History

Identifying Data:
Full Name: AW
Address: Flushing, NY
Date & Time: November 14, 2020 at 02:58 PM
Location: New York-Presbyterian Queens
Source of Information: Self, Reliability Good
Source of Referral: Self

Chief Complaint: Shortness of breath x 1 day

History of Present Illness:

60 y/o M with PMHx of multiple myeloma on chemotherapy (last dose 10 days ago), nonischemic cardiomyopathy with HFrEF <20%, LV thrombus on AC, 25 pack year ex-smoker with emphysema/ COPD not on home O2. He presented to ED c/o progressive dyspnea last night while he was ambulating around the house. He had no other complaints and denies any fever, night sweats, HA, CP, abdominal pain, N/V/D, cough, hemoptysis, abdominal pain or urinary symptoms. In the ED patient noted to be hypoxic, hypotensive, tachycardic and with mild JVD, subsequently had arterial lines and RIJ TLC placed and was started on norepinephrine. and milrinone. Patient also placed on BiPap and given Lasix with adequate clinical response. Patient reports history of asymptomatic COVID-19 in April 2020 and now with SARS CoV-2 Detected. Admitted to ICU for critical care management and monitoring of heart failure.

Past Medical History:
HTN
Diverticulosis
Multiple myeloma x 5 years
Non-ischemic Cardiomyopathy
HFrEF <20% x 2 years
LV thrombus x 2 months
COPD x 2 years
Childhood illnesses – Denies
Immunizations – Up to date; flu vaccine yearly.
Screening tests and results: Denies PPD recently, last colonoscopy 2018

Past Surgical History:
Lower Back surgery X 3
Right Eye x 2 for esotropia

Medications:
Aldactone 25 mg oral tablet: Rx, 1 tab(s) orally once a day
Furosemide 40 mg oral tablet: Rx, 1 tab(s) orally once a day
Metoprolol tartrate 25 mg oral tablet: Rx, 0.5 tab(s) orally 2 times a day

Rivaroxaban 20 mg oral tablet: Rx, 1 tab(s) orally once a day
Losartan 25 mg oral tablet: Rx, 1 tab(s) orally once a day
Aspirin 81 mg oral delayed release tablet: Rx, 1 tab(s) orally once a day x 30 days
Chlorzoxazone 375 mg oral tablet: Hx, 1 tab(s) orally 3 times a day
Morphine 15 mg oral tablet: Hx, 1 tab(s) orally every 8 hours
Oxycodone-acetaminophen 5 mg-325 mg oral tablet: Hx, 1 tab(s) orally 2 times a day
Omeprazole 20 mg oral delayed release tablet: Hx, 1 tab(s) orally once a day
Denies past/ present herbal or vitamin use.

Allergies:
Denies any known drug, environmental or food allergies.

Family History:
No significant history of early cardiovascular disease in immediate family members.

Social History:
Mr. AW is a Caucasian, married male, who lives with his wife. He worked in construction.
Habits –He has a cup of coffee daily. He was a >25pack year smoking history, quit about 2 years ago. Admits to drinking alcohol previously and denies any past/present illicit drug use.
Travel – Denies any recent travel.
Diet - He states he eats a lot of rice, bread, beans, and meat.
Exercise - He denies any formal exercise, and sleeps about 7 hours each night.
Safety measures - Admits to wearing a seat belt while driving and has smoke detectors at home.
Sexual Hx – Heterosexual who has sex with his wife only and denies history of sexually transmitted infections.

Review of Systems:
General – Admits to generalized weakness. Denies any fever, chills, night sweats or weight loss.

Skin, hair, nails – Denies dry skin, changes in texture, oiliness, or sweating, discolorations, pigmentations, moles/rashes, pruritus, lesions, easy bruising, or changes in hair distribution.

Head – Denies headache, vertigo, head trauma, loss of consciousness, coma, and fainting.

Eyes – Denies any blurry vision, diplopia, pain, photophobia, or pruritus.

