue, does not think there is mastoiditis either. Plans to see him outpatient.
- on chemo - cont outpatient management
- No acute issues reported today

- MBS done which shows penetration with thin liquids, SLP rec: PEG tube
- 1/14: s/p PEG tube placement by IR. Will start Tube feeds this evening after 24 hrs of placement, resume DVT ppx - AC
- Nutritionist recs appreciated

HTN
CAD
S/p CABG
- holding metoprolol due to soft blood pressure
- continue statin, patient is not on aspirin
BP 129/76 | Pulse 93 | Temp 36.7 °C (98 °F) (Oral) | Resp 18 | Ht 157.5 cm (5' 2") | Wt 59.9 kg (132 lb) | SpO2 100% | BMI 24.14 kg/m²

DM2
- holding metformin as BG has been running low due to decreased oral intake
- continue SSI and Accu-Cheks

GERD
History of duodenal ulcers
- cont protonix

Sleep apnea
- cont CPAP

Diet: Ensure Plus HP Vanilla; Breakfast + Lunch + Dinner (TID)
Full Liquid Diet; Thin (L0); In conjunction with: Tube Feeding (see Medication Orders)

VTE Prophylaxis: enoxaparin (Lovenox) - prophylactic dose
Medication Information: (From admission, onward)

	Ordered
enoxaparin sodium (LOVENOX) injection 40 mg 1 time daily Ordering Provider: Dimple A. Patel, MD	01/13/26 1209

Reason for continued hospitalization:
Need for active daily monitoring for acute illness, including frequent vital sign checks, serial physical examinations, frequent lab draws, and/or advanced imaging, with resulting need for daily changes

to medical regimen

Current likely discharge plan: home with home services

Estimated time until discharge: 24-48 hrs - until tube feeds at goal and delivery of supply

Ambulatory status: ambulatory

Subjective

Overnight events: No acute events overnight.

Patient seen and examined by bedside.
Patient denied chest pain, shortness of breath, difficulty swallowing, cough, SOB, fever, chills, nausea, vomiting, diarrhea, urinary symptoms, or any other concerning symptoms at this time.
Overall doing well with PEG tube. No BM since the procedure.

Medications

Scheduled medications:

*NUTRITION Modular Supplement, , Per PEG Tube, 3X daily
*NUTRITION Modular Supplement, , Per PEG Tube, 1X daily
*NUTRITION Tube Fluid Flush Type, 50 mL, Per PEG Tube, Q4H
atorvastatin, 80 mg, Oral, nightly
enoxaparin, 40 mg, Subcutaneous, 1X daily
insulin lispro, 0-4 Units, Subcutaneous, nightly
insulin lispro, 0-5 Units, Subcutaneous, 3X daily AC
normal saline, 20 mL, Intravenous, 2X daily
pantoprazole, 40 mg, Intravenous, 1X daily

PRN medications:

acetaminophen, dextrose, glucagon, glucose **OR** glucose, HYDROmorphone, normal saline **AND** normal saline, oxyCODONE

IV Infusions:

- *NUTRITION Tube Feeding Continuous

Active Antimicrobial Orders (From admission, onward)

None

Blood Product Administration History

	Date	Volume	Status
Transfuse Red Blood Cells	01/08/2026	370 mL	Completed 01/09/26 0456

