

<b>MRN: 182 22 20</b> <b>Visit: 0004985739 322</b> <b>Age: 65y (21-Apr-1952)</b>	<b>JONES, ANN</b> <b>Gender: Female</b>	<b>General Hospital</b> <b>Location: AHall05</b>
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### **ED PROVIDER NOTES**

**ED Resident/PA/NP/Attending Note [Date of Service: 11-May-2017 16:30, Authored: 11-May-2017 16:45]- for Visit: 0004985739 322, Complete, Revised, Signed in Full, General**

#### **Physician Information:**

#### **Pre-Assessment Chief Complaint:**

- **Chief Complaint/Subjective:** fatigue

#### **Triage Comments:**

- **Triage Comments:**

#### **Time Medical Screen Exam Initiated:**

Time: 16:30 Date: 11-May-2017. Performed by Sullivan, Sean.

Time Seen by Me (Military Time): 16:30 Date: 11-May-2017

I have read and reviewed the RN triage assessment, vital signs, pain assessment, allergies, POC test data, and outpatient medications. History From: Patient and Medical Record.

Primary Language English

Interpreter Needed: No Interpreter's Name.

#### **Known Health Issues:**

##### **Acute Dx:**

**Fatigue:** Display Name: Cough, unspecified, Status: Active, Entered Date: 11-May-2017 16:45, Entered By: Sullivan, Sean, Last Modified By: Sullivan, Sean

#### **History of Present Illness:**

##### **CC/HPI:**

- **Chief Complaint:** Fatigue
- **History of Present Illness:** 65yo woman with HTN, HL presents due to 1 day of lethargy and fatigue. She spoke to her daughter today about how she was feeling. She and patient's husband were able to convince her to come to the hospital for evaluation. She has no complaints of chest pain, palpitations, abd pain, fever, chills, etc. Her husband notes that she has not been as active and has complained of lightheadedness this morning when she was getting up to go to the kitchen (had been sitting in a chair). Husband is not with patient as she is recovering from an orthopedic surgery. Patient has little other complaints.

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**Associated Symptoms:**

- Chills No
- Fever No
- Nausea No
- Vomiting No
- Diarrhea No
- Abdominal Pain No
- Chest Pain No
- Shortness of Breath No
- Headache No
- Diaphoresis No
- Dizziness No
- Loss of Consciousness No

**Review of Systems:**

- **General:** tired
- **Skin/Breast:** negative
- **Ophthalmology:** negative
- **ENMT:** negative
- **Respiratory:** negative
- **Cardiovascular:** negative
- **GI:** negative
- **GU/GYN:** negative
- **Musculoskeletal:** negative
- **Neuro:** negative

**Past Medical History:**

- **Past Medical History:** HTN, HLD
- **Past Surgeries:** Appendectomy

**Pregnancy and Lactation:**

Is patient pregnant? Not applicable

Is patient breastfeeding? Not applicable

**Family History:**

- **Family History Comments::** nc

**Social History:**

- **Smoking:** No
- **Alcohol Use:** No
- **Drug Use:** No

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**Allergies:**

Allergen/Product	Reaction
• NKDA	N/A

**Home Meds / Current Meds Review:**

**\*Patient Currently Takes Medications as of 13-Apr-2016 09:45 documented in Prescription Writer**

- **Ramipril 2.5 mg oral tablet:** Rx, 1 tab(s) orally daily x 30 days – Indication: HTN, Status: Active, Start date 13-Apr-2017, Stop Date: 13-May-2017
- **Simvastatin 20 mg oral tablet:** Rx, 1 tab(s) orally at bedtime x 30 days – Indication: Hyperlipidemia, Status: Active, Start date 13-Apr-2017, Stop Date: 13-May-2017

**Vital Signs – Nursing:**

VITALS (last 24 h) [retrieved for JONES, ANN at 11 May 2016 16:45]:

Tc: 36.9 Tmax: 36.9 @ 11 May 15:55  
HR: 65 (65 - 65)  
BP: 100/65 (100/65 - 100/65)  
RR: 18 (18-18) | SpO2: 95% (95-95%)

**Nursing Vitals/POC Tests:**

**1) ED Vital Signs/Assessment FS:**

**11-May-2016 15:55**

Temperature (C) degrees C: 36.9  
Temp Source: Oral  
Heart Rate: 66  
SpO2 (Pulse Ox) SpO2 (Pulse Ox) (%): 95  
O2 Source: Room air  
Respiratory Rate, Patient (bpm) Respiratory Rate, Patient (bpm): 18  
NIBP Systolic: 100  
NIBP Diastolic: 65  
BP Site: NIBP LA  
BP Means of Measurement: Automatic  
Position: Supine

**Physical Exam:**

- **General::** Speaking full sentences in NAD, appears stated age
- **Eyes::** EOMI PERRLA Conj/lids WNL
- **ENT::** OP WNL
- **CV::** RRR, normal S1/S2, no m/r/g
- **Lungs::** CTA b/l, no w/r/r
- **GI::** Soft Non-tender Non-distended
- **MSKL – Ext::** FROM Radial/Pedal pulses WNL No pitting edema b/l
- **Skin::** No rash No cyanosis No pallor

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- **Neuro::** Alert
- **Psych::** Oriented X3

**Resident/PA/NP/Assessment and Plan:**

I have discussed history of present illness, physical exam and management plan with Dr. Lane, Lynn.

