**Nursing Information at Discharge**

Ein Kerem Cardiothoracic Surgery - Chief Nurse: Noa Yamini

Hosted at (Ein Kerem Cardiothoracic Surgery - Chief Nurse: Noa Yamini)

Hadassah University Medical Center, Ein Kerem, Jerusalem, Phone 02-6777111

**Stuart Corland (?)**

**30362732-7**

Date of admission: Aug 9, 2023 8:35

Date of discharge:

Functional assessment prior to admission: Independent

Risk assessment for pressure wounds: Not at risk (20)

Last functional assessment: Independent

Risk assessment for falls: Not at risk

**Allergies:** No known allergies

**Nutrition**: P.O.

**Micturition:** Spontaneous - in the bathroom

**Instructions:**

**Pain prevention and treatment**

**Date**: Aug 9, 2023, 18:03

**Nurse:** Ms. Usmaan Maryam

**Instructions given to:** the patient

**Method of delivery of instructions:** Verbally

**Instructions understood:** Yes

**Need for additional instructions:** No

**Nursing Summary:**

Date Aug 10, 2023, 15:31

Nurse: Ms. Miryam Tubul

Special instructions: Follow up with family physician

Will be scheduled for surgery

**Summary of Illness**

Ein Kerem Neurosurgery - Director: Prof. Yigal Shoshan

Hadassah University Medical Center, Ein Kerem, Jerusalem, Phone 02-6777111

**Stuart Corland**

**30362732-7**

**Age at admission:**  66(4)

**Year of birth:**  1957 **Gender:** Male

**Father’s name:** Yosef

**Address:** 2 Shimon Moalem Nisim

**Town:** Jerusalem

**Phone:** 054-7744000

**Funding body**: Meuhedet HMO

**Admission type:** Standard

**Date of admission**: Aug 9, 2023 8:35

**Admission number**: 30606541002

**Date of discharge:**

**Unit**: Neurosurgery Ein Kerem

**Discharge destination:**

**Allergies:** No known allergies

**Problems and diagnoses**

* **784.2.01 SOL (Space occupying lesion) of brain**
* **784.0.01 Headache**

**Reason for referral**

Admitted to investigate SOL and treatment

**Current illness**

66 year old man, previously healthy, no regular medications. Lawyer and seminar lecturer. Non-smoker.

Followed by Prof. Berkman (pulmonologist) for lung nodules discovered on CT that was ordered due to chest pain about two months ago. Completed PET CT with no uptake in the lung nodules, in summary Prof. Berkman wrote that it may be suggestive of past histoplasmosis. PET demonstrated a left parieto-occipital finding with low uptake. Further investigation was recommended, and was not performed.

For the past two weeks, the patient reports noticing (eg., during prayer) slowed reading in Hebrew only. No difficulty in English, normal writing, speech and comprehension abilities. No fever or weight loss, no history of head trauma. Recent stress surrounding the medical assessment.

On neurological exam in the ER - slight dysfunction on reading Hebrew, difficulty with delayed memory and complex tasks, failed Serial 7. No sensory or motor deficiencies.

Labs - Leukocytosis 13K, slightly elevated CRP 1.5

CT CTA - Likely intra-axial process as described appears chronic, with local mass effect on the left hemisphere, seen a month ago on PET CT, for further investigation with MRI (Dr. Altschuler, Dr. Gordon).

Examined by Neurology resident on-call:

Patient with cognitive complaints for the past two weeks, left parietooccipital space occupying lesion on imaging with mass effect.

Presented to Prof. Lecker - needs further treatment in Neurosurgery due to SOL and to complete an MRI.

Admitted to our ward for further follow-up.

**Allergies**

No known allergies

**Habits**

Non-smoker, No drug use, Regular cannabis use: No, Drinks alcohol one whiskey a day intermittently, No sleep issues, Physical activity: No.

**Vitals on arrival**

Temperature: 36.5C PO

Heart rate: 70

Blood pressure right arm: 137/69 seated

Respiratory rate: 18 Respiration: normal

Saturation: 100% on room air

GCS 15

VAS pain score: 0

**Physical exam**

Neurological:

Fully conscious and alert. Oriented to time and place. Normal fluency, naming, repetition, and writing. Reading in Hebrew is slightly slowed but succeeds and understands. Had difficulty with crossing midline taks, succeeded on second try.

