

# Lodi Memorial Hospital

## Consultation

Date 04/04/14

Yao, Weiping MD

M053082

PARVIN, MARY JEAN

03/16/43

71

V025643024

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## Consultation

### Report

NEUROLOGY CONSULT:

Syncope.

REFERRING:

Dr. Ali

### HISTORY OF THE PRESENT ILLNESS

Obtained from patient and chart reviewed: 71-year-old female with a history of cardiomyopathy, diabetes, hypertension, coronary artery disease, CHF/pacer, came to the hospital because patient fell today. As per patient she wants to see a doctor because she thought her pacemaker battery failed because she felt dizzy on and off, and she wants to check if it is working well or not. On the way to go to see him, she fell, and primary doctor decided to call 911 and send her to the hospital for further evaluation. Patient denied chest pain, shortness of breath, nausea, vomiting, abdominal pain, fever, chills, problems with urination, diarrhea, constipation. She described to me this had been going on for a few months, mostly related to standing up and feel whole room spinning, some nausea w/o vomiting; lasting a minute or so; she never passed out; there was no tinnitus, loss of hearing or vision or seizure; she was given dizzy pill and felt that helped.

### REVIEW OF SYSTEMS

Patient is complaining of both legs swelling, redness for 3 or 4 days. She was taking antibiotics, doxycycline, which was helping her. Denied chest pain, cough, fever, chills, nausea, vomiting, abdominal pain. Other positive and critical ddx negative as above.

### PAST MEDICAL HISTORY

Cardiomyopathy, coronary artery disease, myocardial infarction in 1996, status post stent placement LAD, peripheral vascular disease, hypertension, CHF. A 2-D echo was done on March 11, 2014, which showed 30% ejection fraction. AICD placement, hypothyroidism, CVA x 2 but she is unsure what her deficits are (constricted visual field).

### PAST SURGICAL HISTORY

CABG was done 2004, was done with 2 vessels. AICD placement.

### FAMILY HISTORY

No seizure or similar.

### SOCIAL HISTORY

She never smoked, never drank alcohol, never used drugs. Widow. Lives with cousin.

### ALLERGIES

1. SULFA.
2. LATEX.
3. MORPHINE.

### HOME MEDICATIONS

1. Citalopram oxalate 20 mg once a day.
2. Levothyroxine 100 mcg daily.

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3. Potassium chloride 10 mEq daily.
4. Lasix 20 mg twice a day.
5. Zolpidem 5 mg daily at bedtime.
6. Carvedilol 25 mg twice a day.
7. Insulin NovoLog sliding scale.
8. Insulin Lantus 15 units subcu twice a day.
9. Famotidine 20 mg daily.
10. Doxycycline 100 mg twice a day for 10 days.
11. Meclizine 25 mg 3 times a day.
12. Gabapentin 300 mg twice a day.
13. Norco 10/325 mg one tablet q.8 h.
14. Aspirin 81 mg daily.
15. Biotin 1000 mcg daily.
16. Isosorbide mononitrate 30 mg daily.
17. Nitroglycerin 0.4 mg p.r.n.
18. Micardis 80 mg daily.

### VITALS

Admitting Temperature 36.8, pulse is 60, blood pressure 144/63, pulse ox 93% on room air. afebrile and normal HR and BP 136/66 today.

### PHYSICAL EXAMINATION

GENERAL: Patient is obese, not in respiratory distress, somewhat depressed affect.

SKIN: She has bilateral leg redness, warm on touch. She has two stage I pressure ulcers on the right leg.

HEENT: Head: Normocephalic, atraumatic.. no ear canal or eye infection..

NECK: No JVD. no bruits, supple

LUNGS: Bilaterally clear to auscultation. No rales, no crackles.

HEART: Regular. symm pulses.

ABDOMEN: Soft, nontender, nondistended.

EXTREMITIES: Bilateral pedal edema +2; some arthritic change.

NEUROLOGIC: Alert, awake, oriented x3. soft and appropriate language; supple neck; symmetrical hearing; very sluggish pupils bilaterally, constricted visual field bilaterally; some apraxia with gaze movement; but no spontaneous nystagmus; negative head thrust. no ataxia; 4/5 strength in all limbs; hyporeflexia. no clonus. cautious slow gait.

### LABORATORIES

CBC is normal. BMP: BUN is 39, creatinine 2.0, and glucose 346. Troponin is 0.03.

CAT scan of head is age-related atrophic and white matter changes, remote bioccipital infarct.

Chest x-ray: Mild to moderate CHF, small left effusion.

EKG: AICD rhythm. No ST elevation or depression.

