Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

12948

6 - MD NOTES

[redacted]

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PROGRESS RECORD

3/29/98 Neurology
1100

44 yo. RN c̄ two apparent GTC yesterday first ~ 1000, second ~ 1800. No prior seizures or risk factors. She was taking some sort of stimulant ("Acceleration") from health food store and blames events on this. UDS after 1st episode was reported ⊕ for amphetamines; UDS after 2nd event here was ⊖. Denies other drug use, incl alcohol, tranquilizers. PMH - S/P cervical fusion. Meds: ADVIL NKDA RN works for [redacted] Denies ETOH, smoking. FH ⊖ for seizures, ⊕ ETOH. ROS: some recent HA, dizziness. No n+v. "Line" in (L) eye since neck surgery.

Exam: alert. NAD VS nl T98
neck supple c̄ bruits CTA RSR abdsoft
MS - oriented STM ⅓ first time, ⅔ on repeat
otherwise nl
CN II→XII intact c̄ nystagmus VFF dens flat V_A ~ 20/30 ou
Mot 5/5 DTR's brisk (B) toes W ↓
Sens nl FNF, tandem ok hops (B) RAMs (B)

(next) [redacted]

[redacted]

000002 [redacted]

PROGRESS RECORD

[redacted]

[redacted]

PROGRESS RECORD

3/29/98 Neurology
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CT head - benign UDS hu ⊖ alcohol 0
ERP, Ca++, Mg++ nl CBC → WBC 12,300

Assess: ① 2 GTC by history, possibly induced by stimulant
② S/P PCF

Plan: ① Dilation x 7-10 days
② FU MRI
③ Consider EEG
④ DC home

[redacted]