



8/27/11

56-1

**CHIEF COMPLAINT:**

Chest discomfort.

**HISTORY OF PRESENT ILLNESS:**

This is a 68-year-old female who has a history of cardiomyopathy, ischemic heart disease. She had an AICD placed in Stockton. She has had coronary artery bypass graft. She is vacationing from Stockton and developed chest pressure, starting last night. She states it is "like an elephant sitting on her chest." She called the paramedics today. The paramedics arrived and they did obtain an EKG and implemented the cardiac catheterization team as they thought the patient was having ST elevation MI. She did receive nitroglycerin. By the time she arrived here, she is pain free. I reviewed the EKG from the field and I did not see any ST elevation.

**PAST MEDICAL HISTORY:**

Remarkable for diabetes mellitus, hypertension, hyperlipidemia, hypothyroidism, renal insufficiency, ischemic cardiomyopathy and congestive heart failure.

**CURRENT MEDICATIONS:**

Isosorbide, Nitro-Dur, Zetia, potassium chloride, levothyroxine, Lasix, zolpidem, carvedilol, Lexapro, famotidine, lovastatin, lisinopril, Micardis, hydrocodone, aspirin, Aleve, Lantus insulin, sliding scale insulin, iron supplement and a variety of vitamins.

**ALLERGIES:**

**Sulfa.**

**FAMILY AND SOCIAL HISTORY:**

The patient currently resides in California. She is visiting relatives in the Carson City Lake Tahoe Region. She does not smoke cigarettes. Denies any drug or alcohol use.

**REVIEW OF SYSTEMS:**

**NEUROLOGIC:** The patient has no history of stroke or seizure.

**HEENT:** She has had no earaches, sore throat or nasal congestion.

**CARDIAC:** Please see HPI. She denies any chest pain at this time.

**PULMONARY:** She denies any shortness of breath, PND or orthopnea.

**GASTROINTESTINAL:** She has had no nausea or vomiting. There has been no melena or hematochezia.

**GENITOURINARY:** She has had no dysuria or hematuria.

**MUSCULOSKELETAL:** No frequent fractures or dislocations.

PARVIN, MARY

35-06-36

ADMITTED: 08/27/2011

GEORGE NICKLES, M.D.

TEL A356 01

**Emergency Room Report**

**ORIGINAL**

KBT# 864528

**PHYSICAL EXAMINATION:**

**GENERAL:** Obese white female in no distress.

**VITAL SIGNS:** Blood pressure 152/87, heart rate 70. The monitor shows sinus rhythm.

**HEENT:** Pupils are equally round and reactive to light and accommodation. Extraocular movements are intact. Sclerae nonicteric. Conjunctivae are not hyperemic.

**NECK:** Supple, carotids 2+, no carotid bruit or JVD.

**LUNGS:** Clear to auscultation.

**HEART:** S1, S2, regular rate and rhythm. No murmur, gallop or rub.

**ABDOMEN:** Soft, nontender to palpation.

**EXTREMITIES:** Reveal 2+ ankle edema, halfway at the tibia.

**MUSCULOSKELETAL:** Good strength in her extremities.

**NEUROLOGICAL:** She is alert and oriented x3. Motor and sensory intact.

**PSYCHIATRIC:** Normal mood and normal affect.

**DIAGNOSTIC STUDIES:**

EKG shows sinus rhythm, RSR is noted in III and aVF. There is intraventricular conduction delay, but close look at the QRS complex shows specifically in V6 there is pacemaker spikes noted may be pacing and capturing some of her own rhythm. No ST-T changes are noted. There are Q-waves in V1 and V2, but it is a paced rhythm. X-ray shows cardiomegaly and venous congestion consistent with CHF. The white blood count is 5.40, hemoglobin is 12.4, hematocrit 37.0 and platelets 94,000. CPK is 323, MB index is 1.7%. Troponin is 0.07. Sodium 139, potassium 5.1, chloride 108, bicarbonate 21, BUN 26 and creatinine 1.51. GFR 34. EKG shows sinus rhythm, intraventricular conduction delay -- paced rhythm, no acute ST changes are noted.

**IMPRESSION:**

1. Chest pain, rule out myocardial infarction.
2. Ischemic cardiomyopathy, systolic dysfunction.
3. Congestive heart failure, systolic dysfunction.
4. Diabetes mellitus.
5. Pacer -- AICD.
6. Renal failure.
7. Hypertension.
8. Hyperlipidemia.
9. Hypothyroidism.

**PLAN:**

The patient will get admitted to telemetry, get cardiac enzymes and troponins q.6h. x2. We will get an echo to evaluate LV function. We will start her on fingersticks with before meals and at bedtime and put her on moderate sliding scale. Continue the nitrates, furosemide, carvedilol,

PARVIN, MARY

35-06-36

ADMITTED: 08/27/2011

BASIL CHRYSOS, MD

TEL A356 01

lisinopril and Micardis. We will hold the potassium given potassium being 5.1 and her GFR of 34. The patient will be reevaluated in the morning after the echo and cardiac enzymes are done.

BC:if

DD: 08/27/2011 09:58:36

DT: 08/27/2011 23:46:23

BASIL CHRYSOS, MD

PARVIN, MARY

35-06-36

ADMITTED: 08/27/2011

BASIL CHRYSOS, MD

TEL A356 01

**History & Physical**

**ORIGINAL**

KBT# 864507

**METABOLIC:** She has a history of diabetes and hyperlipidemia.

**HEMATOPOIETIC:** She has no history of anemia or thrombocytopenia.

All other systems are negative.

