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

ARMS#

12713

6 - MD NOTES

Date	Time	Notes
		ADMIT:
11.26.97		64 yo WF who presents c̄ expressive aphasia, (R) sided
1:00AM		weakness & initial unresponsiveness. CT c̄ possible early
		(L) CVA - admitted & Bx'd for stroke in evolution.
		pmh: prior TIA
		(-) carotid w/u
		Hx of HTN
		Allergies: ∅
		meds: Tindal / Dynavirc / ECASA -
		exam: alert, aphasic - expressive
		neuro: (+) Hemiparesis / facial droop / upgoing (+) plantar response -
		lgs: clear Coring Abd: soft N/T
		A: CVA -
		plan: see orders - [redacted]
11.27.97		VSS afebrile
10:00AM		awake - alert - responds to verbal commands
		aphasic - ↑ movement RLE, moves RUE -
		(+) facial droop - PTT 50.2. (-) gag
		hold po meds
		IV aldomet for ↑ BP c̄ parameters
		c̄ cpm.

[redacted]

[redacted]

PROGRESS NOTES

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-DO memo 5/11/98 [illegible]
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Date	Time	Notes
11/27/97		Neuro consult
		64 y.o RHWF c̄ PMHx HTN + TIA who presented c̄ sudden onset of (R) hemiparesis arm > leg + motor aphasia, CT on admission c̄ (L) sulcal effacement, ϕ hemorrhage Previous w/u for TIA (-ve) including Carotid studies. CUS repeated today also (-ve). Pt started on heparin., last PTT this am 50.2 on 1000 u/hr. Echo/CT head planned for tomorrow.
		GE: BP 160 Pulse 72 R Afeb. Neck - Supple ϕ bruits CVS - sinus rhythm c̄ few ectopic beats. Lungs - CTA.
		Neuro - Pt Alert but drowsy. follows simple commands well. utters few sounds spoke several single words this AM as per family. CN - PERRL EOMI, corneal ↓ on R mild (R) facial droop gag ⊖ ϕ.

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PROGRESS NOTES

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Date	Time	Notes
		Neuro cont
11/27/97		· no apparent field cut on confrontation.
		(R) hemiparesis flaccid Arm > leg.
		can flex (R) knee, plantar flexion
		(R) foot. S/S.
		MSR - 2+ throughout (+) babinski (R).
		SENS - no response to tactile testing on
		(R) face, arm + leg.
		-AIP- Probable (R) MCA infarct -
		w/u thus far (-ve) → carotid duplex
		echo in Am. continue heparin.
		PT/ST/OT in Am. Pt NPO until
		swallow assessment performed. will
		D/W Dr [redacted]
11-28-97:		pt's status remains the same -
		still lethargic but responsive to commands -
		small bleed into infarct site necessitated discontinuing
		the heparin.
		Exam: VSS / responds to command -
		hyperch Cor: Rg Abd: soft
		(+) hemiparesis
		Bt: (1) CVA -
		(2) intracerebral bleed
		(3) HTN
		Plan:
		See cons [redacted]

[redacted]

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PROGRESS NOTES

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Date	Time	Notes
11/28	97	Neuro
		Pt Alert, somewhat lethargic, face more animated.
		BP
		CT head - c̄ (L) MCA infarct c̄ sml central hemorrhagic component + midline shift.
		echo results - Pending.
		Neuro exam - Pt Alert, following commands well. (+) expressive aphasia. Motor - pt can lift (R) shoulder off bed, no movement forearm or hand. Motor strength RLE unchanged. RUE tone flaccid normal RLE. CN - PERRLA, EOMI, (R) facial droop gag (-). tongue deviated to (R) -
		A/P S/P (L) MCA infarction c̄ hemorrhage - [illegible] c̄ b/c heparin. Dietary consult

[redacted]

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OVER

PROGRESS NOTES

[redacted]

Date	Time	Notes
		Neuro cont
		requested. Pt's gag reflex totally absent
11/28/97		she therefore may need NGT in the
		interim + if swallowing doesn't
		improve over next week, consider
		PEG placement. PT/ST/OT requested. Strict
		Neuro checks pt may need MP or
		mannitol if neuro status changes.
		Will follow
		[redacted]
11/28	1835	Neurosurgery
		Chart + radiology reviewed. Patient examined.
		Agree c̄ current management.
		Will follow. thanks! [redacted]
11/29/97		S: no c/o. no pain. Some verbalization
		O: VSS, BIP 127/72 p104 much more awake than yest.
		developed atrial fib last pm
		Hgb 9.1 / 26.9 WBC 4.8
		136 / 99 / 3.8 / 33 glu 78 BUN 10 CR 0.4
		PT 12.2 PTT 23.5
		lungs CTA (cont) [redacted]