Failed serial 7, succeeded backspan test. Delayed memory - didn’t remember anything, one word with a category hint and one with multiple choice.

No nuchal rigidity or meningeal signs.

Cranial nerves: pupils equal and reactive to light bilaterally. Full normal eye movements bilaterally. No nystagmus. No disturbance in visual field on confrontation. Preserved and symmetric facial sensation bilaterally. No facialis. Tongue in center.

Motor: Normal tone. Normal muscle strength. No drift downward or pronation

DTR+2 symmetrical, no pyramidal symptoms.

Preserved and symmetrical sensation.

Preserved cerebellar function, without dysmetria or DDK.

Normal and stable gait.

Exam by Neurosurgery resident on call:

GCS 15

Fully conscious, oriented to place and time

Equal pupils 2mm to 3mm and reactive to light

Normal ocular movement, no facialis, tongue is central

Identifies colors, temporal hemianopia in right eye, Ishihara test 8/24 (errors)

Moves all four extremities, preserved muscular strength in four extremities

Drift on right side

Without DDK or dysmetria

Steady gait

Positive Babinsky and Hoffman signs on left side

**Auxiliary tests**

Head - Isodense process that appears intra-axial showing minimal enhancement, slightly hypodense to the brain tissue, round, left parietooccipital without surrounding edema. Mass effect on the right hemisphere and on the left lateral ventricle with slight shift of the midline to the right 4mm. Flattening of adjacent sulci. Findings were similar to PET CT findings despite the differences between the imaging techniques. No evidence of acute hemorrhage. Bone structures are preserved. Retention cyst in the right maxillary sinus.

CTA

Neck -

Aortic arch and origin of great arteries is preserved.

Carotid arteries and vertebral arteries are patent from origin to base of skull.

Left vertebral artery originates directly from the aortic arch.

Head -

A vascular contamination limits interpretation of results.

Main cerebral arteries are patent.

No venous sinus pathologies were identified.

Incidental findings - 1.5cm nodule in the left lobe of the thyroid gland.

Summary -

No acute findings.

Likely intra-axial process as described appears chronic, with local mass effect on the left hemisphere, seen a month ago on PET CT, for further investigation with MRI.

1.5cm nodule in the left lobe of the thyroid gland.

Brain MRI - Extra axial space occupying lesion, convexital on the left, with heterogeneous enhancement.

53x56x56 mm lesion, with area 83.1 ml.