Objective

Objective Data: Vitals 24hrTable: **Patient Vitals for the past 24 hrs:**

	BP	Temp	Temp src	Pulse	Resp	SpO2
01/15/26 0529	—	—	—	—	19	—
01/15/26 0524	124/70	36.7 °C (98.1 °F)	Oral	91	18	96 %
01/15/26 0008	116/63	36.3 °C (97.4 °F)	Oral	79	18	97 %
01/14/26 2057	103/57	37.2 °C (99 °F)	Oral	93	18	99 %
01/14/26 2026	—	—	—	—	19	—
01/14/26 1731	115/70	36.9 °C (98.4 °F)	Oral	87	18	96 %
01/14/26 1715	102/61	36.4 °C (97.5 °F)	Temporal	—	18	97 %
01/14/26 1700	108/71	—	—	—	16	97 %
01/14/26 1645	108/67	—	—	—	15	99 %
01/14/26 1630	110/68	—	—	—	16	97 %
01/14/26 1615	113/74	—	—	—	17	97 %
01/14/26 1600	127/75	—	—	—	16	98 %
01/14/26 1555	121/68	36.6 °C (97.9 °F)	Temporal	—	19	98 %
01/14/26 1201	106/67	36.8 °C (98.3 °F)	Oral	85	18	98 %
01/14/26 0823	105/65	36.9 °C (98.5 °F)	Oral	96	18	98 %

24 hr Intake and Output:

Intake/Output Summary (Last 24 hours) at 1/15/2026 0801
Last data filed at 1/14/2026 1645

	Gross per 24 hour
Intake	120 ml
Output	0 ml
Net	**120 ml**

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Devices:

Patient Lines/Drains/Airways Status

Active Active LDAs (selected)

Name	Placement date	Placement time	Site	Days
Implanted Port 12/03/25 0000 Right Subclavian Single lumen	12/03/25	0000	—	43

Physical Exam

General: NAD. thin male, in bed today
Head and Neck: has scar tissue in H&N area from previous surgery
Lungs: CTAB. No wheezing, rales, rhonchi. No accessory muscle use. No Tachypnea.
Chest: No chest wall TTP.
Cardio: S1,S2. RRR. No murmurs, rubs.
Abdomen: soft, ND/NT. No organomegaly. No guarding. Positive bowel sounds.
+ PEG tube in place - mild tenderness, no bleeding or drainage noted
Extremities: ROM intact. Distal pulses palpable. No lower extremity edema.
Neuro: AAOx3. CN 2-12 intact. No focal motor/sensory deficits.

Intake/Output Summary (Last 24 hours) at 1/15/2026 0801
Last data filed at 1/14/2026 1645

	Gross per 24 hour
Intake	120 ml
Output	0 ml
Net	**120 ml**

Weight: 59.9 kg (132 lb) (01/08/26 0925)
Weight: (not recorded)
Net IO Since Admission: 2,366.25 mL [01/15/26 0801]

Laboratory Results

	01/15/26 0515	01/14/26 0614	01/12/26 0433	01/11/26 0500	01/10/26 0523
WBC	4.5	3.9*	3.9*	3.4*	1.8*
HEMOGLOBIN	8.3*	8.1*	8.0*	7.7*	7.2*
HEMATOCRIT	25.9*	24.8*	24.6*	23.2*	22.0*
PLATELETS	148*	156	171	165	149*

	01/15/26 0516	01/14/26 0614	01/13/26 0533	01/11/26 0500	01/10/26 0523	01/09/26 0551	01/08/26 1037	01/08/26 1031
SODIUM	133*	132*	134*	< >	132*	134*	132*	--
POTASSIUM	4.0	4.0	3.8	< >	3.5	3.8	4.2	--
CHLORIDE	97*	95*	96*	< >	95*	98	94*	--
CO2 TOTAL	26	25	28	< >	26	26	27	--
BUN	17.7	13.7	10.9	< >	13.7	14.4	21.2	--
CREATININE	0.5*	0.5*	0.5*	< >	0.6*	0.6*	0.6*	--
GLUCOSE BLD	134*	136*	139*	< >	95	125*	148*	--
CALCIUM	9.7	9.6	9.5	< >	9.4	9.3	9.3	--
MAGNESIUM	2.2	2.1	--	--	--	--	2.1	--

PHOSPHORUS	3.6	3.5	--	--	--	--	--	--
AST	--	22	--	--	16	14	16	--
ALT	--	30	--	--	19	22	26	--
ALK PHOS	--	90	--	--	73	72	79	--
BILIRUBIN TOTAL	--	0.6	--	--	0.8	0.8	0.4	--
LACTATE	--	--	--	--	--	--	--	1.2

< > = values in this interval not displayed.

