This message will expire on Tuesday January 20, 2026 at 3:02 PM.

Contact: Donna Hayes

| | | | |
|---|---|---|---|
| **Name:** | Xing Rong Wang | **DOB:** | 7/10/1944 (81 yrs) |
| **Social Security:** | xxx-xx-6034 | **MRN** | 1232055 |
| **Gender:** | M | **Admit Dt/Tm:** | 1/10/2026 5:29 AM |
| **Discharge Date:** | 1/16/2026 | **IP Admit Dt/Tm:** | 1/11/26 12:00 PM |
| **Dept.** | BWMC-4S MED/SURG | **Room / Bed** | 452/452-A |

## BALTIMORE WASHINGTON MEDICAL CENTER

Encounter Date: **1/10/2026**
Hospital Account: **401400341**
MRN: **1232055**
Guarantor: **WANG,XING RONG**
Contact Serial #: **5157367096**

### PATIENT

| | | | |
|---|---|---|---|
| Name: | **Xing Rong Wang** | DOB: | **7/10/1944 (81 yrs)** |
| Address: | **1267 SLEEPY HOLLOW RD** | Sex: | **Male** |
| City: | **SEVERN MD 21144** | | |
| Social Security: | **xxx-xx-6034** | Primary Phone: | **410-206-8834** |
| Marital Status: | **Married** | Mobile Phone: | **410-206-8834** |
| Religion: | **None** | E-Mail Address: | **No e-mail address on record** |
| Race: | **Asian** | Spoken Language: | **Chinese (Mandarin)** |
| Interpreter Needed: | | Written Language: | **Chinese (Mandarin)** |

**EMERGENCY CONTACT**

| Name | Home Phone | Work Phone | Mobile Phone | Relationship | Lgl Grd |
|---|---|---|---|---|---|
| **WANG,JING** | **999-999-9999** | **999-999-9999** | **410-206-8834** | **Daughter** | |

### ENCOUNTER

| | | | |
|---|---|---|---|
| Patient Class: | **IP** | Encounter Dt/Tm: | **1/10/2026 5:29 AM** |
| Hospital Service: | **General Internal Medicine** | IP Admit Dt/Tm: | **1/11/26 12:00 PM** |
| Procedure: | **No admission procedures for hospital encounter.** | Adm Diagnosis: | **Aspiration pneumonia of *** |
| Admitting Provider: | **Jiayan Chen, Md** | Admitting Rep: | **LOPEZ, CRISTINA** |
| Attending Provider: | | Advanced Directive: | **Not Received** |
| Referring Physician: | | Est Length of Stay: | **5** |
| Primary Care: | **Sharon Chung, DO:** | Comment: | **No comment available** |

### GUARANTOR

| | | | |
|---|---|---|---|
| Guarantor: | **WANG,XING RONG** | DOB: | **7/10/1944** |
| Address: | **1267 SLEEPY HOLLOW RD** | | |
| | **SEVERN, MD 21144** | | |
| Relation to Patient: | **Self** | Home Phone: | **999-999-9999** |
| Guarantor ID: | **4952074** | Work Phone: | **999-999-9999** |

GUARANTOR EMPLOYER

| | | | |
|---|---|---|---|
| Employer: | | Status: | **RETIRED** |

### COVERAGE

PRIMARY INSURANCE

| | | | |
|---|---|---|---|
| Payor: | **KAISER PERMANENTE MEDICARE ADVANTAGE** | Plan: | **KAISER PERMANENTE MEDICA*** |
| Group Number: | **MA** | Insurance Type: | **IN*** |

| | | | |
|---|---|---|---|
| Subscriber Name: | **WANG,XING RONG** | Subscriber DOB: | **07/10/1944** |
| Subscriber ID: | **97209378** | Member ID: | **97209378** |
| Pat. Rel. to Subscriber: | **Self** | Medicaid # : | |
| SECONDARY INSURANCE | | | |
| Payor: | | Plan: | |
| Group Number: | | Insurance Type: | |
| Subscriber Name: | | Subscriber DOB: | |
| Subscriber ID: | | Member ID: | |
| Pat. Rel. to Subscriber: | | Medicaid #: | |



## History and Physical Notes

### H&P by Jiayan Chen, MD at 01/10/26 1027

Author: Jiayan Chen, MD | Service: Medicine | Author Type: Physician
Filed: 01/10/26 1258 | Date of Service: 01/10/26 1027 | Status: Signed
Editor: Jiayan Chen, MD (Physician)

