

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

Name: BB  
DOB: xx/xx/1942  
Age: 81 y/o  
Address: Nelson NY  
Date/Time: March 25,2024, 1:14 PM  
Location: Metropolitan Hospital  
Source of Information: Self  
Reliability: Reliable

### Geriatric H&P

Chief Complaint: Follow up after Hospital discharge from dizziness.

#### HPI:

BB is an 81-year-old female with a significant past medical history including hypertension, type 2 diabetes mellitus, chronic kidney disease (stage IIIa), angina pectoris, atrial fibrillation (with a history of failed ablation), and hyperlipidemia, presents to the geriatric clinic with a chief complaint of dizziness associated with nausea for over a week. She reports that the dizziness is exacerbated upon standing. She was recently discharged from the hospital after being admitted for atrial fibrillation/flutter, during which she underwent direct current cardioversion (DCCV) 1/12. She was initiated on Cardizem 240 mg daily and Xarelto 15 mg daily during the admission. She has discontinued Cardizem for the past 3 days as advised by Dr. Lin but has continued to take Xarelto (at half the dose) and hydrochlorothiazide. Patients suspects Xarelto as the potential cause of her symptoms. An EKG taken today revealed atrial fibrillation. However, her blood pressure remains stable and +1 bilateral edema. Denies palpitations, pain, DOE, orthopnea, paroxysmal nocturnal dyspnea, syncope.

#### **Past Medical History:**

Diagnosis	Date
• Age-related cataract of both eyes	07/19/2021
• Atrial fibrillation and flutter (HCC)	
• CKD (chronic kidney disease), stage III (HCC)	01/13/2020
• Diabetes mellitus (HCC)	
• Essential hypertension	
• Hyperlipidemia	
• Osteoarthritis	
GERD	

#### **Past Surgical History:**

Procedure	Laterality	Date
• EYE SURGERY	Left	06/01/2023

- PR CARDIOVERSION ELECTIVE ARRHYTHMIA N/A 1/12/2024  
EXTERNAL  
*Procedure: Cardioversion; Surgeon: Park, David, MD; Location: BELLEVUE CARDIAC CATH LAB; Service: Electrophysiology*
- PR CATH PLACEMENT & NJX CORONARY ART ANGIO N/A 11/28/2023  
IMG S&I  
*Procedure: Coronary Angiography; Surgeon: Bangalore, Sripal, MD; Location: BELLEVUE CARDIAC CATH LAB; Service: Cardiovascular*
- PR ECHO TEE GUID TCAT ICAR/VESSEL N/A 1/12/2024  
STRUCTURAL INTVN  
*Procedure: Echo TEE During Cath; Surgeon: Park, David, MD; Location: BELLEVUE CARDIAC CATH LAB; Service: Electrophysiology*
- PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O Left 06/12/2023  
ECP  
*Procedure: EXTRACTION CATARACT WITH INSERTION INTRAOCULAR LENS LEFT EYE; Surgeon: Natalia Goldman, MD; Location: ME OR; Service: Ophthalmology*

### Allergies

Allergen	Reactions
• Tylenol [Acetaminophen]	Itching and Swelling
• Amiodarone	Other (See Comments)
<i>Hypersensitivity Pneumonitis, medication was discontinued on 3/13/2023</i>	