Mouth/throat –Denies sore throat, excessive salivation or dryness, discharge, lesions, change in taste or texture, dysphagia, voice changes, loss of/trouble speaking or use of dentures.

Neck – Denies localized swelling/lumps, goiter and stiffness/decreased range of motion or pain..

Chest – Denies any lumps, tenderness, masses, changes in nipple or skin, or pain.

Pulmonary system – Admits to dyspnea and dyspnea on exertion. Denies cough, wheezing, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea (PND).

Cardiovascular system – Admits to some edema/swelling of ankles or feet sometimes. Denies palpitations, irregular heartbeat, syncope or known heart murmur.

Gastrointestinal system – He has good appetite and formed bowel movements daily. Denies heartburn/reflux, nausea, vomiting, hemoptysis, abdominal pain, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding, or blood in stool.

Genitourinary system – Denies urinary frequency or urgency, nocturia, polyuria, dysuria, incontinence, kidney stones, or lumbar/flank pain. No hernias, no discharge or sores on penis.

Nervous system – Denies any loss of sensation/numbness/tingling in extremities, seizures, sensory disturbances, ataxia, loss of strength, tremors, involuntary movements, change in cognition / mental status / memory/insight/judgment.

Musculoskeletal system – Admits to joint pain, muscle weakness, and back pain. Denies any deformities, swelling, and redness of joints.

Peripheral vascular system – Denies: intermittent claudication, varicose veins in legs, coldness or trophic changes, peripheral edema, and color change.

Hematological system – Denies anemia, lymph node enlargement, easy bruising or bleeding, and any history of DVT/PE.

Psychiatric – Denies insomnia, depression/sadness, anxiety, being prescribed/taking psychiatric medications or seeing a mental health professional.

Physical

Vital Signs:
Tc: 36.7 Tmax: 36.7
HR: 122 (91 - 122)
BP: 113/87 (117/82 - 140/98)
BP (A-Line): 111/71 (111/71 - 111/71)
Device: BiPap, , SpO2: 100% (96 - 100),
RR(pt): 18 (17 - 28)
Weight: 70 kg

General: 60 year old male, overweight, appropriately groomed and hygiene, laying on stretcher with BiPap in mild distress. Alert and cooperative, looks his stated age of 60.

Skin: warm & dry. Nonicteric, no lesions noted, no scars, tattoos, erythema, swelling, or masses.
Nails: Capillary refill <2 seconds throughout.
Eyes: External deviation of right eye, no ptosis; sclera white; conjunctiva pink & cornea clear. PERRLA, EOMs full with no nystagmus.
Neck: Trachea midline. No masses, lesions, pulsations noted. Supple, non-tender to palpation. No JVD noted. FROM, no stridor noted. No palpable adenopathy noted.

Thyroid: Non-tender, no palpable masses, no thyromegaly, no bruits noted.

Chest: Barrel chest, no evidence of trauma. Respirations unlabored on BiPap, no paradoxical respirations or use of accessory muscles noted. Non-tender to palpation.

Lungs: Clear to auscultation bilaterally. No wheezing, rales or adventitious sounds.

Heart: Increased rate and rhythm, S1 and S2 are increased rate. There is no JVD, no murmurs, S3, S4, splitting of heart sounds, friction rubs or other extra sounds. Carotid pulses are 2+ bilaterally without bruits.

Abdomen: protuberant, no evidence of scars, striae, caput medusae or abnormal pulsations. BS present in all 4 quadrants. No bruits noted .Soft, Non-tender to palpation. No evidence of organomegaly. No masses or hernias noted. No evidence of guarding or rebound tenderness. No CVAT noted bilaterally.

Male Genital: Genital and rectal deffered

Anus, Rectum, and Prostate: Exam deferred

Musculoskeletal System – Upper/Lower Extremity:
No soft tissue swelling, erythema,, atrophy, or deformities in bilateral upper and lower extremities. Non-tender to palpation, no crepitus noted throughout. FROM of all upper and lower extremities bilaterally.