# Mid-Atlantic Permanente Medical Group

## Admission History and Physical

Patient Name: **Xing Rong Wang**
DOB: 7/10/1944
MRN: 1232055
KP: 97209378 - (Medicare Replacement Plan)
CSN: 5157367096

Date/Time: 1/10/2026 10:28 AM

Admitting Physician: Jiayan Chen, MD

**Preferred Language: Chinese (Mandarin)**
**Interpreter Used: Qualified in-person interpreter: myself - fluent in Chinese**

### History of Present Illness

The patient is a 81 y.o. male with PMH of Parkinson's disease, Gastric cancer s/p G tube dependent, hyponatremia on salt tablets, chronic hypotension on midodrine, recent hospitalization of aspiration PNA w AMS on 12/26-30/25, DM2, who was brought to ED for confusion, coughing and hypoxia. Patient lives with wife and daughter, patient uses walker for ambulation. He was discharged with Augmentin 5 more days which ended on 1/4 (6 days ago). He is a poor historian, disoriented as well. Daughter at bedside gave history. He did well yesterday at home And home nurse visited with clear lung. His last bolus feeding was at 7:00 p.m.. At 12:00 a.m. and 4:00 a.m. he had 2 large vomiting, nonbilious nonbloody. Daughter denied any known fever, chills, productive cough at home. He had loose stool since antibiotic given from December admission, no diarrhea. He was sent by EMS to ED.

In ED he has low-grade temperature 37.9° C, tachycardia 104, tachypnea, required 4-6 L nasal cannula.

Review of Systems
Constitutional: Negative for chills and fever.
Gastrointestinal: Positive for nausea and vomiting. Negative for diarrhea.

## Home Medications

### Current Outpatient Medications

| Medication | Instructions |
|---|---|
| • carbidopa-levodopa (SINEMET) 25-100 MG tablet | 2 tablets, 3 times daily |
| • famotidine (PEPCID) | 40 mg, 1 time daily |
| • midodrine (PROAMATINE) | 7.5 mg, 2 times daily |
| • sodium chloride | 1 g, Oral, 2 times daily with meals |
| • vitamin d (CHOLECALCIFEROL) 10 mcg/mL (400 units/mL) LIQD | 5 mLs, 1 time daily |

## Allergies

The patient is allergic to reglan [metoclopramide hcl]..

## Medical History

### Active Ambulatory Problems

| Diagnosis | Date Noted |
|---|---|
| • Hyponatremia | 10/16/2022 |
| • Ambulatory dysfunction | 10/16/2022 |
| • COVID-19 | 10/16/2022 |
| • Intractable nausea and vomiting | 11/26/2024 |
| • Severe gastritis | 11/26/2024 |
| • Increased anion gap metabolic acidosis | 12/15/2024 |
| • Pneumonia of left lower lobe due to infectious organism | 12/15/2024 |
| • Severe protein-calorie malnutrition (CMS/HHS-HCC) | 12/24/2024 |
| • Hypotension | 03/03/2025 |
| • Pneumonia symptoms | 03/03/2025 |
| • Community acquired pneumonia of left lower lobe of lung | 03/03/2025 |
| • Pneumonia of right lower lobe due to infectious organism | 03/05/2025 |
| • C. difficile colitis | 04/22/2025 |
| • Aspiration pneumonia (CMS/HHS-HCC) | 12/27/2025 |
| • Acute pneumonia | 12/27/2025 |
| • Acute hypoxic respiratory failure (CMS/HHS-HCC) | 12/27/2025 |

### Resolved Ambulatory Problems

| Diagnosis | Date Noted |
|---|---|
| • Dehydration | 12/22/2024 |
| • Dehydration | 04/22/2025 |

### Past Medical History:

| Diagnosis | Date |
|---|---|
| • BPH (benign prostatic hyperplasia) | |
| • CAD (coronary artery disease) | |
| • DM2 (diabetes mellitus, type 2) (CMS/HHS-HCC) | |
| • GERD (gastroesophageal reflux disease) | |
| • History of Helicobacter pylori infection | |
| • Osteoarthritis | |
| • Parkinson's disease (CMS/HHS-HCC) | |

## Family History

No family history on file.

## Social History

Marital Status: Married

Alcohol Use:  reports no history of alcohol use.

Tobacco Use:  reports that he has never smoked. He has never used smokeless tobacco.

Drug use:  reports no history of drug use.