### ASSESSMENT

1. Mixed near fainting and positional central vertigo. With her known history of severe cardiomyopathy and bilateral occipital stroke, these are likely a combination of cardiogenic near syncope and/or vertebrobasilar insufficiency due to poor posterior circulation perfusion. Unfortunately, we cannot do MRI to see if she has more posterior circulation stroke. Pace maker issue will defer to cardiology to check on.
2. Multiple other active and comorbid conditions: Bilateral leg cellulitis. Congestive heart failure. Diabetes type 2/poor control; Hypothyroidism. History of coronary artery disease; h/o bioccipital stroke with poor vision.

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RECOMMENDATIONS:

1. Cardiologic follow up.
2. fall precaution and if needed cane or walker.
3. Meclizine low dose as needed. Or consider scheduled 12.5mg bid to tid.
4. Consider Plavix to replace ASA.
5. PT to evaluate and treat.

above were explained to patient and questions answered.

**Home Medication List**

**Active Scripts**

ESCITALOPRAM OXALATE 20 MG PO DAILY

#90 TAB Ref 3

Prov: BLANFORD, MISTI PA 09/27/13

Levothyroxine Sodium (Levothroid) 100 MCG PO DAILY

#90 TAB Ref 5

Prov: FREUND, EDMUND MD 10/23/13

Zolpidem \*\* (Ambien \*\*) 5 MG PO HSPRN

#30 TAB Ref 3

Prov: FREUND, EDMUND MD 01/08/14

Meclizine Hcl \*\* (Antivert \*\*) 25 MG PO TID PRN N/V

#30 TAB

Prov: FREUND, EDMUND MD 03/25/14

HYDROcodone/Acetaminophen 10-325 \*\* (Norco 10-325 \*\*) 1 TAB PO Q8

#60 Ref 2

Prov: FREUND, EDMUND MD 03/31/14

Insulin Glargine, Hum.rec.anlog \*\* (Lantus \*\*) 15 UNIT SUB-Q BID

30 Days

Prov: MULTANI, KULJEET MD 03/14/14

Famotidine 20 MG PO DAILY

30 Days

Prov: MULTANI, KULJEET MD 03/14/14

Potassium Chloride (Klor-Con) 10 MEQ PO DAILY

#90 TAB Ref 3

Prov: JAROMAY, MICHELLE NP 12/19/13

Furosemide \*\* (Lasix \*\*) 20 MG PO BID

30 Days

Prov: NGUYEN, BAO Q MD 12/24/13

Carvedilol 25 MG PO BID

#60 TAB

Prov: VATANPARAST, ROHAM MD 02/04/14

**Discontinued Scripts**

HYDROcodone/Acetaminophen 10-325 \*\* (Norco 10-325 \*\*) 1 TAB PO Q8

#90

Prov: FREUND, EDMUND MD 03/17/14

DC: 03/31/14 1054

Doxycycline Hyclate \*\* 100 MG PO Q12

10 Days

Prov: FREUND, EDMUND MD 03/25/14

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DC: 04/02/14 1057 Completed

**Reported Medications**

Aspirin \*\* 81 MG PO DAILY  
Isosorbide Mononitrate \*\* (Imdur \*\*) 30 MG PO DAILY  
Nitroglycerin \*\* (Nitroquick \*\*) 0.4 MG BU AS DIRECTED  
Biotin (BIOTIN) 1,000 MCG PO DAILY  
Gabapentin \*\* (Neurontin \*\*) 300 MG PO BID  
Insulin Aspart \*\* (NovoLOG \*\*) 0 UNIT SUB-Q AS DIRECTED PRN Insulin Sliding Scale  
#1 BTL  
Telmisartan (Micardis) 80 MG PO DAILY

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04/04/14 1007

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## Progress Note

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### ADDENDUM: ALI, NAZISH MD on 04/04/14 at 1251

8. CKD Stage - 3 - Will cont to monitor her renal functions.

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04/04/14 1252

## Subjective

### Subjective HPI

Patient seems to not be doing very well today.

Neuro was consulted for the chronic vertigo which she has been having for the last six months.

H/O CVA - one yr ago.

### PCP/Admit Date

Primary Care Physician

Phone number

Admit Date 04/03/14

Length of Stay 1

Estimated length of stay 1-2 days

History and Physical reviewed? Yes

## Objective

### Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/03-04/04	35.5-36.9	60-70	16-18	114-144/56-69	92-98	

Intake and Output

	04/04 0700
Intake Total	1260
Output Total	
Balance	1260
Intake, IV	210
Intake, Oral	1050
Number	0
Unmeasured	
Stools	
Number Voids	6
Patient Weight	95.7 kg
Voiding Method	Incontinent
Weight Measurement	Bed