Peripheral Vascular:
The extremities are normal in color, size and temperature. D/P and Radial Pulses are 2+ bilaterally. Mild venous stasis changes in lower extremities/ankles manifesting as shiny skin and hair loss; no edema noted at this time.

Neurological: Alert and Oriented: To person, place and time. Mood/Affect Normal. Sensory: normal sensation. No gross focal deficits noted.

Motor/Cerebellar:
Full passive ROM of all extremities. Normal muscle bulk and tone. No pill-rolling movements noted. No atrophy or fasciculations. Normal strength noted on upper and lower extremity (5/5).

Sensory: Intact to light touch and point localization testing bilaterally.

Lab Results:
UA -- Appearance: Yellow / Clear, s.g.:1.010, pH: 5.0, glucose: Negative, protein: Negative, ketones: Negative, blood: Negative, glucose: Negative, nitrite: Negative, leuk est: Negative [11/14 @ 05:02]

138 | 101 | 34.8
----------< 128 Ca: 9.3 Anion Gap: 14 [11/14 @ 03:17]
3.8 | 23 | 1.34

WBC: 16.59 / Hb: 12.1 (MCV: 100.8) / Hct: 37.1 / Plt: 145 [11/14 @ 03:17]
-- Diff: N:87.9% L:3.70% Mo:7.5%

PT: 14.9 / PTT: 31.9 / INR: 1.30 [11/14 @ 03:17]

Troponin: <0.010 [11/14 @ 03:17]

Prot: 6.8 / Alb: 4.2 / Bili: 0.2 / AST: x / AlkPhos: x [11/14 @ 03:17].

Radiology/Other Results:
11/14/2020 03:27 EST XR CHEST 1 VIEW

FINDINGS/IMPRESSION:

LINES/TUBES/DEVICES: Overlying monitoring leads.

LUNGS/PLEURA: Mild pulmonary vascular congestion. No focal consolidations or pleural effusions.

PNEUMOTHORAX: None.

HEART/MEDIASTINUM: Cardiac silhouette is enlarged.

OSSEOUS: Degenerative changes of the thoracic spine.

11/14/2020 05:05 EST XR CHEST 1 VIEW

FINDINGS:
The study is limited due to exclusion of the costophrenic angles. There has been interval placement of a right internal jugular central venous catheter. The tip terminates at the expected level of the cavoatrial junction. There is no evidence of pneumothorax. There is no new focal consolidation. The cardiac silhouette is stable. There are healed bilateral rib fractures.

Assessment:
60 y/o M with PMHx of multiple myeloma on chemotherapy (last dose 10 days ago), nonischemic cardiomyopathy with HFrEF <20%, LV thrombus on AC, 25 pack year ex-smoker with emphysema/ COPD not on home O2. He presented to ED c/o progressive dyspnea last night while he was ambulating around the house. Admit to ICU for Inotropic and Vasopressor therapy due to Cardiogenic Shock and Exacerbation of heart failure.

Plan:

1) Cardiogenic Shock
   - Continue with Milrinone and Levophed and Wean off as tolerated
   - Cardiology Consult
   - Serial Troponin and EKG's.
2) Exacerbation of Systolic Heart Failure
   - BiPap for ventilatory support. If stable will give trial of nasal cannula
   - Consider Furosemide as needed
   - Cardiology Consult
   - Consider EP evaluation
   - TTE ordered
3) LV Thrombus
   - IV Heparin
4) SARS Co-V 2 Detected
   - Monitor Vitals
5) Multiple Myeloma
   - Hold Chemo
   - Heme/Onc Consult
6) COPD
   - BiPap for ventilatory support
7) GI PPx
   - Consider Pantoprazole
   - Cardiac Diet
8) DVT PPx
   - IV Heparin
8) Ethics
   - Full Code