**PHYSICAL EXAMINATION:**

**GENERAL:** Reveals a 68-year-old who currently is awake, alert and oriented.

**VITAL SIGNS:** Reveal blood pressure of 152/87, pulse 70, respiratory rate 16, temperature 95.9, and pulse oximetry 97% on 2 liters. She is pain free.

**SKIN:** Warm and dry.

**HEENT:** Pupils are equally round and reactive to light. Extraocular motions are intact. Throat is negative. Mucosa is moist.

**NECK:** No cervical adenopathy. No jugular venous distention or carotid bruits. Trachea is midline.

**CHEST:** Clear to auscultation and no rales, rhonchi or wheezes.

**HEART:** Shows regular rate and rhythm without murmur, gallop or rub.

**ABDOMEN:** Soft, obese. Good bowel sounds in all 4 quadrants. No pain in right or left upper quadrants, no pain in right or left lower quadrants. No guarding or rebound. No CVA tenderness.

**EXTREMITIES:** Show no clubbing or cyanosis. She does have 1+ pretibial edema.

**HOSPITAL COURSE:**

The patient had one-half inch of nitro paste placed on her chest wall. She is currently pain free. Chest x-ray shows cardiomegaly. EKG appears to show atrial sensed ventricular paced rhythm, no ST elevation. She does have an RSR prime in lead III, poor R-wave over the precordium. I was able to obtain an EKG from Stockton, California, a hospital dated 8/12/11, this essentially is unchanged. Chest x-ray shows cardiomegaly. CPK of 323, LDH of 298, troponin is 0.07. Sodium 139, potassium 5.1, chloride \_\_\_\_, bicarbonate 21, glucose 221, BUN of 26, creatinine 1.51, albumin 3.2. AST 54, remaining liver tests were normal. White count 5400, hemoglobin of 12.4, hematocrit of 37 and platelet count of 194,000.

**IMPRESSION:**

Chest pain, rule out myocardial infarction.

**PLAN:**

I did contact Dr. Tann when the patient arrived here as he is part of the catheterization team with no ST elevation, he does want the patient evaluated by Dr. Chryssos before coming in. Dr. Chryssos did arrive, he did evaluate the patient, also felt the patient had no evidence of ST elevation and felt the patient could be admitted to the hospital by him. Dr. Chryssos did write holding orders. Further workup and care with Dr. Chryssos.

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PARVIN, MARY

35-06-36

ADMITTED: 08/27/2011

GEORGE NICKLES, M.D.

TEL A356 01

**Emergency Room Report**

**ORIGINAL**

KBT# 864528

Page 3

GN:if

DD: 08/27/2011 11:09:49

DT: 08/28/2011 00:19:15

GEORGE NICKLES, M.D.

PARVIN, MARY

35-06-36

ADMITTED: 08/27/2011

GEORGE NICKLES, M.D.

TEL A356 01

**Emergency Room Report**

**ORIGINAL**

KBT# 864528

Carson Tahoe Regional Health

**Patient Results**

**PARVIN, MARY JEAN**

RMC Telemetry 356-01

68y

F

Chryssos, Basil

16-Mar-1943

020350636 / 1123900024

**Aug-29-2011 05:28**

**Glucose, Bedside**

**1 or more Final Results Received**

Glucose, Bedside.

73

[70-110 mg/dl]

Final

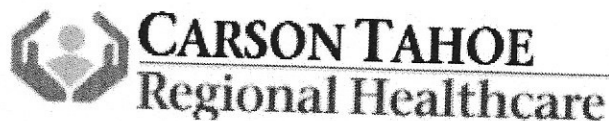
Requested By: Brehm, Kimberly (Unit Clerk)

29-Aug-11 11:01

End of Report

Printed from: RMC Telemetry

Page: 1 of 1



1600 Medical Parkway  
 Carson City, NV 89706  
 Phone (775) 445-8846  
 Fax (775) 888-3204

**Adult Echocardiogram Report**

<b>Name:</b> PARVIN, MARY JEAN	<b>Study Date:</b> 08/27/2011	<b>Height:</b> 66 in
<b>MRN:</b> 020350636	<b>Patient Location:</b> TEL - 356-1	<b>Weight:</b> 260 lb
<b>DOB:</b> 03/16/1943	<b>Gender:</b> Female	<b>BSA:</b> 2.2 meters <sup>2</sup>
<b>Age:</b> 68 yrs	<b>Account #:</b> 1123900024	
<b>Reason For Study:</b> Chest pain		
<b>History:</b> Chest Pain		
<b>Ordering Physician:</b> Basil Chryssos, M.D.	<b>Performed By:</b> Stacey Albin, RDCS	
<b>Referring Physician:</b> Basil Chryssos, M.D.		

**Study Comments:** Two forms of patient identification verified. A two-dimensional transthoracic echocardiogram with color flow and Doppler was performed. The procedure was explained to the patient and/or family member present. Digital images were acquired using a Philips iE33 Ultrasound System. The study was technically difficult with some images being suboptimal in quality. The patient has a pacemaker/AICD. The patient had an echocardiogram at another facility, but there is no comparison study available. The study was done portably. The patient has a pacemaker.

**Left Ventricle:** The left ventricle is normal in size. There is moderate concentric left ventricular hypertrophy. Left ventricular systolic function is severely reduced. The Ejection Fraction estimate is <20%. Regional wall motion abnormalities cannot be excluded due to limited visualization. There is severe global hypokinesis of the left ventricle. Spectral Doppler of the mitral valve shows a normal E/A wave ratio. The E/E' ratio between the mitral E wave and the mitral annulus E' wave is 19.1.