### Current Outpatient Medications

- atorvastatin (LIPITOR) 20 MG tablet. TAKE 1 TABLET (20 MG TOTAL) BY MOUTH DAILY.  
90 tablet 1
- Blood Pressure Monitor Device 1 Device daily. 1 each 0
- Cholecalciferol 1000 units tablet Take 1 tablet (1,000 Units total) by mouth daily.  
90 tablet 1
- cyanocobalamin 1000 MCG tablet Take 1 tablet (1,000 mcg total) by mouth daily.  
90 tablet 1
- dilTIAZem (TIAZAC) 240 MG 24 hr capsule Take 1 capsule (240 mg total) by mouth daily.  
90 capsule 1
- famotidine (PEPCID) 20 MG tablet Take 1 tablet (20 mg total) by mouth nightly as needed for heartburn.  
90 tablet 0
- Menthol, Topical Analgesic, 4 % Gel Apply 1 application topically 2 (two) times a day.  
74 mL 2
- polyvinyl alcohol 1.4 % (LIQUIFILM TEARS) 1.4 % ophthalmic solution Administer 1 drop to both eyes 4 (four) times a day as needed for dry eyes.  
15 mL 0
- rivaroxaban (XARELTO) 15 MG tablet. TAKE 1 TABLET (15 MG TOTAL) BY MOUTH DAILY.  
90 tablet 1
- sodium citrate-citric acid (BICITRA) 500-334 MG/5ML solution Take 30 mL by mouth daily.  
1892 mL 0

### Social History

- Marital status: Single
- Smoking status: Never
- Smokeless tobacco: Never
- Vaping Use: Never used
- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently
- Partners: Male

#### Family History

- Diabetes Mother
- Hypertension Mother
- Cardiovascular disease/stroke Father

#### Review of Systems (ROS):

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

- Skin: r denies ash, sores, lumps, itching, color changes, hair, nails
- Head: denies trauma, headache, nausea, vomiting, dizziness
- Eyes: glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
- Ears: denies hearing loss/aid, tinnitus, vertigo, earache, discharge
- Mouth/Throat: bleeding gums, dentures, cavities, hoarseness, voice change, sore throat, dry mouth, difficult/painful
- Nose/Sinuses: denies stuffiness, rhinorrhea, sneezing, itching, epistaxis, allergies (perennial, seasonal)
- Neck: denies lumps/masses, goiter, pain, stiffness, swelling
- Breast: denies lumps/masses, skin changes, pain, discharge
- Respiratory: denies cough, SOB, wheezing, sputum (color/quantity), hemoptysis, pleurisy, snoring

Cardiac: + edema. denies palpitations, pain, DOE, orthopnea, paroxysmal nocturnal dyspnea, syncope.

- GI: **Positive for nausea.** 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: denies frequency, polyuria, nocturia, hesitancy, urgency, dysuria, hematuria, incontinence, reduced caliber of stream
- Genital: denies loss of 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: **Positive for dizziness.** Denies seizures, numbness, tingling, paralysis, paresthesias, fainting, blackouts, burning, tremors
- Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
- Endocrine: denies heat/cold intolerance, sweating/thirst/hunger

- Psychiatric: nervousness, mood, anxiety, depression

### **Visit Vitals**

Blood Pressure: 123/84 mmHg  
Pulse: 103 bpm  
Respiratory Rate: 18 breaths/min  
Temperature: 97.°F Forehead  
SpO2: 97%  
Ht: 5”1  
Wt 88.5 kg (195 lb)  
BMI 36.8 kg/m<sup>2</sup>

### **Physical Exam**

General:, well-nourished female in mild distress.

Skin: No scars, lesions.

HENT:

Head: Normocephalic and atraumatic.

Pharynx: oropharynx is clear.

Right Ear: External ear normal.

Left Ear: External ear normal.

Eyes: EOM intact

Pupils: Pupils are equal, round, and reactive to light.

Neck: No lymphadenopathy, ROM intact.

Cardiovascular:

Rate and Rhythm: **Tachycardia** present. **Rhythm irregular.**

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

Right lower leg: **Edema (1+)** present.

Left lower leg: **Edema (1+)** present.

### **Labs and imaging**

Order CBC, CMP, A1C, EKG.