	01/14/26 0614
PROTIME	17.8*
INR	1.6

Invalid input(s): "HEMOGLOBINUR", "URINECLARITY", "URINEPRT"

Invalid input(s): "PERCNTCOHB"

Microbiology Results

Viral:
SARS-CoV2: Not Detected; Not Detected
Influenza A: Not Detected
Influenza B: Not Detected

Urinalysis:
No results for input(s): "BLOODU", "LEUKOCYTESUR", "NITRITEUA", "NITRITE", "WBCU", "RBCU", "EPICELL", "BACTERIA" in the last 72 hours.

Microbiology Results

Procedure	Component	Value	Units	Date/Time
Blood Culture x2 [753111311]				Collected: 01/08/26 1037
Order Status: Completed		Lab Status: Final result		Updated: 01/13/26 1600
Specimen: Blood				
	PRE	No Growth after 4 days incubation.		
	FINAL	No Growth after 5 days incubation		

Procedure	Component	Value	Units	Date/Time
Narrative:				
Bridge Draw Site: Hand Left				
Blood Culture x2 [753111310]				Collected: 01/08/26 1031
Order Status: Completed		Lab Status: Final result		Updated: 01/13/26 1600
Specimen: Blood				
	PRE	No Growth after 4 days incubation.		
	FINAL	No Growth after 5 days incubation		
Narrative:				
Bridge Draw Site: Hand Left				

Radiology Results

IR Gastrostomy Tube Placement
Final Result
IMPRESSION:

Uncomplicated placement of a 16 French MIC gastrostomy tube with its tip in the stomach. The tube should not be used for 24 hours.

Electronically signed by: Edward Ahn, MD Date: 1/14/2026 4:11 PM

IR US Guided Needle Placement
Final Result
IMPRESSION:

Uncomplicated placement of a 16 French MIC gastrostomy tube with its tip in the stomach. The tube should not be used for 24 hours.

Electronically signed by: Edward Ahn, MD Date: 1/14/2026 4:11 PM

FL Swallowing Function with Video
Final Result
IMPRESSION:
Please refer to speech pathology report for full details.

Electronically signed by: Shu Li, MD Date: 1/12/2026 12:42 PM

CT Abdomen/Pelvis IV Contrast Only
Final Result
IMPRESSION:
There are multiple low-density lesions in the right lobe of the liver. These have appeared in

comparison to a prior study of 5/25/2025..

There are diverticula of the descending and sigmoid colon. Moderate stool is present in the sigmoid colon and rectum. There is no extraluminal fluid or focal inflammatory changes.

In comparison to the prior study of 5/25/2025, multiple low-density lesions have appeared in the hepatic parenchyma compatible with hepatic metastases. Infiltrative changes surrounding the sigmoid colon have resolved compatible with resolution of diverticulitis. Dilation of the small bowel in the left side of the abdomen has also resolved.

NOTE: In accordance with CMS's Clinical Quality Measures, when applicable, no further imaging is recommended in patients 18 years and older for:
1. Incidental cystic renal lesion that is simple appearing (Bosniak I or II).
2. Incidental adrenal lesion < or = 1.0 cm.
3. Incidental adrenal lesion > 1.0 cm but < or = 4.0 cm classified as likely benign by accepted imaging criteria.

Electronically signed by: David Elder, MD Date: 1/8/2026 4:05 PM

XR Chest AP (Portable)
Final Result
IMPRESSION:
No radiographic evidence of acute cardiopulmonary abnormality.

Electronically signed by: Charles Yim, MD Date: 1/8/2026 9:05 AM

Family Contact

Primary Emergency Contact: Sharma,Bishal, Home Phone: 410-340-2427

Electronic Signature:

Dimple A. Patel, MD
1/15/2026 at 8:01 AM
Hospital-Based Medicine
MidAtlantic Permanente Medical Group
Available Via TigerConnect

Signed by Dimple A. Patel, MD on 01/15/26 1215

ED to Hosp-Admission (Current) on 1/8/2026 *Note shared with patient*

Care Timeline

01/08 Admitted from ED 1954