H&P – Jasmin [Jay] Kolasinac

Name: M.P.

Age: 88M

Location: SIUH-North ED

Date and Time: 03/23/2021 1:00pm

CC

Syncope

HPI

88M, w/ PMH of CAD s/p PCI 10 yrs ago, BPH, HTN, HLD, back pain, OA, PUD, presents to the ED with complaints of a syncopal episode this morning while in the bathroom. Does not remember passing out but lost consciousness for about 4-5 mins as per daughter. Then awoke and was AOx3. Patient was admitted this past weekend for an GI bleed. He underwent an EGD that discovered PUD. Pt was put on PPIs. Denies dark stools Denies HA, head injury, neck pain, weakness, numbness, CP, abd pain, NVD.

PMH

BPH [Benign Prostatic Hyperplasia]

CAD [Coronary Artery Disease]

Esophageal candidiasis

HTN [Hypertension]

HLD [Hyperlipidemia]

Lumbar stenosis

OA [Osteoarthritis]

PUD [Peptic Ulcer Disease]

Asthma

Meds

Pantoprazole PO 40mg capsule 1x/day

Finasteride PO 5mg 1x/day

Atorvastatin PO 10mg 1x/day

Aspirin PO 81mg 1x/day

Escitalopram PO 5mg 1x/day

Donepezil PO 10mg 1x/day @ bedtime

Montelukast PO 10mg 1x/day

Losartan PO 25mg 1x/day

Vitamin D3 5000 intl units PO 125mcg 1x/day

Fish Oil PO 1200mg 1x/day

Multiple Vitamins PO 1x/day

CoQ10 PO 300mg 1x/day

Allergies

No known drug or environmental allergies

PSH

Stent in artery
Hx of bilateral knee replacements
S/P bilateral cataract surgery

PFH

F: DMII.

Social History –

M.P. is a retired mechanic who does not smoke cigarettes, drink alcohol, or abuse drugs of any kind. He is not sexually active. No history of STDs.

ROS

Constitutional – Denies any fever, chills, nausea, vomiting, weakness.

Skin – Denies any itching, rashes, lumps, or bruising.

Head – Denies headaches or trauma.

Eyes – Denies any visual disturbances, itching, blurriness, pain, or drainage.

Heart – History of bradycardia as per daughter. [40-60] Denies any chest pain, palpitations, claudication, leg edema, murmurs, orthopnea.

Lungs – Denies any cough, SOB, dyspnea, hemoptysis, or sputum production.

GI – Denies any abdominal pain, constipation, diarrhea, food intolerance, or rectal bleeding.

GU – Denies any dysuria, hematuria, urgency, or frequency.

MSK – Denies joint pain, redness, swelling, back pain, or extremity pain.

Neuro – (+) **Syncope.** Denies numbness, slurring of speech, focal weakness, neck stiffness, decreased sensation, or tingling.

Physical Exam

VS – T 97.2 orally P **56** RR 18 BP 133/**91** SpO2 99% on RA H 6'0'' W 189.64lbs BMI 25.7

General – Pt is in no acute distress, appears stated age and well. AOx3.

Skin – No masses, lesions, are scarring.

Eyes – No masses, lesions, or discharge. PERRL. EOMI. Sclera are white and conjunctiva clear. Nonicteric. Visual acuity is 20/20 bilaterally.

ENT – Nose atraumatic, no nasal discharge or septal hematoma. No masses or lesions noted on ears. Ears symmetric and tympanic membranes are clear with no discharge. Oropharynx with no masses or lesions noted. Poor dentition. No signs of exudates or erythema. Uvula rises midline.

Neck – No masses, lesions, contusions. ROM intact. No tenderness to palpation. No meningeal signs present.

Cardiac – Slow regular rhythm, distinct s1 and s2. No signs of JVD.

Lungs – Clear to auscultation bilaterally, no wheezing, rhonchi, rales noted. No CVA tenderness. No accessory muscle use noted. No distress.

Abd – No masses, lesions, or scars. Bowel sounds normoactive in all four quadrants. Belly is soft and non-tender to palpation. No hepatosplenomegaly or distention noted on exam.

Neuro – Patient is AOx3. Speech is clear and fluent with good comprehension. Cranial nerves II-XII intact. Normal muscle tone with 5/5 strength in all extremities bilaterally.

No sensory deficits noted on exam. Coordination is intact with no abnormal movements. Gait is steady. Pronator drift is negative.

Assessment

88M, w/ PMH of CAD, BPH, HTN, HLD, back pain, OA, PUD, presents to the ED with complaints of a syncopal episode.

- DDX
  - Syncope – due to cardiac issue
    - Bradycardia?
    - Anemia recent GI bleed?
  - MI
  - Syncope – vasovagal
    - micturition, defecation, coughing while in bathroom

Plan

- ADMIT to TELE for sycnope
- CBC
- CMP
- Coag Panel
- Troponin
- EKG
- Echocardiogram
- Chest X-Ray
- COVID Test
- T/S
- CAD – cont ASA, Arb, and statin
- PUD – c/w pantoprazole. Denies any melena or hematochezia.
- HTN – c/w arb
- DVT Prophylaxis
-

Results -

CBC – HGB was 8.1 over the weekend when admitted for GI bleed but now is 9.4.

CXR – Unremarkable

EKG – Sinus Brady

Echo –

1. LV EF of 62%
2. Impaired relaxation pattern of left ventricular myocardial filling
3. Normal left and right atrial size
4. Mild MR
5. Mitral calcification
6. Mild TR
7. Mild to moderate aortic regurgitation
8. **Aortic valve sclerotic with decreased opening**
9. Borderline pulmonary HTN