

Name: Abd-Manaaf Bakere
Rotation 3: Long term Care
Date: 04/05/2024
Rotation Location: Metropolitan Hospital.

Name: DS
DOB: xx/xx/1933
Age: 90 y/o
Address: Hunts point NY
Date/Time: April 02,2024, 11:45 PM
Location: Metropolitan Hospital
Source of Information: Home attendant
Reliability: Reliable

Chief Complaint: Follow up and shortness of breath for 1 month

HPI:

DS is a 90-year-old female with a significant PMHx of chronic obstructive pulmonary disease (COPD), heart failure with preserved ejection fraction (HFpEF), pulmonary hypertension (pHTN), Type 2 DM, HLD, obstructive sleep apnea (OSA) managed with continuous positive airway pressure (CPAP) presents to geriatric clinic for follow-up. She reports shortness of breath, chest tightness, and sweating with exertional activities at home. These symptoms are relieved with rest and nitroglycerin as needed. She emphasizes that she remains asymptomatic at rest. The patient maintains a good appetite, regular bowel movements, and normal urinary habits. Her home health aide assists with meal preparation. She underwent coronary angiography and cardiac catheterization in 2019, with subsequent placement of a cardiac pacemaker due to sick sinus syndrome. She also reports a history of stable angina, managed with medication. Recent imaging in October 2023 revealed preserved ejection fraction with grade 2 diastolic dysfunction. Pt denies palpitations, chest pain, orthopnea, paroxysmal nocturnal dyspnea, syncope, lower extremity edema.

Past Medical History:

Diagnosis Date

- Anemia
- Cardiac pacemaker 3/11/2020
- Diabetes mellitus (HCC)
- Essential hypertension
- Glaucoma
- Heart failure with preserved ejection fraction (HCC)
- Hyperlipidemia
- Nephrolithiasis
- OSA on CPAP
- Pulmonary hypertension (HCC)
- Sick sinus syndrome due to SA node dysfunction (HCC)

Past Surgical History:

- ANGIOGRAPHY - CORONARY N/A 7/10/2019
Procedure: Coronary Angiography; Surgeon: Sohah N Iqbal, MD; Location: BELLEVUE CARDIAC CATH LAB; Service: Cardiovascular
- CARDIAC CATHETERIZATION 7/10/2019
Procedure: Cardiac Catheterization; Surgeon: Sohah N Iqbal, MD; Location: BELLEVUE CARDIAC CATH LAB; Service: Cardiovascular

No Known Allergies

Current Outpatient Medications

- | Medication | Sig | Dispense | Refill |
|--|---|-------------|--------|
| • acetaminophen (TYLENOL) 500 MG tablet | Take 1-2 tablets (500-1,000 mg total) by mouth every 6-8 (six to eight) hours as needed for pain (or fever). Maximum dose 6 tablets/24 hours. | 30 tablet | 0 |
| • albuterol 108 (90 Base) MCG/ACT inhaler | Inhale 2 puffs every 6 (six) hours as needed for wheezing. | 18 g | 2 |
| • Alcohol Swabs 70 % Pads | Apply 1 application topically as needed. | 120 each | 12 |
| • amLODIPine (NORVASC) 5 MG tablet | Take 1 tablet (5 mg total) by mouth daily. | 90 tablet | 1 |
| • atorvastatin (LIPITOR) 40 MG tablet | Take 1 tablet (40 mg total) by mouth nightly. | 90 tablet | 1 |
| Indications: High Amount of Fats in the Blood | | | |
| • calamine (CALADRYL) 8-8 % Lotion | lotion Apply 2 application topically 2 (two) times a day as needed. | 177 mL | 0 |
| • clopidogrel (PLAVIX) 75 MG tablet | Take 1 tablet (75 mg total) by mouth daily. | 90 tablet | 1 |
| • cyanocobalamin 1000 MCG tablet | Take 1 tablet (1,000 mcg total) by mouth daily. | 90 tablet | 1 |
| • docusate sodium (COLACE) 100 MG capsule | Take 1 capsule (100 mg total) by mouth 2 (two) times a day as needed for constipation. Indications: Constipation | 180 capsule | 2 |
| • famotidine (PEPCID) 20 MG tablet | Take 1 tablet (20 mg total) by mouth daily as needed for heartburn. Indications: Gastroesophageal Reflux Disease | 30 tablet | 2 |
| • furosemide (LASIX) 20 MG tablet | Take 1 tablet (20 mg total) by mouth daily. | 90 tablet | 1 |
| • glucose blood (COOL BLOOD GLUCOSE TEST STRIPS) strip | Use as instructed | 100 each | 12 |
| • Lancets 30G Misc | Apply 1 Stick topically daily. | 120 each | 1 |
| • metFORMIN (GLUCOPHAGE) 500 MG tablet | Take 1 tablet (500 mg total) by mouth 2 (two) times a day with meals. Indications: Type 2 Diabetes | 180 tablet | 2 |