**Right Ventricle:** The right ventricle is not well visualized secondary to technical limitations.

**Atria:** The left atrium is mildly dilated. The right atrium is normal in size. Subcostal imaging was suboptimal for evaluation of the interatrial septum for shunting.

**Mitral Valve:** The mitral valve leaflets are sclerotic, but show no functional abnormalities. No significant flow abnormalities are demonstrated.

**Aortic Valve:** The aortic valve is calcified. The aortic valve opens well. No significant flow abnormalities are demonstrated.

**Tricuspid Valve:** The tricuspid valve is not well visualized secondary to technical limitations. There is severe tricuspid regurgitation. Right ventricular systolic pressure is elevated at >70 mmHg. The pulmonary vascular resistance is estimated to be 6 Wood Units.

**Pulmonic Valve:** The pulmonic valve is not well visualized. No significant flow abnormalities are demonstrated.

**Great Vessels:** The aortic root is normal size. The inferior vena cava is dilated and decreases greater than 50% with inspiration suggesting a right atrial pressure of 15 mmHg.

**Pericardium/Pleural:** There is no pericardial effusion.

<b>Measurements with Normals</b>	
LVIDd: 5.5 cm (3.9-5.9 cm)	Ao root diam: 3.7 cm (2.2-3.7 cm)
LVIDs: 4.9 cm (2.0-3.8 cm)	LA dimension: 4.2 cm (2.7-4.0 cm)

**MMode/2D Measurements & Calculations**

IVSd: 1.4 cm                      LVPWd: 1.4 cm                      FS: 11.9 %                      LV mass(C)d: 346.5 grams

---

EPSS: 1.2 cm	ACS: 2.3 cm	LVOT diam: 2.0 cm	LVLd ap4: 8.0 cm
MV excursion: 1.5 cm			LVLs ap4: 7.5 cm
			EF(MOD-sp4): 15.2 %

---

CO(MOD-sp4): 1.1 l/min

**Time Measurements**

MM R-R int: 0.86 sec  
 MM HR: 70.0 BPM

**Doppler Measurements & Calculations**

MV E max vel: 111.3 cm/sec	MV V2 max: 87.6 cm/sec	MV P1/2t: 56.9 msec	Ao V2 max: 49.6 cm/sec
MV A max vel: 91.0 cm/sec	MV max PG: 3.1 mmHg	MVA(P1/2t): 3.9 cm <sup>2</sup>	Ao max PG: 0.99 mmHg
MV E/A: 1.2	MV mean PG: 1.6 mmHg	MV dec time: 0.16 sec	Ao mean PG: 0.65 mmHg
	MVA(VTI): 1.4 cm <sup>2</sup>		Ao V2 VTI: 9.6 cm
			AVA(V,D): 2.8 cm <sup>2</sup>

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LV V1 max: 44.4 cm/sec	SV(LVOT): 29.5 ml	PA V2 max: 52.7 cm/sec	RV V1 mean PG: 0.29 mmHg
LV V1 max PG: 0.79 mmHg		PA max PG: 1.1 mmHg	RV V1 mean: 24.5 cm/sec
LV V1 mean PG: 0.49 mmHg		PA mean PG: 0.57 mmHg	RV V1 VTI: 6.0 cm
LV V1 VTI: 9.5 cm		PA V2 VTI: 8.8 cm	

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TR max vel: 370.6 cm/sec      RAP systole: 15.0 mmHg  
 TR max PG: 54.9 mmHg  
 RVSP(TR): 69.9 mmHg

**Interpretation Summary**

There is severe global hypokinesis of the left ventricle.  
 Regional wall motion abnormalities cannot be excluded due to limited visualization.  
 The Ejection Fraction estimate is <20%  
 There is moderate concentric left ventricular hypertrophy.  
 The left atrium is mildly dilated.  
 There is severe tricuspid regurgitation  
 Right ventricular systolic pressure is elevated at >70 mmHg  
 The inferior vena cava is dilated and decreases greater than 50% with inspiration suggesting a right atrial pressure of 15 mmHg.

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Electronically signed by: Basil Chryssos, M.D. on 08/27/2011 02:51 PM



Patient Results

PARVIN, MARY JEAN

RMC Telemetry 356-01

68y

F

Chryssos, Basil

16-Mar-1943

020350636 / 1123900024

Aug-27-2011 08:30	CBC & Auto Diff		Interim Results Received
WBC Count	5.40		[3.70-10.60 x10 <sup>3</sup> /ul] Prelim
RBC Count	4.02	L	[4.19-5.21 x10 <sup>6</sup> /ul] Prelim
Hemoglobin	12.4		[12.3-16.0 g/dl] Prelim
Hematocrit	37.0		[36.0-47.0 %] Prelim
MCV	92.0		[81.0-99.0 fl] Prelim
MCH	30.9		[28.0-33.8 pg] Prelim
MCHC	33.6		[33.1-36.5 g/dL] Prelim
RDW	14.2	H	[11.8-14.0 %] Prelim
Platelet Count	194		[146-390 x10 <sup>3</sup> /uL] Prelim
MPV	9.1		[6.4-10.2 fl] Prelim

## Patient Results

PARVIN, MARY JEAN

RMC Telemetry 356-01

68y

F

Chryssos, Basil

16-Mar-1943

020350636 / 1123900024

Aug-27-2011 08:30	Comprehensive Metabolic Profile, ER		1 or more Final Results Received
Sodium, Plasma	139		Final
Potassium, Plasma	5.1		Final
Chloride, Plasma	108		Final
CO <sub>2</sub> , Plasma	21	L	Final
Anion Gap	10		Final
Glucose, Random	221	H	Final
Calcium, Plasma	8.9		Final
Blood Urea Nitrogen, Plasma	26	H	Final
Creatinine	1.51	H	Final
Glomerular Filtration Rate	34		Final

Estimated GFR derived from the MDRD Study equation can be used in patients who are in the hospital. It is important to pay attention to potential inaccuracies due to the non-steady state of serum creatinine, co-morbidities that cause malnutrition, and the use of medications that interfere with the measurement of serum creatinine.