A1c 6.8

B12 deficiency

Assessment/Plan:

Ms. BB, a 81-year-old female with complex medical history, presents with a chief complaint of dizziness associated with nausea for over a week. She has a significant past medical history including hypertension, type 2 diabetes mellitus, chronic kidney disease (stage IIIa), atrial fibrillation, hyperlipidemia, and vitamin B12 deficiency. Recent hospitalization for atrial fibrillation/flutter with subsequent direct current cardioversion (DCCV) and initiation of Cardizem and Xarelto. She discontinued Cardizem as advised but continued Xarelto at half the dose. An EKG revealed atrial fibrillation with rapid ventricular response (RVR), despite stable blood pressure. Physical examination revealed tachycardia with irregular rhythm, and lower extremity edema. Labs ordered include CBC, CMP, A1C, and repeat EKG. Dizziness could be multifactorial including orthostatic hypotension, medication side effects (such as Xarelto), cardiovascular causes (atrial fibrillation with RVR), or dehydration/electrolyte imbalance. Urgent evaluation is warranted for cardiovascular concerns.

### **Differential diagnoses**

**Orthostatic Hypotension:** she complains of dizziness exacerbated upon standing, which is a classic symptom of orthostatic hypotension. This condition can occur due to autonomic dysfunction commonly seen in elderly individuals or as a side effect of medications such as Cardizem and diuretics like hydrochlorothiazide, which the patient is taking. Discontinuation of Cardizem may have further exacerbated this symptom.

**Medication Side Effect or Toxicity** (e.g., Rivaroxaban):

The patient has recently been discharged from the hospital and started on a new medication regimen, including Xarelto (rivaroxaban). Dizziness can be a side effect of Xarelto, especially if the dose is not appropriate or if the patient is predisposed to bleeding due to its anticoagulant effects. Additionally, the patient suspects Xarelto as the potential cause of her symptoms.

**Cardiovascular Causes** (e.g., Arrhythmia, Atrial Fibrillation):

The patient has a history of atrial fibrillation/flutter and recently underwent direct current cardioversion (DCCV) for the same. The complaint of dizziness, especially with a rapid ventricular response (RVR) detected on the recent EKG, raises concerns for ongoing cardiac arrhythmias contributing to the symptomatology. Atrial fibrillation with RVR can lead to reduced cardiac output and inadequate perfusion to the brain, resulting in dizziness.

**Dehydration or Electrolyte Imbalance:**

The patient's symptoms of dizziness, particularly if exacerbated upon standing, could be indicative of dehydration or electrolyte abnormalities. The patient is elderly and may have decreased thirst sensation, predisposing her to dehydration, especially if she has been poorly fluid intake or has increased fluid losses due to other comorbidities such as diabetes and chronic kidney disease. Diuretic use (e.g., hydrochlorothiazide) can further exacerbate electrolyte imbalances, leading to symptoms of dizziness.

**Plan:**

Continue cardizem 240mg daily

Continue rivaroxaban 15 mg daily

Pending appointment for Bellevue cardiology for ablation 07/22/2024  
Monitor for bleeding

**Angina pectoris (HCC)**

**Cardiac stress test**

Coronary artery disease is stable

Cardiac catheterization found normal coronary arteries (11/28/23)

**GERD (gastroesophageal reflux disease)**

Relieved by famotidine

Continue Famotidine 20 mg daily PRN

**B12 deficiency**

Continue B12 1000 mcg oral supplement daily

**Essential hypertension, controlled**

Hypertension is currently well controlled. BP today 123/84

Continue Cardizem 240 mg daily

**DM, controlled**

A1c 6.8

Plan: Dietary modification

**CKD (chronic kidney disease), stage III (HCC) likely due to hypertensive nephropathy**

**HAGMA secondary to CKD**

Renal condition is stable

Avoid nephrotoxic medications

Plan:

-Followed by nephrology, added bicitra 30ml daily

-Continue vit D 1000UI daily

**Healthcare maintenance**

Update on vaccines

**A Fib with RVR.**

Patient was sent to ED due to A Fib with RVR. Patient took one dose of Cardizem before going to the ED.

Return to Clinic in 4 weeks