- metoprolol succinate er (TOPROL) 25 MG 24 hr tablet Take 3 tablets (75 mg total) by mouth daily. Indications: High Blood Pressure Disorder 270 tablet
- nateglinide (STARLIX) 60 MG tablet Take 1 tablet (60 mg total) by mouth 3 (three) times a day before meals. Indications: Type 2 Diabetes 270 tablet 2
- Nebulizer Misc 1 Device as needed. Diagnosis COPD (J44.9) 1 each 0
- nitroglycerin (NITROSTAT) 0.4 MG SL tablet Place 1 tablet (0.4 mg total) under the tongue 3 (three) times a day as needed for chest pain. Indications: Acute Angina Pectoris PLEASE DO NOTE TAKE MORE THAN THREE DOSES IN A DAY. 30 tablet 2
- oxygen (O2) gas (HOME HEALTH CARE) Inhale 2 L/min continuous as needed (SOB). Indications: SOB
- polyethylene glycol-propylene glycol (SYSTANE) 0.4-0.3 % Solution Administer 1 drop to both eyes 3 (three) times a day as needed. 10 mL 12
- propylene glycol (SYSTANE BALANCE) 0.6 % Solution ophthalmic solution Administer 1 drop to both eyes 4 (four) times a day as needed. 10 mL 2
- sennosides (SENOKOT) 8.6 MG tablet Take 8.6 mg by mouth daily. Indications: Constipation 120 tablet 2
- umeclidinium bromide (INCRUSE ELLIPTA) 62.5 MCG/ACT inhaler Inhale 1 puff daily. 90 each 1

No current facility-administered medications for this visit.

Social History

Socioeconomic History

- Marital status: Single

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Current
Types: Snuff, Chew

Vaping Use

- Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Never
- Sexual activity: Not Currently
Partners: Male

Family History

- Cardiovascular disease/stroke Mother
- Diabetes Mother
- Stomach cancer Father

Review of Systems (ROS):

General: weight changes, fevers, weakness, fatigue, night sweats, chills, body aches, sleep

- Skin: **Admits sweating.** rash, sores, lumps, itching, color changes, hair, nails
- Head: trauma, headache, nausea, vomiting, dizziness
- Eyes: glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
- Ears: **mild hearing loss.** No hearing aid, tinnitus, vertigo, earache, discharge
- Mouth/Throat: bleeding gums, dentures, cavities, hoarseness, voice change, sore throat, dry mouth, difficult/painful
- Nose/Sinuses: stuffiness, rhinorrhea, sneezing, itching, epistaxis, allergies (perennial, seasonal)
- Neck: lumps/masses, goiter, pain, stiffness, swelling
- Breast: lumps/masses, skin changes, pain, discharge
- Respiratory: **Positive for chest tightness and shortness of breath.** cough, SOB, wheezing, sputum (color/quantity), hemoptysis, pleurisy, snoring
- Cardiac: **admits chest tightness.** Denies palpitations, pain, DOE, orthopnea, paroxysmal nocturnal dyspnea, syncope, lower extremity edema
- GI: dysphagia, appetite, nausea, vomiting, regurgitation, indigestion, bowel movement frequency/color/size/caliber, changes in bowel habits, diarrhea, constipation, bleeding (hemorrhoids, melena, hematemesis, hematochezia), abdominal pain, jaundice
- Urinary: frequency, polyuria, nocturia, hesitancy, urgency, dysuria, hematuria, incontinence, reduced caliber of stream
- Genital: interest, function, problems
- Female: hernias, menarche age, period regularity/frequency/ duration/amount, dysmenorrhea, itching, discharge, sores, lumps, menopause, hot flashes
- Vascular: claudication, edema, varicose veins, past clots
- Musculoskeletal: muscle or joint pain, stiffness, arthritis, gout, weakness, swelling, redness, instability
- Neurological: seizures, numbness, tingling, paralysis, paresthesias, fainting, blackouts, burning, tremors
- Hematological: anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
- Endocrine: heat/cold intolerance, sweating/thirst/hunger
- Psychiatric: nervousness, mood, anxiety, depression

Visit Vitals

BP 110/86 (BP Location: Left arm, Patient Position: Sitting)

Pulse 69

Temp 98.6 °F (37 °C) (Forehead)

Resp 18

Wt 80.7 kg (178 lb)

BMI 29.62 kg/m²

Physical Exam

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Comments: Decreased breath sounds throughout both lungs.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Labs and Imaging

Order: EKG because Hx of Cardiovascular and Arrhythmias.