The estimated GFR is only accurate for patients greater than 18 years of age.

Protein, Total Serum	5.6	L	Final
Albumin, Serum	3.2	L	Final
Alanine Aminotransferase, Serum	36		Final
Alkaline Phosphatase, Serum	86		Final
Aspartate Transaminase, Serum	54	H	Final
Bilirubin, Total	0.8		Final
Bilirubin, Direct	0.2		Final
Bilirubin Indirect	0.6		Final
Albumin/Globulin Ratio	1.33		Final
Globulin, Serum	2.4	L	Final

## Patient Results

PARVIN, MARY JEAN

RMC Telemetry 356-01

68y

F

Chryssos, Basil

16-Mar-1943

020350636 / 1123900024

Aug-27-2011 14:22	Cardiac Enzymes			1 or more Final Results Received
Creatine Kinase, Serum	335	H	[38-234 IU/L]	Final
Lactate Dehydrogenase, Serum	286	H	[98-192 IU/L]	Final
Creatine Kinase MB, Serum	5.3		[0.6-6.3 ng/ml]	Final
CKMB Index	1.58		[0.00-4.00 %]	Final
Troponin I, Serum	0.07	H	[0.01-0.04 ng/ml]	Final

Any conditions resulting in myocardial cell damage can potentially increase cardiac troponin-I levels above the reference value.

Clinical studies have documented these conditions to include unstable angina, congestive heart failure, myocarditis, and cardiac surgery or invasive testing.

Evidence of myocardial infarction is generally seen in levels greater than or equal to 0.50 ng/ml

Troponin testing at CTRMC utilized the Beckman Access AccuTnI method. Reference values for Troponin I cteric testing can vary due to the difference in methodologies. Consistent use of the same type of method is most helpful in monitoring serial values.

## Patient Results

PARVIN, MARY JEAN

RMC Telemetry 356-01

68y

F

Chryssos, Basil

16-Mar-1943

020350636 / 1123900024

Aug-27-2011 20:30	Cardiac Enzymes			1 or more Final Results Received
Creatine Kinase, Serum	295	H	[38-234 IU/L]	Final
Lactate Dehydrogenase, Serum	244	H	[98-192 IU/L]	Final
Creatine Kinase MB, Serum	5.0		[0.6-6.3 ng/ml]	Final
CKMB Index	1.69		[0.00-4.00 %]	Final
Troponin I, Serum	0.06	H	[0.01-0.04 ng/ml]	Final

Any conditions resulting in myocardial cell damage can potentially increase cardiac troponin-I levels above the reference value.

Clinical studies have documented these conditions to include unstable angina, congestive heart failure, myocarditis, and cardiac surgery or invasive testing.

Evidence of myocardial infarction is generally seen in levels greater than or equal to 0.50 ng/ml

Troponin testing at CTRMC utilized the Beckman Access AccuTnI method. Reference values for Troponin I cteric testing can vary due to the difference in methodologies. Consistent use of the same type of method is most helpful in monitoring serial values.

MRN: 020350636 Visit: 1123900024 Age: 68y (16-Mar-1943)	PARVIN, MARY JEAN Gender: Female	Carson Tahoe Regional Health Location: RMC Telemetry 356-01
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Adult Discharge/Transfer Note [29-Aug-11 13:08], Visit: 1123900024, Complete, Revised, Signed in Full, General

**Patient Status:**

**Physical Status** stable (s/sx potential problems absent or manageable)  
**Psychosocial Status** effective coping mechanisms  
**Diagnosis of Stroke** no  
**Patient discharged with Antithrombotics** no  
**Patient discharged with Statins** no

**Discharge Information:**

**Discharge Status:**

**Disposition** home with own care  
**Accompanied By** family  
**Mode of Discharge** wheelchair  
**Method of Transportation** private car  
**Oxygen** yes  
**Oxygen Company** Lincare  
**Company Phone Number** 775-882-0333  
**Oxygen Instructions** Wear oxygen 2L via nasal canula, 24hrs/day, until your doctor tells you otherwise.

**Discharge Instructions:**

**Discharge Activity** activity as tolerated  
**Discharge Diet** low fat; low cholesterol; low salt; diabetic;  
**Fluid Restriction** no  
**Instructions Reviewed With** patient  
**Response to Teaching** verbalizes understanding  
**Materials Provided** handouts

**Follow-up Care/Appointments:**

Follow-up with Dr. Stenzler Phone Number This week.