## Objective

Patient Vitals for the past 12 hrs:

| | BP | Temp | Temp src | Pulse | Resp | SpO2 | Height | Weight |
|---|---|---|---|---|---|---|---|---|
| 01/10/26 0923 | 118/68 | — | — | — | **(!) 24** | 90 % | — | — |
| 01/10/26 0830 | 123/72 | — | — | — | **(!) 29** | 92 % | — | — |
| 01/10/26 0800 | 121/77 | — | — | — | **(!) 26** | 93 % | — | — |
| 01/10/26 0730 | 116/65 | — | — | — | **(!) 27** | 93 % | — | — |
| 01/10/26 0715 | 121/70 | **(!) 37.9 °C (100.3 °F)** | Axillary | — | **(!) 25** | 91 % | — | — |
| 01/10/26 0615 | 116/68 | — | — | — | **(!) 23** | 92 % | — | — |
| 01/10/26 0600 | 124/71 | — | — | — | **(!) 23** | 92 % | — | — |
| 01/10/26 0547 | 111/64 | 37.4 °C (99.3 °F) | Axillary | — | **(!) 33** | 90 % | — | — |
| 01/10/26 0542 | 113/66 | **(!) 37.9 °C (100.3 °F)** | Oral | — | **(!) 32** | 90 % | — | — |
| 01/10/26 0527 | 117/65 | 37.4 °C (99.4 °F) | Oral | **(!) 104** | **(!) 22** | 93 % | 162.6 cm (5' 4") | 52.6 kg (116 lb) |

### Patient Lines/Drains/Airways Status

Active Active LDAs (selected)

| Name | Placement date | Placement time | Site | Days |
|---|---|---|---|---|
| Peripheral IV 01/10/26 0630 22 G Anterior;Left Forearm | 01/10/26 | 0630 | Forearm | less than 1 |
| Peripheral IV 01/10/26 0720 22 G Anterior;Right Forearm | 01/10/26 | 0720 | Forearm | less than 1 |

**Physical Exam**

Constitutional:
General: He is not in acute distress.
Comments: **Cachectic**
HENT:
Mouth/Throat:
Mouth: Mucous membranes are dry.
Cardiovascular:
Rate and Rhythm: Regular rhythm. Tachycardia present.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Rales present. No rhonchi.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding.
Comments: **G-tube in place, clean**
Neurological:
Mental Status: He is alert. He is disoriented.
Comments: **Oriented to name and place, not know time, president, condition**
Psychiatric:
Mood and Affect: Mood normal.

No intake or output data in the 24 hours ending 01/10/26 1028

## Laboratory Results

**CBC w/Diff**

**Lab Results**

| Component | Value | Date/Time |
|---|---|---|
| WBC | 4.1 (L) | 01/10/2026 06:44 AM |
| RBC | 4.63 | 01/10/2026 06:44 AM |
| HEMOGLOBIN | 14.2 | 01/10/2026 06:44 AM |
| HEMATOCRIT | 41.8 | 01/10/2026 06:44 AM |
| MCV | 90.3 | 01/10/2026 06:44 AM |
| RDW | 13.1 | 01/10/2026 06:44 AM |
| PLATELETCNT | 223 | 01/10/2026 06:44 AM |

**Lab Results**

| Component | Value | Date/Time |
|---|---|---|
| NEUTROPHIL | 87.1 (H) | 01/10/2026 06:44 AM |
| NEUTROABS | 3.60 | 01/10/2026 06:44 AM |

**Comprehensive Metabolic Profile**

**Lab Results**

| Component | Value | Date/Time |
|---|---|---|
| SODIUM | 130 (L) | 01/10/2026 06:44 AM |
| POTASSIUM | 4.8 | 01/10/2026 06:44 AM |
| CHLORIDE | 96 (L) | 01/10/2026 06:44 AM |
| CO2 | 21 (L) | 01/10/2026 06:44 AM |
| ANIONGAP | 13 (H) | 01/10/2026 06:44 AM |
| BUN | 28 (H) | 01/10/2026 06:44 AM |
| CREATININE | 0.40 (L) | 01/10/2026 06:44 AM |
| GLUCOSE | 236 (H) | 01/10/2026 06:44 AM |

**Lab Results**

| Component | Value | Date/Time |
|---|---|---|

| | | |
|---|---|---|
| CALCIUM | 8.8 | 01/10/2026 06:44 AM |
| PHOSPHORUS | 3.0 | 12/28/2025 06:57 AM |
| ALB | 3.7 | 01/10/2026 06:44 AM |
| ALKALINEPHO | 46 | 01/10/2026 06:44 AM |
| AST | 29 | 01/10/2026 06:44 AM |
| ALT | 14 | 01/10/2026 06:44 AM |
| TOTALBILIR | 1.47 (H) | 01/10/2026 06:44 AM |