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PROGRESS NOTES

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Date	Time	Notes
11/29/97		heart irreg irreg
		abd nontender
		leg trace edema
		can move (R) leg against gravity
		very small movements (L) hand/arm
		A: 1) (L) hemiparesis 2° to CVA
		2) atrial fib (new onset?) ~~vs~~
		3) HTN - controlled
		P: CPM
		√ TSH, free T4 & cardiac enzymes looking for cause of A. fib.
		[redacted]
11/29	1115	Neurosurgery
		More alert today. Follows commands c (L) side. (R) hemiparesis unchanged. Follow-up CT head has been done - will review this. Would obtain MRA electively to r/o MCA aneurysm (possible but unlikely)
		[redacted]
11/29/97		Neuro
		Pt much more alert today, per family & staff. Able to blurt out 2-3 word sentences on several occasions

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OVER

PROGRESS NOTES

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Date	Time	Notes
		Neuro cont
11/29/97		VSS $\bar{x}$ for A-fib since yesterday.
		Neuro exam unchanged (R) hemiparesis + aphasia. Upgoing (R) toe.
		CT done today's significant change in infarct size, or edema
		Assess - SIP (R) MCA infarct - Continue current management. MRI/MRA on Monday. - A-fib - Digoxin was started as per [redacted] Will follow. [redacted]
11/30	0950	Neurosurgery
		Awake + alert. Follows commands + gives single-word answers. CT head yesterday unchanged from 11/28. Discussed ant. coagulation (for cardioversion) c̄ Dr. [redacted] Would postpone any ant. coagulation for 2 weeks (dated from onset of hemorrhage). May then proceed c̄ ant. coagulation. [redacted]

[redacted]

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PROGRESS NOTES

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Date	Time	Notes
11/30/97		Pt [illegible] in [illegible]
		Echo shows LA not significantly [illegible]
		Discussed at length [illegible] [redacted]
		and can anticipate in 2-3 weeks.
		After 2 weeks anticipate can
		[illegible]. Will need to
		hold here in [redacted] [illegible]
		[illegible] the commodities.
		Pt about ready to rehab.
		Would benefit for [redacted] in view
		of ↓↓↓ [illegible].
		Will sign off for now. Call
		[illegible]
		[redacted]
11/30/97		S: no c/o.
		O: VSS. afeb
		lungs CTA
		heart RRR
		abd non tender
		discussed PEG [illegible] fam
		A: as above
		P: Consult [redacted]

[redacted]

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PROGRESS NOTES

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Date	Time	Notes
11/30/97		Nutrition
11:35		Est nutrition needs: 1800-2150 kcal (25-30 kcal/kg) & 75-85 gm pro. Suggest Osmolite HN @ 20 cc/° inc as tol to 75 cc/° → 1908 kcal & 79 gm pro. Fuel assessment in process intervention [redacted]
12.1.97:		pt seen - chart reviewed
		primary concerns are now
		(1) AFIB - this may be 2° to stopping β blockers @ time of admission 2° to inability to swallow; ↓ level of consciousness will control rate now
		(2) sm. intracerebral bleed - prohibits ac coagulation x 2 wks
		(3) S/P CVA - slowly improving needs ST/PT
		(4) HTN - use bloodmat had reaction to Hydralazine
		(5) ↓ gag - better attempt thickened fluids [redacted]

[redacted]

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PROGRESS NOTES

[redacted]

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[redacted]

Date	Time	Notes
12/1/97		6± [redacted]
		— Pt seen, consult in progress
		— Speech path has seen pt
		→ Agree c̄ [redacted]
		Hold off PEG for now
		[redacted]
12/1/97	10:00	SPEECH/SWALLOW EVAL COMPLETED
		Recommend ① Pureed Diet
		② Liquids at nectar cons.
		③ Small sips of water between meals under close supervision - safe swallow techniques
		Eval. written into computer.
		[redacted]
12/1/97		Neuro -
		Pt Alert, was able to sing happy Birthday + count from 1-10. following commands well.
		Neuro exam - persistant (R) hemiparesis Gag (+) weak. (R) facial droop c̄ 2° slurred speech.
		AIP - SIP (L) MCA infarct - etio unclear embolic vs. thrombosis in-situ. No

