

# Summary of Medical Condition

Don Singleton Primary Care Physician - Dr Lucinda Melichar 832-6008, cell 605-8727  
 SSN [REDACTED] Primary Urologist - Dr Richard Saint, Urologic Specialists 749-8765  
 DOB [REDACTED] Surgeon doing Percutaneous Nephrolithotomy – Dr Andrew D. Wright  
 Urologic Specialists Nurses: Dr Wright (Glenn); Dr Saint (Lynn)  
 Phone 918-622-3417 Home Health Agency - SQ Home Health Services 251-0070  
 Medicare [REDACTED] **Fax Orders to SQ Home Health 258-9229**  
 Next of Kin Bill Singleton, 7001 Baldwin, SQ Nurse - Tracy Palmer, RN 284-0025  
 Lawton, OK 73505 580-536-9365 Advanced Directive - DNR  
 cell 580-512-3121 and 573-544-5550 Drug Store – WalMart Pharmacy 622-7923  
 Ride (home from hospital) **Fax Prescription to WalMart Pharmacy 622-4741**  
 Bud Prichard 832-0413 Total Care 351058  
 Parents both Deceased. Mother 02/16/99 Died at age 85 of COPD;  
 Father 06/21/82 Died at age 70 of Colon Cancer

<b>Current Medications</b>		<b>Allergic To</b>
Lasix 40mg BID		Cipro (Ciprofloxacin)
Potassium 20meq QD		
Centrum Silver Multivitamin QD		
I was taking 81mg aspirin QD, but discontinued till surgery for Kidney Stones is over.		
<b>No High Blood Pressure</b>		<b>Cholesterol 144</b>
		<b>Not Diabetic</b>
<b>Surgery</b>		
3/2/07	Extracorporeal Shock Wave Lithotripsy – Right Kidney	Dr. Andrew D. Wright
2/5/07	Percutaneous Nephrolithotomy – Right Kidney	Dr. Andrew D. Wright
12/5/06	Percutaneous Nephrolithotomy – Left Kidney	Dr. Andrew D. Wright
9/12/06	Left ureteroscopy insert left double J stent	Dr David Harper
'93	Abdominal Hernia	Dr. Edwin Yeary
Childhood	Appendectomy, Tonsillectomy	Don't know (Pasadena, TX)
<b>Physicians</b>		
832-6008 Dr Lucinda Melichar, PCP, 1515 N Harvard Ave Suite C cell 605-8727		
392-4900 Dr. Steven Wiseman, Admit to Hospital, 1435 So. Utica Avenue		
749-8765 Dr Richard Saint, Urologic Specialists, 10901 E 48th St		
749-8765 Dr Andrew D. Wright, Urologic Specialists, 10901 E 48th St		
748-8381 Dr Suzanne Olive, Tulsa Pulmonary and Allergy Consultants, 1725 E 19 <sup>th</sup> Street, Suite 200		
712-8888 Dr David B. Minor, Dermatologist, 1516 S Yorktown Place		
743-2882 Dr Jay Johnson, Neurologist, 4415 S Harvard #209		
392-1400 Dr Tony Jabbour Tulsa Bone and Joint Associates, 4802 South 109th East Avenue		
437-9111 Dr William Nyquist, Family Dentistry, 11729 E 21 Street, Suite A		
494-8634 Dr Larry Lander, Oral Surgery, 6132 E 61 <sup>st</sup> Street		
245-1328 Dr Ras Grewal Omni Medical Group		
496-1333 Nydic Open MRI of America-Tulsa - 7.5 miles SE - 7050 S Yale Ave # 101		

Patient is a 64 year old white male that has been morbidly obese for most of his life. He has two chronic (long term) problems:

1. Severe balance problems began in 2001, Dr Jay Johnson, Neurologist diagnosed

**Cerebellum Degeneration** (Cerebellar ataxia) in 2005 using MRI. Condition is getting worse, but slowly. I was able to walk with the aid of a single Quad Cane till late 2005. I now require two Quad Canes, and can ambulate only on level surfaces.

2. **Lower Circulatory Insufficiency** (Venous Insufficiency). Results in extreme retention of interstitial fluid. It is maintained in a stable condition through
- 40 mg Lasix BID (with 20meq Potassium daily)
  - Indwelling Foley
  - Lower legs wrapped with Coban, stretched to provide pressure of 50 to 60mm of mercury (i.e. 2 Atmospheres pressure) to squeeze interstitial fluid back into the vascular system. The Coban was ordered by Dr David B. Minor, Dermatologist. An alternative of Tubigrip (size D, 44") was ordered by Dr Davin Haraway, DO, Medical Director of Tulsa Wound Care Clinic.

**Kidney Stones** On 9/11/06 I was hospitalized with stones in both kidneys. In particular left kidney had hydronephrosis, 7mm proximal left ureteric lithiasis, early left staghorn calculus and multiple additional left renal calculi, probable left renal cyst, Staghorn calculus in the right kidney extending into proximal ureter with right renal atrophy. Cholelithiasis, diverticulosis, and ASVD. A Cytoscopy, left retrograde phelogram, and left ureteroscopy was done with the insertion of a left double J stent.

Andrew D. Wright from Urologic Specialists did a Percutaneous Nephrolithotomy on the left kidney 12/5/06 – 12/8/06 and one on the right kidney, plus a Lithotripsy in early 07.

**Orthopnea** I definitely suffer from orthopnea. If necessary I can lie flat or nearly flat in bed for 30 minutes to at most one hour, and then I must sit up.