**INR**

**Lab Results**

| Component | Value | Date/Time |
|---|---|---|
| INR | 1.2 | 04/22/2025 08:10 AM |

**Troponin:**

**Lab Results**

| Component | Value | Date/Time |
|---|---|---|
| TROPT5TH | 10 | 12/26/2025 07:56 PM |
| TROPT5TH | 12 | 10/15/2025 02:20 AM |

**Radiology Results**

XR Chest AP (Portable)

**Final Result**

IMPRESSION:
1. Patchy opacities projecting over the bilateral lower lung zones, which may reflect aspiration or pneumonia.
2. Age indeterminate deformity of the left proximal humerus, difficult to identify on the prior radiograph. Recommend correlation with point tenderness.

~~~~~

Signed by: Claude Guerrier, M.D.
Signed on: 1/10/2026 6:42 AM EST

PERMANENTE MEDICINE
Mid-Atlantic Permanente Medical Group
Kaiser Permanente

**Assessment and Plan:**

Xing Rong Wang is a 81 y.o. male, HD #0 with PMH of Parkinson's disease, Gastric cancer s/p G tube dependent, hyponatremia on salt tablets, chronic hypotension midodrine dependent was brought to ED for confusion, sweating and coughing.

**Acute hypoxic resp failure 2/2 Aspiration Pneumonia with bolus feeding and throwing up x2**
**G-tube feeding**
-COVID/RSV / influenza negative. x-ray showed patchy opacities bibasilar
- check Legionella antigen, strep antigen. blood cultures pending, sputum cx ordered
- received ceftriaxone and azithromycin in the ED, at Flagyl today, will switch to Unasyn for aspiration PNA
~~~~~

- add Culturelle given C diff history
- daughter denied dementia diagnosis.  He was on bolus feeding at home
- nutrition consult to switch to continuous feeding for now
- duoneb PRN
- PT/OT

**Parkinson's disease**
-on sinemet
-fall precaution

**Chronic Hypotension**
-midodrine dependent,  at holding parameter for midodrine w SBP>=120
-currently BP is with higher side

**DM2**
MDSSI

**H/o gastric cancer  status post partial gastrectomy with G tube dependant**
- per oncology note, he is not a candidate for chemo / radiation therapy.  On CT CPAP surveillance every half a year, due now
-G-tube feeding resumed, continuous not bolus feeding
-per nutrition consult last time:  but will switch to continues tube feeding to lower aspiration risk
"Peptamen 1.5 (formula from home) 250mL x 5 day (last bolus 125mL) to provide 1125mL formula, 1687 calories, 76.5 grams protein, 864 mL water. Water flushes 30mL before and after each bolus and medication. "

**Chronic hyponatremia**
-on salt tablets 1g bid. Check urine lytes

**Hx of C.diff 04/2025**
-on culturelle now w abx

Diet: NPO In conjunction with: Tube Feeding (see Medication Orders)
VTE Prophylaxis: enoxaparin (Lovenox) - prophylactic dose

**Code Status: Do NOT Intubate, No CPR (MOLST A2)**

**Admission Status: Observation**
**Estimated discharge:**

**Update Exp Discharge Date**

Exp Discharge Date: 1/12/26
Last Saved By: Jiayan Chen, MD

OR less than 2 days

**Family Contact**

Primary Emergency Contact: WANG,JING, Home Phone: 999-999-9999

**Electronic Signature:**

**Jiayan Chen, MD**
1/10/2026 at 10:28 AM
Hospital-Based Medicine
**MidAtlantic Permanente Medical Group**
Available via TigerConnect

## Face to Face

**Homecare Face to Face by Jiayan Chen, MD at 01/12/26 1542 documented on ED to Hosp-Admission (Discharged) from 1/10/2026 in BWMC-4S MED/SURG**

| | | | | | |
|---|---|---|---|---|---|
| Author: | Jiayan Chen, MD | Author Type: | Physician | Filed: | 01/12/26 1543 |
| Note Status: | Signed | Cosign: | Cosign Not Required | Date of Service: | 01/12/26 1542 |
| Editor: | Jiayan Chen, MD (Physician) | | | | |


301 HOSPITAL DRIVE
GLEN BURNIE MD 21061-5803
Loc: 410-787-4000

**Home Health / Face to Face Encounter**

I certify that Xing Rong Wang is under my care and that I, or a nurse practitioner or physician assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on 1/12/2026.

This encounter with the patient was in whole, or in part, for the following medical condition, which is a reason for home health care : PEG TF, Parkinson, cancer

I certify that, based on my findings, the following services are medically necessary home health services.