[redacted]

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[redacted]

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[redacted]

Date	Time	Notes
		Neuro cont.
12/01		definite risk factors for stroke except
=		for HTN. Continue ST/PT
		A-fib - Pt has recently converted, hopefully
		she will remain in [redacted], until
		we are able to anticoagulate + cardiovert
		MRI Brain will hopefully help
		decide whether hemorrhage is present +
		staging. Dr. [redacted], Dr [redacted] + I agreed
		to wait at least 2 weeks from
		time of hemorrhagic conversion to
		start anticoagulation. Case d/w ā
		Dr. [redacted] + thoroughly d/w
		family. Well follow. [redacted]
12/02		

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PROGRESS NOTES

[redacted]

Date	Time	Notes
12/01		feels ok
		able to Verbalize Some
		Vitals ok
		Rethem Afib 1st appeared
		about on 11/29. 2 AM
		Lun. clear
		Hen Afib
		Rethem Afib / flutter
		Imp Afib / flutter < 48 hrs old
		CVA. embolic c̄ Bleed ?
		Thrombotic c̄ Bleed ?
		Recom.
		Try to Convert her c̄ pronestyl
		without anticoagulation on board as
		Afib is < 48 hrs old.
		Management CVA Per Dr [redacted] & [redacted]

[redacted]

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PROGRESS NOTES

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[redacted]

Date	Time	Notes
12/2	0836	Neurosurgery.
		Opens eyes + follows commands. Speech sparse.
		(R) hemiparesis unchanged.
		MRI pending.
		Will post-pone MRA until later date.
		Converted to sinus rhythm last night.
		Rehab eval. pending. Continue bedside P.T. [redacted]
12/02		Patient Converted to SR. Slightly Improved neuro
		150/76 afulne
		Hem. Reg. ESM (+)
		Lun. Clear
		Ext (-) edema
		Bocan. 3-4 NAPA 1-3
		cover,

[redacted]
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Date	Time	Notes
12/02		
		Imp: PAF → SR
		Plan. Oral procedure
		✓ Echo
		[redacted]
12/2/97		VSS
		remains in SR
		Long discussion c̄ Family
		~~I~~ no Δ in exam
		↑ movement (+) LE..
		Att: CVA - [redacted] rehab
		nutrition - Full liquids
		AFIB - now in NSR
		Rec: po pronestyl
		, c̄ cpm. [redacted]

[redacted]

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[redacted]

PROGRESS NOTES

[redacted]

Date	Time	Notes
12/2/07		6+ [redacted]
730pm		(S) Pt tolerating thickened POS ; outward dis
		(O) Afeb VS/
		Lungs-CTA cum
		Abd-soft/wt/[illegible]
		~~at occ~~
		(A/P) S/P CVA c̄ dysphagia (Neurologic)
		Seeing some residual ftns - se ; gag, etc.
		Pt working c̄ speech path + retraining swallow
		No aspiration noted.
		No PEG needed at this time
		Thank [redacted]
12/03		feels Better
		Improved Speech
		150/25 afulne
		Lung Clear
		Fem Reg
		Imp PAF in AR
		Plan CPM.

[redacted]

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PROGRESS NOTES

[redacted]

Date	Time	Notes
12-3-97		Speech improved
		more cheerful
		BP good control
		Sinus rhythm
		Impression: Cont'd improvement
		XFER From ICU. [redacted]
12/3		Neurosurgery.
		As above.
		MRI to be scheduled in future [redacted]
		Agree c̄ rehab consultation.
12/3/97		Neuro - pt Alert, speech improved.
		VS - SR - 80's
		(R) sided hemiparesis unchanged
		MRI not done yet.
		AIP - S/P (L) MCA infarct - PT/OT/ST - possible
		transfer to [redacted] tomorrow. Pt can
		have MRI p̄ discharge. Will sign off.
		+ be available. [redacted]

[redacted]

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PROGRESS NOTES

[redacted]

Date	Time	Notes
12/04		Stable from Cardiology standpoint. As long as she is in SR and on meds one can delay anticoagulation as long as needed.
		- will FU as OP.
12.4.97		VSS / IN SR - RATE 60 [redacted]
		HAS SHOWN CONT'D IMPROVEMENT -
		LUNGS: CLEAR CV: REG
		ABD: SOFT N/T
		IMPRESSION: CVA - will eventually need anticoagulation
		AFIB - now in SR
		WNL STABLE -
		PLANS: INTENSIVE rehab [redacted]

[redacted]
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