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Method

### Exam

**General Appearance** Alert, Oriented X3, Cooperative, No acute distress  
**HEENT** Atraumatic, PERRLA, EOMI, Mucous membr. moist/pink, Oral mucosa dry  
**Respiratory** Clear to auscultation, Normal air movement  
**Neck** Supple, No thyromegaly, No lymphadenopathy  
**Cardiovascular** Regular, No murmur, No rub, No gallop, No JVD  
**Abdomen** Normal bowel sounds, Soft, No tenderness, No hepatosplenomegaly, No masses  
**Extremities** No clubbing, No cyanosis, No edema, Normal pulses  
**Skin** Intact  
**Neurological** No focal deficits, Normal gait, Normal speech, Strength at 5/5 x4 ext, Normal tone  
**Psych/Mental Status** Mental status normal, Mood normal

### Results

#### Laboratory Tests

	04/04 1156	04/04 0751	04/03 2048	04/03 1708	Range/Units
Chemistry					
POC Glucose	98	79	205 H	165 H	70 - 110 mg/dL

**Results personally reviewed** Yes

**Consults reviewed/discussed** Cardiologist, Neurologist

**Medical records reviewed** Yes

### Medications/Allergies

#### Allergies

##### Coded Allergies:

latex (Mild, Rash 04/02/14)

Converted from Drug Class Allergy: Latex

Sulfa (Sulfonamide Antibiotics) (Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX 04/02/14)

Converted from Ingredient Allergy: Sulfa Drugs

morphine (Mild, MAKES HER FEEL FUNNY 04/02/14)

### Medications

#### Current Medications

Atorvastatin Calcium 20 MG HS PO  
Meclizine HCl 25 MG TIDPRN PRN PO  
Acetaminophen/Hydrocodone Bitart 1 TAB Q4PRN PRN PO  
Atorvastatin Calcium 10 MG HS PO (DC)  
Aspirin 81 MG DAILY PO  
Isosorbide Mononitrate 30 MG DAILY PO  
Levothyroxine Sodium 100 MCG 06-DAILY PO  
Lisinopril 2.5 MG DAILY PO  
Telmisartan 80 MG DAILY PO

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Furosemide 40 MG 06-DAILY IV  
Heparin Sodium (Porcine) 5,000 UNIT TID SUB-Q  
Pantoprazole Sodium 40 MG AT 0600 IV  
Sodium Chloride 10 ML AT 0600 IV  
Piperacillin Sod/Tazobactam Sod 2.25 GM Q8H IV (CKD)  
Sodium Chloride 50 ML  
Insulin Aspart Enter units administered  
AS DIRECTED PRN SUB-Q  
Potassium Chloride 40 MEQ PROTOCOL PRN PO  
Potassium Chloride 20 MEQ PROTOCOL PRN PO  
Potassium Chloride 10 MEQ PROTOCOL PRN PO  
Nitroglycerin 0.4 MG AS DIRECTED SL (CKD)  
Zolpidem Tartrate 5 MG HSPRN PRN PO  
Carvedilol 25 MG BID PO  
Gabapentin 100 MG BID PO (CKD)  
Insulin Glargine 15 UNIT BID SUB-Q

**Foley?** No

**Nursing Clinical Data**

**Pain (1-10):** 0 No Pain

**Activity level:** Bedrest - immobile

**Last BM** 04/01/14

**Pressure ulcer?** No

**Isolation?** Yes

**Reason-** MRSA

**Assessment/Plan**

**Problem List**

**1. Syncope**

Chronic

No complaints of chest pain or SOB noted.

Troponins as mentioned yesterday has been elevated.

Cardiology consult was appreciated.

H/O CAD and CHF - Systolic in nature.

**2. Elevated troponin level**

Acute

Stable

\*\*\*On Thu 3:42p Apr 3, 2014 ALI, NAZISH MD wrote\*\*\*

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**3. Bilateral lower leg cellulitis**

Cellulitis lower Extremities - On Zosyn - cont same.

May add gram positive coverage - clindamycin.

**4. CHF (congestive heart failure)**

Stable

Echo Reviewed - Has Systolic Dysfunction - EF-30%

**5. DM type 2 (diabetes mellitus, type 2)**

Chronic

\*\*\*On Wed 8:25a Apr 2, 2014 ALI, NAZISH MD wrote\*\*\*

On lantus insulin along with sliding scale with coverage.

**6. HTN (hypertension)**

Chronic

\*\*\*On Thu 3:42p Apr 3, 2014 ALI, NAZISH MD wrote\*\*\*

BP is well controlled - cont same management for now.

**7. Vertigo**

Chronic

Stable

Patient has been c/o vertigo since last six months.  
Neuro consult done - on meclizine.

H/O CVA x one yr ago - will do MRI of brain to make sure if there is no posterior circulation CVA.  
causing the vertigo.

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