Home Health Skilled Nursing, Home Health Physical Therapy, Home Health Occupational Therapy, Home Health Aid

Tube feeding: Pept 1.5 75mL/hr x 10hr (overnight) + 250mL BID (Peptamen 1.5 250mL x 5 containers a day). Pt will need enteral feeding pump and enteral feeding sets (already has syringes for water flushes and IV pole)

Further, I certify that my clinical findings support that this patient is homebound and requires skilled home health care. (homebound is defined as : all absences from home require a considerable and taxing effort; are for medical reasons or religious services or are infrequent or of short duration when for other than medical reasons) because :

Impaired ambulation secondary to Parkinson, cancer.

Jiayan Chen, MD
1/12/2026
3:42 PM

Electronic Signature

## Discharge Summary Notes

### Discharge Summary by Yodit Woldemichael Negusse, MD at 01/16/26 1228

Version 1 of 1

Author: Yodit Woldemichael Negusse, MD | Service: General Internal Medicine | Author Type: Physician
Filed: 01/16/26 1314 | Date of Service: 01/16/26 1228 | Status: Signed
Editor: Yodit Woldemichael Negusse, MD (Physician)

**KPMAS Hospital Discharge/Transfer Summary**

**Baltimore Washington Medical Center**
**301 Hospital Drive**
**Glen Burnie, MD 21061**

**PATIENT SUMMARY:**

**Admitting Physician:** Jiayan Chen, MD
**Discharging Physician:** Yodit Woldemichael Negusse, MD
**Admission Date:** 1/10/2026
**Discharge Date:** 1/16/2026
**Patient Name:** Xing Rong Wang
**Hospital MRN:** 1232055
**Kaiser MRN:** 97209378 - (Medicare Replacement Plan)
**Patient DOB:** 7/10/1944
**Patient Address:**
1267 Sleepy Hollow Rd
Severn MD 21144
**Is there an alternate family/friend contact for post-discharge follow-up?** No - Address above applies.

**Patient Discharge Disposition:** Home with Home Health Services

**DISCHARGE ACTION ITEMS FOR PCP/SPECIALIST:**

**Follow-Up Items to be Addressed by PCP/Specialist Post-Discharge:**

**PCP: follow up of aspiration pneumonia, Parkinson's disease and continue discussion of goals of care**

**Specialist(s): outpatient palliative care team for ongoing discussion of goals of care**
**Oncology for follow up of gastric cancer a new mass that was biopsied**
**Results Pending: abdominal mass biopsy result**

**Ancillary Services Arranged:** Home Health: PT, OT, Home Health Aide, and Skilled Nursing
**Ancillary Services Needed:** Home Health: PT, OT, Home Health Aide, and Skilled Nursing

**Post-Discharge Follow-Up Appointments:**

**Already Made:**

**Sharon Chung, DO**
**7670 Quarterfield Rd**
**Glen Burnie MD 21061-3947**
**410-508-7650**

**Needed:**

**Specialty:** Hematology/Oncology **Date Range:** Within 1 Week(s) **Reason for Visit:** history of gastric cancer

**WEIGHT**

Admission wt: Weight: 52.6 kg (116 lb) (01/10/26 0527)
Discharge wt: Weight: 61.1 kg (134 lb 9.6 oz) (01/16/26 0616)

CHF: No

## DISCHARGE DIAGNOSES:

**Discharge Diagnosis by Priority:**
**Acute hypoxemic respiratory failure secondary to aspiration pneumonia**
**Recurrent aspiration**
**Dysphagia strict NPO and PEG tube dependent**
**Known history of gastric cancer status post resection with new abdominal mass**

**Known history of significant Parkinson's disease, chronic hypotension, type 2 diabetes, chronic hyponatremia, history of C diff, failure to thrive**

## DISCHARGE MEDICATIONS:

**Medication List**

**PAUSE taking these medications**

| | Notes |
|---|---|
| **midodrine** 2.5 MG tablet<br>Wait to take this until: **January 29, 2026**<br>7.5 mg 2 times daily. Place in tube in the morning and afternoon<br>Commonly known as: PROAMATINE | |