**Assessment and Plan:**

- **Assessment and Plan:** 65yoF h/o HTN HLD p/w one day of fatigue. No other associated symptoms, normal exam, well appearing. Will evaluate for infectious v metabolic etiology, also consider cardiac (arrhythmia?).

Plan  
EKG  
CXR  
Labs including trop, bnp

**Reportable Conditions:**

- **Reportable Condition:** No

**Attending Attestation:**

Time Seen (Military Time): 17:15 Date: 11-May-2016.

I have seen face to face and examined the patient; reviewed the Resident/PA/NP's history, examination, assessment and plan, and agree with the findings and plan. My summary note follows.

This patient is a 65 year old Female.

History Seen and agree with above

Physical Exam VITALS (last 24h) [retrieved for JONES, ANN at 11 May 2017 17:15]:

Tc: 36.9 Tmax 36.9 @ 11 May 2017 15:55  
HR: 65 (65- 65)  
BP: (100/65) (100/65 – 100/65)  
RR: 18 (18 – 18) | SpO2: 95% (95% - 95%)

Agree with above

Comments: Agree with above

Labs  
CXR  
EKG  
Admit

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**ED Diagnosis:** Fatigue, unspecified

**Level of Care:**

Level of Care V.

**Complete:**

- **Note completed by Attending:** Yes
- **Note completed by Resident/PA or NP:** Yes

**Electronic Signatures:**

**Sullivan, Sean (MD)** (signed 11-May-2017 16:45)

***Authored:*** Physician Information, Time Medical Screening Exam Initiated, Known Health Issues, History of Present Illness, Review of Systems, Past Medical History, Allergies, Mone Meds / Current Meds Review, Vital Signs – Nursing, Physical Exam, Resident/PA/NP Assessment and Plan, Reportable Conditions, Complete

**Lane, Lynn (MD)** (signed 11-May-2016 17:15)

***Authored:*** Attending Attestation, ED Diagnosis, Level of Care, Complete

***Last Updated:*** 11-May-2017 17:15 by Lane, Lynn (MD)

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ED Disposition Note [Date of Service: 11-May-2017 20:04, Authored: 11-May-2017 20:04]- for Visit: 0004985739 322, Complete, Revised, Signed in Full, General

**ED Vital Signs:**

**ED Vital Signs:**

**1) ED Vital Signs/Assessment FS:**

Date/Time	Temperature (C) degrees C	Temp Source	Heart Rate	SpO2 (Pulse Ox) SpO2 (Pulse Ox) (%)	O2 Source
11-May-2017 15:55	36.9	Oral	65	95	Room air
	Respiratory Rate, Patient (bpm) Respiratory Rate, Patient (bpm)	NIBP Systolic	NIBP Diastolic	BP Site	BP Means of Measurement
	18	100	65	NIBP LA	Automatic
	Position				
	Supine				

**Evaluation**

65yo woman presented with fatigue and lightheadedness, found to have intermittent complete heart block on EKGs and telemetry monitoring.

CVL placed for access to allow for transvenous pacing. R sided chest tube placed for pneumothorax when CVL placed. Pt admitted to CCU for further evaluation and management.

**Patient Instructions:**

**Prescriptions:**

**\*Patient Currently Takes Medications as of 11-May-2016 16:04 documented in Prescription Writer**

**Outpatient Medications:**

**\*Patient Currently Takes Medications as of 11-May-2016 16:04 documented in Prescription Writer**

- **Ramipril 2.5 mg oral tablet:** Rx, 1 tab(s) orally daily x 30 days – Indication: HTN, Status: Active, Start date 13-Apr-2017, Stop Date: 13-May-2017
- **Simvastatin 20 mg oral tablet:** Rx, 1 tab(s) orally at bedtime x 30 days – Indication: Hyperlipidemia, Status: Active, Start date 13-Apr-2017, Stop Date: 13-May-2017

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**Medication Reconciliation:**

\*I have made a good faith effort to review this patient's home medications. In addition, I have reviewed all medications given during this visit and all new prescriptions.