**Vaccines:**

**Pneumovac:** not indicated or contraindicated  
**Flu Vaccine:** not indicated or contraindicated

**Vital Signs:**

**Vital Signs Flowsheet:**

29-Aug-11 06:44

**Heart Rate (beats/min):** 74  
**Systolic Blood Pressure Systolic:** 122  
**Diastolic Blood Pressure Diastolic (mm Hg):** 60  
**Respirations (breaths/min):** 18  
**Pulse Oximetry (%) SpO2 (%):** 95  
**Verbal/Face Scale:** Verbal (0/10 - No pain)

11:04

**Temperature (degrees F) (degrees F):** 98.9

MRN: 020350636 Visit: 1123900024 Age: 68y (16-Mar-1943)	<b>PARVIN, MARY JEAN</b> Gender: Female	Carson Tahoe Regional Health Location: RMC Telemetry 356-01
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**Allergies:**

**Allergy/Intolerance:**

Allergen/Product	Confidence Level	Info Source	Reaction
Sulfa	Reported	Patient	Unknown
latex	Reported	Patient	Unknown

**Discharge Review:**

<b>RN Reviewed Instructions</b>	RN has reviewed the discharge instructions listed above
<b>Patient/Caregiver Level of Understanding of Discharge Instructions</b>	verbalized understanding of discharge instructions
<b>Requested an electronic copy of their Discharge Instructions</b>	No

**Discharge Date/Belongings:**

<b>Discharge Date/Time (mm-dd-yy hh:mm)</b>	08-29-11 16:50
<b>Patient Belongings Belongings</b>	glasses/contacts; returned to patient/responsible party

**Signatures:**

**Patient or Legal Representative:**

Signature: \_\_\_\_\_

**Care Provider Signature:**

Signature: \_\_\_\_\_

**Electronic Signatures:**

**Cinq, Celine (RN)** (Signed 29-Aug-11 13:09)

*Authored: Discharge Information, Vital Signs, Allergies, Signatures*

**Linnell, Julie (RN)** (Signed 29-Aug-11 15:06)

*Entered: Patient Status, Discharge Information, Vaccines, Discharge Review, Disposition Information,*

*Authored: Patient Status, Discharge Information, Vaccines, Discharge Review, Disposition Information*

*Last Updated: 29-Aug-11 15:06*

# Discharge Medication List

THE FOLLOWING LIST OF MEDICATIONS IS VALID AS OF THE DATE AND TIME PRINTED:

Aug-27-2011 21:22

## Allergies

<Other>, Sulfa

**Working Diagnosis:** STEMI

**Height:** 165.1cm

**Weight:** 122.4 KG

**BSA:**

## Medications

### Active Home Meds

<b>Order Name:</b>	acetaminophen-hydrocodone 500 mg-10 mg oral tablet <b>(ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	acetaminophen-hydrocodone	
Instructions:	1 tab(s) orally every 8 hours	
Comments:		
Notes:		
<b>Order Name:</b>	<b>Aleve 220 mg oral tablet (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	naproxen	
Instructions:	1 tab(s) orally prn (unknown frequency)	
Comments:		
Notes:		
<b>Order Name:</b>	<b>asa 81mg (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:		
Instructions:	once a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>bilberry 1000 mcg po tid (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:		
Instructions:	3 times a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>biotin 1000 mcg oral tablet (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	biotin	
Instructions:	1 tab(s) orally 2 times a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>carvedilol 12.5 mg oral tablet (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	carvedilol	
Instructions:	1 orally 2 times a day	
Comments:		
Notes:		

**Carson Tahoe Regional Medical Center**

Medication List for Discharge  
Page 1 (Continued)

Location: RMC Telemetry 356-01

Acct: 1123900024

Sex: F

Physician Name: Chryssos, Basil

Adm: 8/27/2011 11:39:00 AM

MRN: 020350636

DOB: 16-Mar-1943

Patient Name: PARVIN, MARY JEAN

Age: 68y

# Discharge Medication List

## Active Home Meds

<b>Order Name:</b>	<b>cholecalciferol 2000 intl units oral capsule (ACTIVE HOME MEDICATION)</b>
Generic Name:	cholecalciferol
Instructions:	1 cap(s) orally once a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>cranberry oral capsule (ACTIVE HOME MEDICATION)</b>
Generic Name:	cranberry
Instructions:	1 orally 2 times a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>famotidine 20 mg oral tablet (ACTIVE HOME MEDICATION)</b>
Generic Name:	famotidine
Instructions:	1 tab(s) orally 2 times a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>ferrous sulfate 324 mg (65 mg elemental iron) oral tablet (ACTIVE HOME MEDICATION)</b>
Generic Name:	ferrous sulfate
Instructions:	1 tab(s) orally 2 times a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>Flax Oil oral capsule (ACTIVE HOME MEDICATION)</b>
Generic Name:	flax
Instructions:	1 cap(s) orally 3 times a day (1000 mcg)
Comments:	
Notes:	
<b>Order Name:</b>	<b>folic acid 0.8 mg oral tablet (ACTIVE HOME MEDICATION)</b>
Generic Name:	folic acid
Instructions:	1 tab(s) orally once a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>furosemide 80 mg oral tablet (ACTIVE HOME MEDICATION)</b>
Generic Name:	furosemide
Instructions:	1 orally once a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>grape seed complex 1 po daily (ACTIVE HOME MEDICATION)</b>
Generic Name:	
Instructions:	
Comments:	
Notes:	

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

**Carson Tahoe Regional Medical Center**

Medication List for Discharge  
Page 2 (Continued)

Location: RMC Telemetry 356-01  
Acct: 1123900024  
Sex: F  
Physician Name: Chryssos, Basil

Adm: 8/27/2011 11:39:00 AM  
MRN: 020350636  
DOB: 16-Mar-1943 Age: 68y  
Patient Name: PARVIN, MARY JEAN