**START taking these medications**

| | Notes |
|---|---|
| **acetaminophen** 325 mg tablet<br>Place 2 tablets into tube every 6 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) or Fever (temp in PRN comment) (For fever greater than 38.0 and notify physician.).<br>Commonly known as: TYLENOL | |
| **amoxicillin-clavulanate** 875-125 MG tablet<br>Place 1 tablet into tube 2 times daily for 2 days.<br>Commonly known as: AUGMENTIN | |
| **finasteride** 5 MG tablet<br>Take 1 tablet by mouth nightly.<br>Commonly known as: PROSCAR | |
| **guaiFENesin** 100 MG/5ML Liqd<br>Take 10 mLs by mouth every 4 hours as needed.<br>Commonly known as: ROBITUSSIN | |
| **lactobacillus rhamnosus GG** Caps<br>Place 2 capsules into tube daily.<br>Start taking on: **January 17, 2026** | |

| | Notes |
|---|---|
| **vancomycin** 50 mg/mL<br>Place 2.5 mLs into tube 4 times daily for 8 days.<br>Commonly known as: VANCOCIN | |

**CONTINUE taking these medications**

| | Notes |
|---|---|
| **atropine** 1 % ophthalmic solution<br>Place 1-2 drops under the tongue 3 times daily. | |
| **carbidopa-levodopa** 25-100 MG tablet<br>Place 2 tablets into tube 3 times daily. 0630, 1130, and 1730<br>Commonly known as: SINEMET | |
| **famotidine** 40 MG tablet<br>40 mg daily. Via G-tube.<br>Commonly known as: PEPCID | |
| **sodium chloride** 1 g tablet<br>Take 1 tablet by mouth 2 times daily with meals. | |
| **vitamin d** 10 mcg/mL (400 units/mL) Liqd<br>Place 5 mLs into tube daily.<br>Commonly known as: CHOLECALCIFEROL | |

**Your prescriptions may be filled at any pharmacy**

**These medications were sent to Kaiser Perm MD** 7670 Quarterfield Rd, Glen Burnie

**North Arundel Pharm - Glen Burnie, MD - 7670 Quarterfield Rd** MD 21061

Phone: 410-508-7675

- amoxicillin-clavulanate 875-125 MG tablet
- finasteride 5 MG tablet
- guaiFENesin 100 MG/5ML Liqd
- lactobacillus rhamnosus GG Caps

**Information about where to get these medications is not yet available**

**Ask your nurse or doctor about these medications**

- acetaminophen 325 mg tablet
- atropine 1 % ophthalmic solution
- vancomycin 50 mg/mL

**Antibiotics Duration:**

**Antibiotic Name:** vancomycin **Start Antibiotic Date:** 125 mg qid **Duration of Antibiotics:** 8 days

**Antibiotic Name:** augmentin **Start Antibiotic Date:** 1/16/26 **Duration of Antibiotics:** 2 more days to complete a 7 day course

## HISTORY OF PRESENT ILLNESS (FROM H&P):

The patient is a 81 y.o. male with PMH of Parkinson's disease, Gastric cancer s/p G tube dependent, hyponatremia on salt tablets, chronic hypotension on midodrine, recent hospitalization of aspiration PNA w AMS on 12/26-30/25, DM2, who was brought to ED for confusion, coughing and hypoxia. Patient lives with wife and daughter, patient uses walker for ambulation. He was discharged with Augmentin 5 more days which ended on 1/4 (6 days ago). He is a poor historian, disoriented as well. Daughter at bedside gave history. He did well yesterday at home And home nurse visited with clear lung. His last bolus feeding was at 7:00 p.m.. At 12:00 a.m. and 4:00 a.m. he had 2 large vomiting, nonbilious nonbloody. Daughter denied any known fever, chills, productive cough at home. He had loose stool since antibiotic given from December admission, no diarrhea. He was sent by EMS to ED.

In ED he has low-grade temperature 37.9° C, tachycardia 104, tachypnea, required 4-6 L nasal cannula.

## HOSPITAL COURSE: #UTILIZATION#

**Hospital Course Per Diagnosis:**

Xing Rong Wang is a 81 y.o. male, HD #4 with PMH of Parkinson's disease, Gastric cancer s/p G tube dependent, hyponatremia on salt tablets, chronic hypotension midodrine dependent was brought to ED for confusion, sweating and coughing.

**Acute hypoxic resp failure 2/2 Aspiration Pneumonia with bolus feeding and vomiting**
**G-tube feeding.** expanded respiratory panel negative. x-ray showed patchy opacities bibasilar. Legionella antigen (-), strep antigen (-). blood cultures from 01/10/2026 are negative. Lactate cleared 2.1 to 1
- he has been on treatment with on Unasyn for aspiration PNA 1/11 and will complete a 7 day course

with Augmentin. He is on Culturelle given C diff history but will also be given oral vancomycin.

He has been advised to stay out of bed as much as possible into stay upright during his tube feeds and after. The patient has a hospital bed. Advised to continue doing flutter valve. He has been weaned off oxygen at the time of discharge.