I sleep at home in a Lift Chair, that is basically in Reverse Trendelenburg position, with a little jog for the seat so that I do not slide down as I would if a hospital bed was adjusted in Reverse Trendelenburg. I have a lot of trouble sleeping in hospital beds, and in the ER I would really, really like **to sit in my wheelchair except when actually being examined**. When I lie flat, even with two pillows, my tidal volume is 800ml; when my head and trunk is inclined 45 to 60 degrees my tidal volume is 2250 to 2500ml. 800 ml might not be true suffocation, but when I am only getting 1/3 of the air I should get, it feels like I am suffocated. It is my desire that any time I am on a gurney, especially in the recovery room, that the head and trunk be elevated 45 to 60 degrees.

I speculated that when I lie flat gravity is slowly redistributing the excess interstitial (third space) fluid that I retain in the above mentioned Lower Circulatory Insufficiency, and when enough of it makes it into the thoracic cavity I begin having trouble breathing. A chest Xray did show bibasilar streak atelectasis, which may be significant, although no doctor has told me that..

It is definitely not CHF, where fluid collects in the lungs, due to the heart not being able to pump it out adequately, but rather it collects around the lungs, but the effect is the same, the lungs don't like to work containing or under water. I know how people undergoing waterboarding feel. I refer to this as "the symptoms of CHF" without having CHF, but I want to make it very clear: **I do not have CHF**. I realize that if you hear hoofbeats you are taught to think horses, not zebras, but I have been tested in two different hospitals, and at least once, and to some extent several times in St Johns, and I do **NOT** have Congestive Heart Failure: blood work contraindicates CHF (BNP - Brain Natriuretic Peptide was <5 pg/mL on 8/16/06, and I have seen other charts where it was 1 or less), x-ray shows the heart is normal sized, and both an EKG and an echo cardiogram indicate the heart is working just fine, i.e. they do not indicate CHF. Please don't repeat those tests. I don't know how many times Medicare will pay for them, and I certainly don't want to have to pay for them.

One additional thing I feel I should mention (I have never found a doctor who thought it was significant, but albumin does play a significant role in fluid transfer): I am on a high protein (low carb) diet (a mixture of Atkins

and SouthBeach), and yet a Chem 14 will show my albumin level is just 4.0 or 4.1 (on a 4.0-4.9 basis), and a couple of years ago, before I started the high protein diet, it was 2.5.

If the Coban wrappings are discontinued for three days, even with the lasix, the legs will swell one or two inches in circumference, retaining 10 pounds (approx 5 liters) of interstitial fluid, which will take about a week after the wrappings are reapplied to get rid of.

Without the Coban wrappings (actually before they were started), and without Lasix for four days the right leg increased 2-1/2" in circumference and the left leg increased 5" larger than the right leg (7-1/2" larger than normal), so swollen that I lost skin integrity and the leg began weeping. I went back on the Lasix the minute I got out of the hospital, but the weeping in the leg continued, and the Coban wrapping was started. In one month I dropped 30 pounds, almost entirely due to loss of interstitial fluid. The first day after both legs were wrapped I excreted 5 liters.

I recognize the problem of infection with an indwelling foley, but I must have the Lasix, and with the balance problems and the need to rush to the bathroom, I doubt I would survive three days without a serious fall. Without Lasix I will quickly fill with interstitial fluid.

## **Methicillin Resistant Staphylococcus Aureus (MRSA)**

In November, 2005 I became dehydrated and fell, and got an abrasion just below the right knee. Although its presence was noted in the ER, and in the Nursing Notes, it went 48 hours without treatment, during which time it got a nosocomial Methicillin Resistant Staphylococcus Aureus infection. I don't recall what I was treated with in the hospital, but when I got home I was on Vancomycin IV. I never saw MRSA in a UA prior to this incident; most UAs subsequent to it have revealed MRSA.

In the hospital they did three UAs, but did not do a culture and sensitivity test on any of them. When I got home my PCP had my nurse pull a UA, and it showed over 100,000 organisms/ml of Providencia Rettgeri; sensitive to everything except Gentamicin, Nitrofurantoin, and Tetracycline. (No MRSA). She also did a swab of the drainage from the knee, and it showed rare epithelial cells, rare white blood cells, moderate gram positive cocci, and moderate gram positive bacilli, and the final report shows many corynebacterium species, but no susceptibility was performed, so we can't absolutely prove absolutely that is where the Staphylococcus Aureus (MRSA) came from, but I suspect that is the case.

My Home Health nurse treated the wound with Neomy Sulf / Bactra / Polymyxin B Ointment - which is what they used in the hospital after I finally got them to treat it (48 hours after admission, and after it was already infected, with a red area 5 times the size of the wound, but by the time treatment started my white cells had already started fighting the infection, so the red area was decreasing). My nurse continued the treatments with the Neomy Sulf / Bactra / Polymyxin B Ointment for several weeks, until the knee finally appeared to be healed.

Several months later my nurse pulled another UA, and this time it did show MRSA. I was treated for 21 days with SMZ/TMP DS 800-160 (Generic for Bactrim DS 800-160), but many UAs after that have shown MRSA.

Incidentally I usually have a fairly heavy sediment problem in my foley (which went away while I was on the Bactrim) and my nurse flushes it once a week with 3 parts saline and 1 part vinegar (per Dr Richard Saint, Urologic Specialists), with alternating flushes of straight saline.

In January 2007 I did 7 days of Vancomycin (at home, using a PIC), and it seems to have gotten rid of the MRSA.