**Radiology Tests:**

**Chest PA and Lateral**, 11-May-2017, Radiology Exam Complete

**Labs:**

**Activated Partial Thromboplastin Time**, 11-May-2017, Results Complete  
**Complete Blood Count with Differential**, 11-May-2017, Results Complete  
**PT/INR**, 11-May-2017, Results Complete  
**Basic Metabolic Panel**, 11-May-2017, Results Complete  
**Lactate**, 11-May-2017, Results Complete  
**Liver Function Panel**, 11-May-2017, Results Complete  
**Magnesium**, 11-May-2017, Results Complete  
**Troponin**, 11-May-2017, Results Complete  
**Venous Blood Gas**, 11-May-2017, Results Complete  
**Blood Culture**, 11-May-2017, Lab Specimen Collected/Radiology Test in Progress  
**Blood Culture**, 11-May-2017, Lab Specimen Collected/Radiology Test in Progress  
**Urinalysis, Dipstick with Microscopic Exam on Positives**, 11-May-2017, Active

**I-STOP → Prescription Monitoring Program Attestation (PMP):**

3. I am not entering a prescription for any schedule II, III, or IV drugs to this patient.

**Procedures:**

Procedures were performed. Central Line Placement. Chest Tube Insertion. Please Note: This information will be given to the patient.

**NYP I-STOP:**

This patient is at NewYork-Presbyterian Hospital. Practitioners who have or will prescribe, order or administer Schedule II, III, or IV controlled substances for this patient for use during this ED visit or, if admitted on the premises as a result of this visit, are not required to consult the NYS Prescription Monitoring Program (PMP) Registry.

**Disposition:**

Stable.

Disposition: Admit

**Electronic Signatures:**

**Sullivan, Sean (MD)** (Signed 11-May-2017, 20:04)

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***Authored: ED Vital Signs, Evaluation, Patient Instructions, I-STOP →  
Prescription Monitoring Program Attestation (PMP), Procedures, , Disposition***



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## **CARDIOLOGY NOTES**

**Cardiology Fellow Consult Note [Date of Service: 16-May-2016 20:30, Authored: 16-May-2016 20:30]- for Visit 0004985739 459, Complete, Revised, Signed in Full, General**

### **Preferred Language:**

Preferred Language English

### **Cardiology Fellow Consult Note:**

### **Cardiology Fellow Consult/Precatheterization Note**

### **REASON FOR CONSULT: complete heart block**

Primary Team: ED

### **HPI**

65yo woman with HTN, HL presented to the ED for evaluation of lightheadedness. She was found to have complete AV block on EKG. I was consulted for further management. Lightheadedness started yesterday, associated with change of positions. There are no exacerbating symptoms. She denies chest pain, palpitations, shortness of breath or other concerns.

ROS notable for:

Lightheadedness

No chest pain, shortness of breath, palpitations, syncope

### **PMHx**

HTN HLD

### **FHx**

denies

### **SHx**

Married

Occasional etoh, no illicit, no tobacco

### **INPATIENT MEDS**

STANDING MEDS [retrieved for JONES, ANN at 27 Jun 2017 20:30]:

Normal Saline Bolus 1000ml IntraVENOUS Once (completed)

### **PHYSICAL EXAM**

VITALS (last 24h) [retrieved for JONES, ANN at 27 Jun 2017 20:30]:

Tc: 36.9 Tmax 36.9 @ 16 May 2017 17:55

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HR: 30 (30- 65)

BP: (78/50) (78/50 – 100/65)

RR: 20 (18 – 20) | SpO2: 95% (95% - 95%) Nasal Cannula

Gen: NAD, AOx3

HEENT: No JVD. R IJ CVL

Heart: paced, no m/r/g

Lungs: CTAB, R sided chest tube in place

Abdomen: soft, NT/ND

Extremities: wwp, no edema

### LABS AND INVESTIGATIONS

1<sup>st</sup> ECG:

complete heart block at rate of 17

2<sup>nd</sup> ECG:

NSR

3<sup>rd</sup> ECG:

complete heart block

Troponin:

BNP:

LABS (last 24h) [retrieved for JONES, ANN at 16-May-2017 20:30]:

WBC: 8.3 / Hb 8.6 (MCV: 77.1) / Hct: 25.1 / Plt: 159 [05/16 @ 17:40

-- Diff: N: 70.8% L:20.3% Mo:8.1% Eo: 0.6% Baso: 0.2%

Glucose: 124 [05/16 @ 17:40]

APTT: 44.2 [05/16 @ 17:40]

PT/INR: 28.1 / 6.1 [05/16 @ 17:40]

### ASSESSMENT

65yo woman with complete AV block on ECG, CVL placed for transvenous pacing, now with R sided chest tube for pneumothorax sustained with placement of CVL.

### RECS

- Admit to CCU
- Will need permanent pacemaker given complete heart block and no h/o use of AV nodal blocking agents
- Maintain electrolytes in normal range
- Chest tube to be managed by pulmonary. Will continue to suction for now.

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to be d/w Attending

John Fellow, MD  
Cardiology Fellow

Consult Service Pager 14832  
For outpatient follow up please call 646-962-2150

**Electronic Signatures:**

**Cardiology, Bob A (MD)** (Signed 16-May-2017 21:00)

***Co-signer:** Cardiology Attending Consult Note*

**Fellow, John C (MD)** (Signed 16-May-2017 20:30)

***Authored:** Cardiology Fellow Consult Note*

***Last Updated:*** 16-May-2017 21:00 by Cardiology Bob A (MD)