# Discharge Medication List

## Active Home Meds

<b>Order Name:</b>	<b>isosorbide dinitrate 30 mg oral tablet (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	isosorbide dinitrate	
Instructions:	1 orally once a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>Klor-Con 10 (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	potassium chloride	
Instructions:	1 tab(s) 2 times a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>Lantus 100 units/mL subcutaneous solution (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	insulin glargine	
Instructions:	35u qhs, 25u qam	
Comments:		
Notes:		
<b>Order Name:</b>	<b>levothyroxine 100 mcg (0.1 mg) oral tablet (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	levothyroxine	
Instructions:	1 tab(s) orally once a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>Lexapro 20 mg oral tablet (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	escitalopram	
Instructions:	1 orally once a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>lisinopril 20 mg oral tablet (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	lisinopril	
Instructions:	1 orally once a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>lovastatin 40 mg oral tablet (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	lovastatin	
Instructions:	1 orally once a day	
Comments:		
Notes:		
<b>Order Name:</b>	<b>lutein 20 mg oral capsule (ACTIVE HOME MEDICATION)</b>	Continue/Start <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Modify <input type="checkbox"/>
Generic Name:	lutein	
Instructions:	1 cap(s) orally once a day	
Comments:		
Notes:		

Carson Tahoe Regional Medical Center

Medication List for Discharge  
Page 3 (Continued)

Location: RMC Telemetry 356-01  
Acct: 1123900024  
Sex: F  
Physician Name: Chrissyos, Basil

Adm: 8/27/2011 11:39:00 AM  
MRN: 020350636  
DOB: 16-Mar-1943 Age: 68y  
Patient Name: PARVIN, MARY JEAN

# Discharge Medication List

## Active Home Meds

<b>Order Name:</b>	<b>Micardis 80 mg oral tablet (ACTIVE HOME MEDICATION)</b>
Generic Name:	telmisartan
Instructions:	1 tab(s) orally once a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>Nitro-Dur prn (ACTIVE HOME MEDICATION)</b>
Generic Name:	
Instructions:	
Comments:	
Notes:	
<b>Order Name:</b>	<b>One-A-Day Essentials oral tablet (ACTIVE HOME MEDICATION)</b>
Generic Name:	multivitamin
Instructions:	1 tab(s) orally once a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>sliding scale insulin - pt states name starts with an 'm' (ACTIVE HOME MEDICATION)</b>
Generic Name:	
Instructions:	
Comments:	
Notes:	
<b>Order Name:</b>	<b>Super B Complex (ACTIVE HOME MEDICATION)</b>
Generic Name:	multivitamin
Instructions:	
Comments:	
Notes:	
<b>Order Name:</b>	<b>Zetia 10 mg oral tablet (ACTIVE HOME MEDICATION)</b>
Generic Name:	ezetimibe
Instructions:	1 orally once a day
Comments:	
Notes:	
<b>Order Name:</b>	<b>zolpidem 5 mg oral tablet (ACTIVE HOME MEDICATION)</b>
Generic Name:	zolpidem
Instructions:	1 orally once a day
Comments:	
Notes:	

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

Continue/Start  Discontinue  Modify

# Discharge Medication List

## Prescriptions

Comments:	
Notes:	

<b>Order Name:</b>	
Generic Name:	
Instructions:	
Comments:	
Notes:	
<b>Order Name:</b>	
Generic Name:	
Instructions:	
Comments:	
Notes:	
<b>Order Name:</b>	
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<b>Order Name:</b>	
Generic Name:	
Instructions:	
Comments:	
Notes:	

# Discharge Medication List

<b>Order Name:</b>	
Generic Name:	
Instructions:	
Comments:	
Notes:	
<b>Order Name:</b>	
Generic Name:	
Instructions:	
Comments:	
Notes:	

\*\*\* End of Medications \*\*\*

### Over the Counter Medications / Comments

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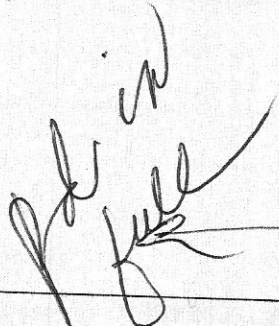
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Medication Review Completed

Date: 8/29/11	Time: 1520	Patient/Guardian Signature: <i>Mary Jean Parvin</i>
Date: 08/29/11	Time: 1045	Provider Signature: <i>[Signature]</i>
Date: 8/29/11	Time: 1520	Nurse Signature: <i>[Signature]</i>

# STATEMENT

Last Payment Date: 05/08/2012		Amount Paid: \$50.00	
DATE OF SERVICE	ACCOUNT NO.	PATIENT NAME	AMOUNT
08/29/2011	A1123900024	Parvin Mary Jean	300.00
			
		<b>TOTAL</b>	<b>\$300.00</b>
		<b>PAY THIS AMOUNT</b> ↘	<b>\$50.00</b>

Dear Mary Jean Parvin:

This letter is to remind you that your payment is due on 06/30/2012. Please arrange to have your payment in our office by 5:00 p.m. on the due date.

To discuss payment of your account, please call (877) 304-1299 - 7 a.m. - 4 p.m. PST (8 a.m. - 5 p.m. MST).

If you have already sent payment on this account, please disregard this notice.

See reverse side for additional account detail. Space only permits for a limited number of accounts. Please call our office for details.

2KWNCMC30745



**CHIEF COMPLAINT:**

The patient is a 68-year-old woman who was admitted complaining of chest pain.