**Lab tests**

| Test name | Result | Units | Range | Range | Substance | Date |
| --- | --- | --- | --- | --- | --- | --- |
| Sodium | 139 | MMOL/L | 136 - 145 | [..#.......] | Blood | Aug 9, 20023 09:58 |
| Potassium | 3.8 | MMOL/L | 3.5 - 5. 1 | [.#........] | Blood | Aug 9, 20023 09:58 |
| Glucose | 94 | MG/DL | 74 - 106 Reference values and units changed on Mar 1, 2023 | [.....#....] | Blood | Aug 9, 20023 09:58 |
| BUN | 21.4 | MG/DL | 9-23 Reference values and units changed on Mar 1, 2023 | [........#.] | Blood | Aug 9, 20023 09:58 |
| Creatinine | 1.23 | MG/DL | 0.7 - 1.3Reference values and units changed on Mar 1, 2023 | [......#.] | Blood | Aug 9, 20023 09:58 |
| Albumin | 4.5 | g/dl | 3.2 - 4.8 Reference values and units changed on Mar 1, 2023 | [.......#..] | Blood | Aug 9, 20023 09:58 |
| ALT | 15 | U/L | 10 - 49 | [#.........] | Blood | Aug 9, 20023 09:58 |
| Alk. Phos | 62 | U/L | 46 - 116 Reference values and units changed on Mar 1, 2023 | [.#.......] | Blood | Aug 9, 20023 09:58 |
| T. Bilibrubin | 0.92 | MG/DL | 0.3 - 1.2 Reference values and units changed on Mar 1, 2023 | [......#...] | Blood | Aug 9, 20023 09:58 |
| WBC | 13.2 | 10E9/L | 3.79 - 10.33 male | [..........]# | Blood | Aug 9, 20023 10:01 |
| RBC | 4.53 | 10E12/L | 4.57 - 5.98 male | #[..........] | Blood | Aug 9, 20023 10:01 |
| HGB | 13.9 | GR% | 13.9 - 17.7 male | [#.........] | Blood | Aug 9, 20023 10:01 |
| HCT | 43.8 | % | 39.6 - 51.8 male | [..#.......] | Blood | Aug 9, 20023 10:01 |
| MCV | 96.6 | FL | 80.1 - 95.3 male | [..........]# | Blood | Aug 9, 20023 10:01 |
| MCH | 30.6 | PG | 27.6 - 33.2 male | [....#.....] | Blood | Aug 9, 20023 10:01 |
| MCHC | 31.7 | GR% | 33-37.2 male | #[..........] | Blood | Aug 9, 20023 10:01 |
| Platelets | 217.0 | 10E9/L | 166 - 389 male | [.#........] | Blood | Aug 9, 20023 10:01 |
| MPV | 11.1 | FL | 5.9 - 9.9 | [..........]# | Blood | Aug 9, 20023 10:01 |
| RDW | 13.7 | % | 11.5 - 14.7 | [......#...] | Blood | Aug 9, 20023 10:01 |
| Lymphocyte% | 13.7 | % | 20 - 44 | #[..........] | Blood | Aug 9, 20023 10:01 |
| Monocytes% | 5.9 | % | 2 - 9.5 | [....#.....] | Blood | Aug 9, 20023 10:01 |
| Neutrophils% | 77.9 | % | 42 - 77 | [.........]# | Blood | Aug 9, 20023 10:01 |
| Eosinophils% | 1.2 | % | 0.5 - 5.5 | [#.........] | Blood | Aug 9, 20023 10:01 |
| Basophils% | 0.2 | % | 0 -1.75 | [#.........] | Blood | Aug 9, 20023 10:01 |
| Lymphocyte | 1.8 | 10E9/L | 1.07 - 3.12 male | [...#......] | Blood | Aug 9, 2023 10:01 |
| Monocyte | 0.7 | 10E9/L | 0.24 - 0.73 male | [........#.] | Blood | Aug 9, 2023 10:01 |
| Neutrophils | 10.3 | 10E9/L | 1.78 - 7 male | [.........]# | Blood | Aug 9, 2023 10:01 |
| Eosinophils | 0.1 | 10E9/L | 0.03 - 0.47 male | [.#........] | Blood | Aug 9, 2023 10:01 |
| Basophils | 0.0 | 10E9/L | 0.02 - 0.11 male | #[..........] | Blood | Aug 9, 2023 10:01 |
| ESR | 20 |  | 1 - 20 first hour | [...#......] | Blood | Aug 9, 2023 10:16 |
| Large unstained cells# | 0.14 | 10E3/UL | 0 - 0.4 | [...#......] | Blood | Aug 9, 2023 10:01 |
| Large unstained cells% | 1.00 | % | 0 -4.5 | [.#........] | Blood | Aug 9, 20023 10:01 |
| CRP | 1.4 | MG/DL | 0-0.5 | [..........]# | Blood | Aug 9, 2023 09:58 |

**Course of stay and summary**

Background as described.

Admitted for evaluation/treatment of SOL.

On admission, neurologic exam as described.

During the night, patient completed a brain MRI which demonstrated an extra-axial space occupying lesion, convexital on the left, with heterogeneous enhancement.

53x56x56 mm lesion, with area 83.1 ml.

Completed vision fields that demonstrate right congruent quadrant hemianopsia on the lower quarter that is consistent with the location of the lesion.

In the departmental discussion, surgical intervention was recommended to resect the lesion.

The patient was discharged and will be invited to surgery next week.

**Discharge instructions**

# Follow up with primary care doctor - this letter must be delivered as soon as possible.

# Surgery for resection of brain lesion will be scheduled for next week - be in touch with Chen, Prof. Israel’s secretary, at 052-691-6166 between 8:00-14:00.

Certifying physician: Dr. Farbarov Michael, license number 154168 **\*\*\*electronically signed\*\*\***
Senior physician: Dr. Moskawisi Samuel, license number 122216

**Nursing discharge**

Date Aug 10, 2023 15:31

Nurse: Ms. Miryam Tuboul

Special instructions: Follow up by family doctor, will be invited for surgery.