

FOLLOWUP NOTE

Name of Patient: Deane Smith
Date of Birth: 10/19/27
Medical Record No.: 4202
Date of Visit: 05/04/10

History of Present Illness:

The patient is an 82-year-old male who has cardiovascular reevaluation for hypertension and valvular heart disease with chronic atrial fibrillation, permanent pacemaker assessment, and nonsustained ventricular tachycardia. Since his last evaluation, the patient denies chest pain. He has shortness of breath only with exertion. He denies symptoms of arrhythmia or dizziness.

Medications:

Medications were reviewed with this patient and include lisinopril 2.5 mg daily, Lipitor 10 mg daily, triamterene/hydrochlorothiazide 37.5/25 mg daily, warfarin 2 mg as directed by the anticoagulation clinic, and metoprolol extended release 50 mg in a.m. and 100 mg in p.m. This had been increased at his last pacemaker check due to nonsustained ventricular tachycardia.

Review of Systems:

Review of systems reveals no fever, chills, sweats, or significant weight gain or weight loss. The patient denies changes in GI, GU, or ENT function to suggest bleeding. He has tolerated the Coumadin anticoagulation therapy without apparent side effect. He denies focal numbness, weakness, headache, visual or speech disturbance to suggest stroke. He has history of nasal skin cancer which has been treated several months ago and still appears slightly reddened.

Physical Examination:

General: On physical examination, this is a currently comfortable and well-appearing male.

Vital Signs: Weight: Increased by 11 pounds to 199. Blood Pressure: 116/70.

Pulse: 66 and regular. **Respiratory Rate:** 16 and unlabored.

HEENT: Normocephalic and atraumatic cranium.

Lungs: Essentially clear to auscultation. No rales, no rhonchi, no wheezing. No JVD noted. No carotid bruit auscultated.

Cardiac Examination: Reveals regular rate and rhythm. S1 and S2 are normal. There is a 2/6 holosystolic murmur present at the left ventricular apex. A 2/6 systolic ejection murmur is present at the left sternal border.

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Abdomen: Soft, nontender. Bowel sounds present.
Extremities: Reveal no edema. Pedal pulses palpable bilaterally.
Neurologic Examination: The patient is alert and oriented with appropriate mood and affect.

Diagnostic Data:

Pacemaker interrogation was performed and this revealed well-functioning permanent Boston Scientific Insignia I Plus Pacemaker. Settings are SSIR with a low rate limit of 60 and a maximum sensory rate of 130. Ventricular capture is 2 volts at 0.3 msec with a sensitivity of 2.5 mV. The patient had 1 episode of arrhythmia on January 7, 2010 which lasted approximately 6 seconds and may have been nonsustained ventricular tachycardia versus rapid ventricular response of atrial fibrillation. Battery life is adequate with 1.5 years remaining. Rhythm is predominantly V paced.

Impression and Plan:

The patient has stable cardiovascular symptoms without evidence of unstable angina or heart failure. He had one episode of asymptomatic transient possible ventricular arrhythmia and I have recommended, in consultation with Dr. Kures, a trial of magnesium oxide 400 mg for treatment of arrhythmia. Continue on warfarin anticoagulation therapy. Continue lisinopril, metoprolol, as well as Lipitor and triamterene, and have an echo Doppler in September and a clinical and laboratory reevaluation following the echo. If the patient has changes in symptoms, he is to notify us.


ILSE-MARIE REICHERT, ARNP

IMR/gcv/pac