**HISTORY OF PRESENT ILLNESS:**

She has a history of coronary artery disease, bypass surgery some 10 years ago, hypertension, hyperlipidemia, insulin-dependent diabetes mellitus, ischemic cardiomyopathy, pacemaker -- AICD placement. The patient states she was at a casino last night; had some chest pain. Paramedics were called. They did an EKG and told her there was nothing and pain went away. This morning she woke up with substernal chest pain, which she describes as same as last night, an elephant sitting on her chest. She did not take nitroglycerin because the paramedics told her the pain last night was not cardiac. Paramedics were called. When they were called, she was given sublingual nitro, the pain went away. Her EKG did show an intraventricular conduction delay. The patient is currently pain free and there are no complaints. Her EKG shows a captured beats with paced rhythm and intraventricular conduction delay, no ST elevation is noted. No acute ST-T changes are noted. The patient is pain-free. The patient describes the pain as an elephant sitting on her chest without radiation. Denies any shortness of breath, lightheadedness, dizziness or syncope.

**ALLERGIES:**

**Sulfa.**

**SOCIAL HISTORY:**

Does not smoke or drink.

**FAMILY HISTORY:**

Negative for premature heart disease.

**REVIEW OF SYSTEMS:**

**HEENT:** She sees well. Denies blurred vision or diplopia. Hears well. Denies otorrhea or tinnitus. Denies any neck pain or discomfort. Denies buccal lesions, dysphagia or odynophagia.

**RESPIRATORY:** She denies shortness of breath, dyspnea on exertion, cough, sputum production, orthopnea or PND.

**GASTROINTESTINAL:** She denies nausea, vomiting, melena or hematochezia.

**GENITOURINARY:** Denies dysuria, hematuria or urgency.

**EXTREMITIES:** Denies any ankle edema or acrocyanosis.

**MUSCULOSKELETAL:** States ankle edema and good strength in the extremities.

**NEUROLOGIC:** Denies any motor or sensory loss.

**PSYCHIATRIC:** Denies any history of psychiatric illness.

PARVIN, MARY

35-06-36

ADMITTED: 08/27/2011

BASIL CHRYSOS, MD

TEL A356 01

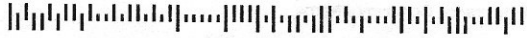
**History & Physical**

**ORIGINAL**

KBT# 864507

Carson Tahoe Cardiology  
 PO Box 4390  
 Carson City, NV 89702-4390

For all billing questions, call: 775-882-0430  
 Fax: 775-852-6902  
 Billing Office Hours: M-F 8:30-4:30  
 Patient Name: **Mary Jean Parvin**



51346-169



Mary Jean Parvin  
 2 N AVENA AVE  
 LODI CA 95240-2808

#5010354

**IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW**

VISA  MASTERCARD  DISCOVER

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

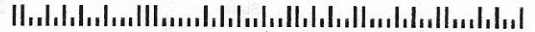
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
12-29-2011	\$73.86	17138

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Carson Tahoe Cardiology  
 PO Box 4390  
 Carson City, NV 89702-4390



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Description	Charge	Pmt/Adj	Balance
08-30-2011	Claim:7322, Provider: Basil E. Chryssos, MD, FACC			
08-30-2011	99223 INIT HOSP-HI CPLX (08/27/2011)	494.00		
08-30-2011	99233 HOSP SUB CARE-HI CPLX (08/28/2011)	253.00		
09-15-2011	Medicare Nevada Payment		0.00	
12-23-2011	Medicare Nevada Payment		239.21	
12-23-2011	Medicare Nevada Adjustment		447.99	
12-23-2011	Your Balance Due On These Services ...			59.80
08-30-2011	Claim:7373, Provider: Joe Chavez, MD, FACC			
08-30-2011	99238 NB D/C DAY (08/29/2011)	176.00		
09-15-2011	Medicare Nevada Payment		0.00	
12-23-2011	Medicare Nevada Payment		56.24	
12-23-2011	Medicare Nevada Adjustment		105.70	
12-23-2011	Your Balance Due On These Services ...			14.06
<i>Call</i>				
<b>Now Due</b>				
<b>\$73.86</b>				

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

For all billing questions, call: 775-882-0430  
 Fax: 775-852-6902  
 Office Hours: M-F 8:30-4:30  
 Patient Name: **Mary Jean Parvin**

**STATEMENT**

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION





Carson Tahoe Regional  
Medical Center  
1600 Medical Parkway  
Carson City, NV 89703  
775-445-8000

EXITCARE® PATIENT INFORMATION

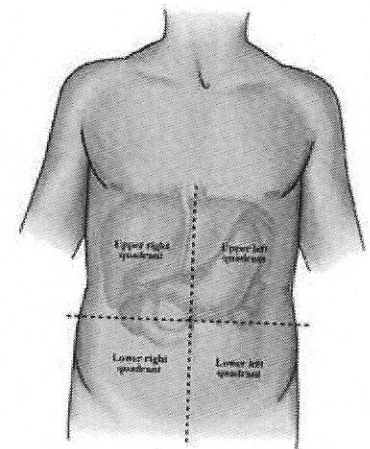
Patient Name: MARY PARVIN

Attending Caregiver: Chryssos, Basil

## Chest Pain (Non-Specific)

Today you have had an exam and tests to determine a specific cause for your chest pain. It is often hard to give a specific diagnosis as the cause of one's chest pain. There is always a chance that your pain could be related to something serious, like a heart attack or a blood clot in the lungs. You need to follow up with your caregiver for further evaluation. More lab tests or other studies such as x-rays, an electrocardiogram, stress testing, or cardiac imaging may be needed to find the cause of your pain.

Most of the time nonspecific chest pain will be improved within 2-3 days of rest and mild pain medicine. For the next few days avoid physical exertion or activities that bring on the pain. Do not smoke or drink alcohol until all your symptoms are gone. Quitting smoking is the number one way to reduce your risk for heart and lung disease. Call your caregiver for routine follow-up as advised.