In terms of his tube feeds, an attempt was made to see whether he will be able to tolerate bolus tube feeds but as he was getting increasing coughing which is presumably from aspirations, we have reverted back to slow continuous feeding and daughter and wife are on board with this plan. They have a temp at home.

**Abd pain w bloating;** Patient has since bowel movement. CT scan of the abdomen and pelvis was completed on 01/11 and shows a new mass in the abdominal area. This was discussed with Dr. Khalid from Oncology who is advising getting a biopsy to ascertain the etiology. The pathology will need to be followed up as outpatient.
- The patient has had multiple abdominal x-rays and the 1 done on the day of discharge reports nonspecific bowel gas pattern. He is having bowel movements and tolerating his tube feeds at this time.

**Hypokalemia;** replete

**Normocytic anemia;** for outpatient follow-up

**Parkinson's disease**
-on sinemet
-fall precaution

**Chronic Hypotension;** patient has been on midodrine but blood pressure is elevated. We will hold midodrine and Daughter we will be monitoring the patient's blood pressure at home and she has been given parameters for restarting midodrine.

**DM2:** A1c from June of last year was 5.7%

**H/o gastric cancer status post partial gastrectomy with G tube dependant**
- per oncology note, he is not a candidate for chemo / radiation therapy. Repeat CT scan done is as reported above And patient has had IR guided biopsy as discussed above and will follow up with Oncology

**Chronic hyponatremia - likely dilutional with over FWF**
- monitor with tube feeding and water flushes. Patient has sodium tablets that he takes as needed

**Hx of C.diff 04/2025**
-on culturelle and will also be on oral vancomycin for a week after antibiotics are completed

**Diet:** NPO In conjunction with: Tube Feeding (see Medication Orders)

**Disposition;** home with home care. He will be cared for by his wife and daughter
Please note that also care discussion has been had with the patient and the wife upon finding the new

abdominal mass.  For now, they want to keep the patient DNR DNI but want to pursue all care.

**Physical Examination on Day of Discharge:**
BP (!) 155/66  | Pulse 93  | Temp 36.7 °C (98.1 °F) (Oral)  | Resp 19  | Ht 162.6 cm (5' 4")  | Wt 61.1 kg (134 lb 9.6 oz)  | SpO2 93%  | BMI 23.10 kg/m²

**Physician Exam:**
GEN: No acute distress. thin
CV: RRR, No Murmur. No chest wall tenderness.
LUNG: Equal breath sounds b/l, No Rales/Rhonchi/Wheezing.
ABDOMEN: + BS, soft, Non Distended. Non Tender.  PEG tube in place
EXTREMITIES: No Deformities. No pedal edema.
NEURO: Awake, Alert,  and communicative appropriately.  Able to move all his extremities.
SKIN: Warm, Dry.

## DISCHARGE CONDITION:

**Discharge Activity:** Activity as Tolerated

**Discharge Condition:** Stable

**Tubes/Lines/Drains:** Peg Tube  Anticipated Date of Removal: never

**Wound Care Instructions:** Not Applicable

**Diet:** Guest Tray Vegetarian Ovo Lacto Fish
NPO In conjunction with: Tube Feeding (see Medication Orders)

**Code Status:** Do NOT Intubate, No CPR (MOLST A2)

**Allergies:**
**Allergies**

| Allergen | Reactions |
|---|---|
| • Reglan [Metoclopramide Hcl] | Cough |
| *Reglan shouldn't be given in this pt with parkinson's dz* | |

## INPATIENT CONSULTATIONS/PROCEDURES/IMAGING/LABS:

**Consultations:**
CONSULT TO NUTRITION

**Procedures:**
none

**Imaging:**
XR Abdomen Single View
**Final Result**

IMPRESSION:
Nonspecific bowel gas pattern.

~~~~~

Signed by: Helen Schneider M.D.
Signed on: 1/16/2026 10:15 AM EST

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XR Abdomen Single View
**Final Result**
IMPRESSION:
Similar nonobstructive bowel gas pattern. Abundant bowel gas may be seen with ileus but is nonspecific.

~~~~~

Signed by: Christopher Selhorst M.D.
Signed on: 1/15/2026 9:43 AM EST

PERMANENTE MEDICINE
Mid-Atlantic Permanente Medical Group
Kaiser Permanente

US Guided Needle Placement
**Final Result**

XR Abdomen Single View
**Final Result**
IMPRESSION:
Distended loops of bowel, increased compared to prior likely representing ileus versus less likely a distal obstruction.