Order: CBC, CMP, EKG

HbA1C of 6.1%.

Elevated Pro-BNP levels (1434)

Assessment:

Ms. DS, a 90-year-old female with a significant medical history of chronic obstructive pulmonary disease (COPD), heart failure with preserved ejection fraction (HFpEF), pulmonary hypertension (pHTN), Type 2 diabetes mellitus (DM), hyperlipidemia (HLD), and obstructive sleep apnea (OSA) managed with continuous positive airway pressure (CPAP), presents with a chief complaint of shortness of breath, chest tightness, and sweating with exertional activities for the past month. These symptoms are relieved with rest and nitroglycerin. She denies palpitations, chest pain at rest, orthopnea, paroxysmal nocturnal dyspnea, syncope, or lower extremity edema. Physical examination reveals decreased breath sounds throughout both lungs. Additionally, her Pro-BNP levels are elevated at 1434. Given her complex medical history and overlapping symptoms, the differential diagnosis includes exacerbation of COPD, angina or cardiac ischemia, heart failure exacerbation, and pulmonary embolism (PE).

Differential diagnoses

Exacerbation of COPD

Given the patient's history of COPD, presenting symptoms of shortness of breath, chest tightness, and sweating with exertion could suggest an exacerbation of COPD. The presence of COPD increases the risk of cardiac comorbidities, and symptoms such as chest tightness may overlap with cardiac symptoms, making it crucial to differentiate between the two.

Angina or Cardiac Ischemia:

The patient has a history of stable angina and underwent coronary angiography and cardiac catheterization in 2019. Despite the absence of chest pain at rest, exertional symptoms like chest tightness and relief with nitroglycerin suggest the possibility of angina or cardiac ischemia. With the patient's complex cardiovascular history, including HFpEF and coronary artery disease, ongoing monitoring for cardiac ischemia is essential.

Heart Failure Exacerbation:

The patient's history of HFpEF and symptoms such as shortness of breath, chest tightness, and sweating with exertion could indicate a worsening of heart failure. While recent imaging showed

preserved ejection fraction with grade 2 diastolic dysfunction, heart failure exacerbations can occur despite preserved ejection fraction. Elevated Pro-BNP levels (1434) further support the possibility of heart failure exacerbation.

Pulmonary Embolism (PE):

Although the patient's symptoms are predominantly exertional, the presence of shortness of breath and decreased breath sounds throughout both lungs warrants consideration of pulmonary embolism (PE), especially given the patient's history of pulmonary hypertension. PE can present with symptoms mimicking exacerbation of COPD or heart failure. Given the potential seriousness of PE in this patient population, it's important to consider and rule out.

Diabetes Mellitus (HCC):

Diabetes is controlled with an HbA1C of 6.1%.

Continue metformin 500 mg twice daily.

Discontinue nateglinide.

Start Jardiance 10mg daily.

Primary Hypertension, Stable Angina, Sick Sinus Syndrome s/p Pacemaker, HFpEF, Severe Pulmonary Hypertension:

Hypertension is controlled (BP: 110/86 mmHg).

Probnp is elevated at 1434.

Echo in 10/2023 showed LVEF 55-60% with grade 2 diastolic dysfunction.

Manage angina symptoms with Toprol XL 75 mg daily.

Continue amlodipine 5 mg daily, lisinopril 30 mg daily, furosemide 20 mg daily, and SL nitroglycerin.

OSA (Obstructive Sleep Apnea)/Possible COPD:

Patient is now using CPAP machine and feeling better.

Managed empirically by pulmonary with PRN albuterol, and oral prednisone for 4 days.

Continue management as per pulmonary recommendations.

Polypharmacy:

Discontinued Ranexa due to potential QT prolongation.

No symptoms of chest pain noted.

Sensory Hearing Loss, Bilateral:

Follow-up with audiology today.

Advanced Care Planning/Counseling Discussion:

Reordered Out of Hospital DNR at previous visit.

Healthcare Maintenance:

Administer Shingrix second dose at the next visit.

Ensure other vaccines are up to date.

Sequelae of Cerebrovascular Disease:

Continue atorvastatin 40 mg nightly and clopidogrel 75 mg daily.

Follow-up:

Return to clinic in 3 months with new labs.