### CAUSES

- **Heart burn** is caused by stomach acid going back up into the esophagus. The esophagus is the tube between the mouth and the stomach. The acid burns the sensitive inner layer of the esophagus. This causes pain which is felt in the chest under the breast bone. Heart burn is also called GERD (*gastroesophageal reflux disease*).
- Pneumonia or bronchitis can cause painful irritation of the lung tissues.
- Anxiety and stress may cause tightness in the chest associated with pain.
- Inflammation around your heart (*pericarditis*) or lung (*pleuritis*, or *pleurisy*) may cause chest pain.
- A blood clot can develop in the lung and cause chest pain.
- A collapsed lung (*pneumothorax*) can cause chest pain. It can develop suddenly on its own (a *spontaneous pneumothorax*) or from trauma to the chest.
- The chest wall is composed of bones, muscles and cartilage. Any of these can be the source of the pain:
  - The bones can be bruised by injury.
  - The muscles or cartilage can be strained by coughing or overwork.
  - The cartilage can also be affected by inflammation and become sore (*costochondritis*).

### TREATMENT

Treatment depends on what may be causing your chest pain. Treatment may include:

- Acid blockers for heart burn.
- Anti-inflammatory medicine.
- Pain medicine for inflammatory conditions.
- Antibiotics if an infection is present.

You may be advised to change lifestyle habits that may add to your chest pain. These include stopping smoking, caffeine and chocolate. You may be also advised to keep your head elevated when sleeping. This reduces the chance of acid going backward from your stomach to your esophagus.



**HOME CARE INSTRUCTIONS**

- If antibiotics were prescribed, take the full amount even if you are feeling better.
- Continue physical activities as directed.
- Only take over-the-counter or prescription medicine for pain, discomfort or fever as directed by your caregiver.
- Follow your caregiver's suggestions for further testing if problems persist.
- If your caregiver has given you a follow-up appointment, it is very important to keep that appointment. Not keeping the appointment could result in a chronic or permanent injury, pain, and disability. If there is any problem keeping the appointment, you must call back to this facility for assistance.

**SEEK MEDICAL CARE IF:**

- You are having problems that you think may be side effects of the medicine you are taking. Read your medication instructions carefully.
- Your chest pain persists even after following advised treatments.
- You develop a rash on your chest with blisters.

**SEEK IMMEDIATE MEDICAL CARE IF:**

- Increased chest pain, or pain that spreads to the arm, neck, jaw, back or abdomen.
- Shortness of breath, increasing cough or coughing up blood.
- Severe back or abdominal pain, nausea or vomiting.
- Severe weakness, fainting, fever or chills.

**THIS IS AN EMERGENCY. Do not** wait to see if the pain will go away. Get medical help at once. Call Your Local Emergency Department (911 in the U.S.). **Do not** drive yourself to the hospital.

**MAKE SURE YOU:**

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

**FOLLOW-UP INSTRUCTIONS**

Follow up with Dr Stenzler this wk.: - (000)000-0000

Document Released: 9/27/2006 Document Revised: 11/30/2009 Document Reviewed: 7/23/2009

**Carson Tahoe Regional Healthcare • [www.carsontahoe.com](http://www.carsontahoe.com)**



**Carson Tahoe Regional  
Medical Center**  
1600 Medical Parkway  
Carson City, NV 89703  
775-445-8000

**EXITCARE® PATIENT INFORMATION  
DISCHARGE INSTRUCTION SUMMARY**

**Patient/Visit Information:**

Attending Caregiver: Chryssos, Basil	Discharge Date/Time: 8/29/2011 10:59:24 AM
Patient ID: 1123900024	Patient Medical Record Number: 020350636
Patient Name: MARY PARVIN	Patient Gender: F
Patient Weight:	Patient Height:
Patient DOB: 3/16/1943	Department: Med Onc B
Patient Phone Number: (209)333-8121	Patient Address: 2 N AVENA AVE, , LODI, CA, 95240
Responsible Adult:	Patient Email:
Visit Start Date: 8/29/2011	Diag: Chest Pain (Chest Pain)
Other Providers:	

**Discharge Instruction Sheets Provided:**

Chest Pain (Non-Specific)

**Patient Instructions:**

**Followup Appointments/Instructions:**

Primary Follow-up Information

Follow up with Dr Stenzler this wk.: - (000)000-0000

**Carson Tahoe Regional Medical Center**

1600 Medical Parkway  
Carson City, NV 89703  
775-445-8000

EXITCARE® PATIENT INFORMATION

**Patient Information:**

Patient ID: 1123900024	Patient Medical Record Number: 020350636
Patient Name: MARY PARVIN	Patient Address: 2 N AVENA AVE, , LODI, CA, 95240
Responsible Adult:	Patient Email:
Patient Weight:	Patient Height:
Patient DOB: 3/16/1943	Patient Gender: F
Patient Phone Number: (209)333-8121	

**Visit Information:**

Visit Start Date: 8/29/2011	Department: Med Onc B
Discharge Date/Time: 8/29/2011 10:59:24 AM	
Primary Caregiver: Chryssos, Basil	Diag: Chest Pain (Chest Pain)

Primary Follow-up Info: Follow up with Dr Stenzler this wk.:

**User Information:**

Login ID:	User Name:	Dept: Med Onc B
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>>>> Chest Pain (Non-Specific) - English - No Fields - {2E63E9A3-2464-46FC-AB55-87299FADBBB5}

Additional Follow-up caregivers:

Additional Notes:

**Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.**

\_\_\_\_\_  
Patient or Guardian Signature                      Date                      Witnessed & Instructed by                      Time