Signed by: Sina Mazaheri, M.D.
Signed on: 1/14/2026 9:08 AM EST

PERMANENTE MEDICINE
Mid-Atlantic Permanente Medical Group
Kaiser Permanente

XR Chest AP (Portable)

**Final Result**
IMPRESSION:
Patchy opacities in both lung fields as was previously noted. Blunting of the left costophrenic angle suggesting an effusion.

Signed by: Andrea R. Giacometti MD, FACR
Signed on: 1/13/2026 2:45 PM EST

PERMANENTE MEDICINE
Mid-Atlantic Permanente Medical Group
Kaiser Permanente

CT Abdomen/Pelvis IV Contrast Only
**Final Result**
IMPRESSION:
1. Motion degraded examination.
2. Heterogeneously enhancing and centrally hypoattenuating irregular 4.8 cm soft tissue mass along the anterior aspect of the abdomen involving the midline upper abdominal wall and extending to abut the anterior aspect of the gastric body. This is partially degraded due to patient motion artifact. Differential considerations include abscess or malignancy.
3. Patchy consolidative opacities with adjacent groundglass opacities of the bilateral lower lobes and to a lesser extent right middle lobe and inferior lingula. Findings are concerning for multifocal pneumonia.
4. Small bilateral pleural effusions.

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Signed by: Claude Guerrier, M.D.
Signed on: 1/12/2026 4:10 AM EST

PERMANENTE MEDICINE
Mid-Atlantic Permanente Medical Group
Kaiser Permanente

XR Abdomen Single View
**Final Result**
IMPRESSION:
~~~~~

Mild distention of the splenic flexure. Bilateral infiltrates.

~~~~~

Signed by: Helen Schneider M.D.
Signed on: 1/11/2026 7:26 PM EST

PERMANENTE MEDICINE
Mid-Atlantic Permanente Medical Group
Kaiser Permanente

XR Chest AP (Portable)
**Final Result**
IMPRESSION:
1. Patchy opacities projecting over the bilateral lower lung zones, which may reflect aspiration or pneumonia.
2. Age indeterminate deformity of the left proximal humerus, difficult to identify on the prior radiograph. Recommend correlation with point tenderness.

~~~~~

Signed by: Claude Guerrier, M.D.
Signed on: 1/10/2026 6:42 AM EST

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**Labs:**

| | 01/16/26 0627 | 01/15/26 0439 | 01/14/26 0541 |
|---|---|---|---|
| WBC | 6.8 | 9.9 | **11.6*** |
| HEMOGLOBIN | **10.8*** | **11.5*** | **11.7*** |
| HEMATOCRIT | **32.6*** | **35.1*** | **35.4*** |
| PLATELETS | 193 | 191 | 175 |

| | 01/16/26 0627 | 01/15/26 0439 | 01/14/26 0541 |
|---|---|---|---|

| | | | |
|---|---|---|---|
| SODIUM | **132*** | 136 | **133*** |
| POTASSIUM | **3.4*** | 3.7 | 3.9 |
| CHLORIDE | 100 | 102 | 99 |
| CO2 TOTAL | 27 | 22 | 23 |
| BUN | 17 | 19 | 19 |
| CREATININE | **0.32*** | **0.35*** | **0.34*** |
| GLUCOSE BLD | **258*** | **166*** | **132*** |
| CALCIUM | **8.1*** | **8.0*** | **8.6*** |
| MAGNESIUM | -- | -- | 2.2 |
| PHOSPHORUS | -- | -- | 3.2 |
| AST | -- | 18 | 20 |
| ALT | -- | <5 | <5 |
| ALK PHOS | -- | 66 | 60 |
| BILIRUBIN TOTAL | -- | 0.84 | 1.11 |

**Micro Results Last 72 hrs**

| Procedure | Component | Value | Units | Date/Time |
|---|---|---|---|---|
| **Blood Culture x 2 [753657870]** | | | | Collected: 01/10/26 0644 |
| Lab Status: Final result | | Specimen: Blood | | Updated: 01/15/26 0801 |
| | **PRE** | No Growth after 4 days incubation. | | |
| | **FINAL** | No Growth after 5 days incubation | | |

Narrative:

Bridge Draw Site: Arm Left

No results found for this visit on 01/10/26.

**This note is a summary of the Kaiser Permanente members hospital stay. Please refer to the Hospital Medical record for full details.**

*Discharge instructions provided to the patient and/or family. See Discharge Instructions for details.*

**Note Reviewed and Electronically Signed By:** Yodit Woldemichael Negusse, MD
**Note Signed Date:** 1/16/2026, 1:04 PM
**Time Spent in Discharge Planning and Care Coordination:** More Than 30 Minutes