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* Final Report *

History and Physical

DATE OF ADMISSION: 08/26/2016

ADMITTING DIAGNOSIS: History of cerebrovascular accident, admitted for a PEG tube placement.

HISTORY OF PRESENT ILLNESS: This is a 74-year-old female with a past medical history of coronary artery disease, diabetes, hypertension, history of CVA in the past with residual left-sided weakness, who presented to St. Rose San Martin for PEG tube placement by Dr. Vishvinder Sharma. Most of the history was obtained from Cerner as the patient was transferred from IRS at St. Rose de Lima and also from her son who was present at bedside. The patient is aphasic and nonverbal at this point. According to the son, she lives with him in Washington and they have been here for a visit to Las Vegas. She had a stroke in 2014 that left her with residual left-sided weakness, but for the most part, she was able to take care of her own self. She converses appropriately and she had no problems except some residual left-sided weakness. The patient was admitted to St. Rose de Lima after sustaining an acute stroke after she had symptoms of slurred speech, disorientation, right facial droop, and vertigo. The patient's MRI at St. Rose de Lima showed a subacute infarct in the middle cerebral peduncle on the right. The patient was on aspirin and Plavix prior to her arrival to St. Rose de Lima and that was continued during her hospitalization at de Lima as well. The patient did receive aggressive speech therapy as well as physical therapy during hospitalization. The patient was also noted to have some right lower extremity muscle spasms and features of her contractures and she was taking Zanaflex for that as well as aggressive PT services. Again, the patient was admitted for PEG tube placement given dysphasia.

PAST MEDICAL HISTORY: History of CVA, diabetes, hypertension, chronic right ICA occlusion, coronary artery disease status post CABG.

PAST SURGICAL HISTORY: CABG.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY: Denies smoking, alcohol, or drugs.

FAMILY HISTORY: Family history of hypertension.

MEDICATIONS: The patient's medications that were brought with her from de Lima; amlodipine 10 mg a day, aspirin 300 mg suppository, atorvastatin 80 mg a day, Plavix 75 mg a day, glimepiride 2 mg b.i.d., insulin Lantus 6 units at night, lispro sliding scale, lidocaine patch, lisinopril 20 mg a day, metformin 500 mg b.i.d., metoprolol 50 mg b.i.d., nortriptyline 50 mg daily, pantoprazole 40 mg, ramipril 10 mg, sertraline 75 mg.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 140s-170s systolic, diastolic 60s-70s, heart rate 106-117, temperature 36.6, respiratory rate 18-19, sats 99-100% on room air.
GENERAL: The patient was lying in bed, mumbling, aphasic, visible right facial droop. Does not consistently follow commands. The patient did close her eyes when asked to close her eyes, however, the right eye fail to close. Again, the patient does have a right facial droop.
HEENT: Mucous membranes were dry.
CARDIOVASCULAR: Tachycardic. No murmurs appreciated.
RESPIRATORY: Clear to auscultation bilaterally.
ABDOMEN: Nondistended, soft, nontender.
EXTREMITIES: No edema. No cyanosis. However, visible contractures in both right and lower extremities.
NEUROLOGIC: The patient slightly squeeze her right hand when asked to squeeze, however, no motor strength in the left side, and also there was evidence of left hemineglect.

LABORATORY DATA: CBC; white count 10.1 on the 24th, hemoglobin 13.9, platelets 432. Otherwise, there are no new labs that were available. Her sugars however were in the 130s to 190s range.

ASSESSMENT AND PLAN: This is a 74-year-old female with history of coronary artery disease, CABG, hypertension, diabetes, cerebrovascular accident, who was transferred from St. Rose de Lima for PEG tube placement.
1. Cerebrovascular accident. The patient does have cerebrovascular accident in the middle cerebellar peduncle on the right. The patient also has chronic right ICA occlusion. The patient should be initiated on her aspirin and Plavix after PEG tube placement. PEG tube will be placed by Dr. Sharma who I did speak to and he will place it. We will start feeding tubes 8 hours after PEG tube placement as well as continue all her other oral medications. Again, the patient will need to be continued on her statin, aspirin, and Plavix. The patient will need to continue PT services while here as well as speech therapy. I have also consulted nutrition consult to also give recommendations for feeding tube.
2. Hypertension. The patient's blood pressure is not very well controlled. We will continue to adjust her medications.
3. Diabetes. We will place the patient on sliding scale insulin as well as start her on a basal Lantus.
4. Coronary artery disease status post CABG. We will continue aspirin, Plavix, beta-blocker, and statin.
5. Sinus tachycardia. The patient does also have some sinus tachycardia. We will give her some fluids and we will adjust accordingly.
6. Deep vein thrombosis prophylaxis. The patient will be placed on Lovenox.
7. The patient at this point is admitted under inpatient status per case management Joyce's recommendation.