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

ARMS#

13009

6 - MD NOTES

[redacted]

DATE	TIME	PHYSICIAN'S PROGRESS RECORD
1-28-98	[redacted]	

38 Yo obese ♀ (−) PMH (−) Cardiac RBK factor who is a nurse (work for Dr. [redacted] at her usual state of health till this pm experienced 10/10 SSCP at work unrelieved c̄ SL NTG & ASA in ER found to have acute inf. wall MI and received thrombolytics and currently pain free. (+) Herbal lyte (diet pills) (−) illicit drug use

PMHx ? GERA/Gastritis
All MSO4, Sulfa, Compazine
Surgery: Back Surgery
Knee Surgery

Imp: acute inf. wall MI (pain free, improved EKG)
Hypomagnesimia
% Gastritis
Sp-thrombolytic,

Plan: Admit CCU/ICU
Cont ASA/B-blocker/NTG/Heparin/Gentle IVI
watch sign of arythmia
replace Mg H2-blocker
RBK - Stratified if uncomplicated post MI

[redacted]

1/28/98 Cardiology Note Dictated -

38 y/o WF c̄ aborted inf MI -
Suggest Cath c̄ Standby Friday -

[redacted]

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[redacted]

[redacted]

DATE	TIME	PHYSICIAN'S [redacted]
29 Jan 98	11 30 Am	10.8 / 11.2 / 32.1 plt 203K 139 / 1.1 / 114 / 108 / 22 / 0.7
		Tmx 99² P65 R 24 BP 108/70
		Pt ⊼ further chest pain
		Pt took Herbalyte + Pseudophed for two days
		prior to this episode - No h/o angina
		⊖ Tobacco ⊖ Family History
		Lgs - CTA Heart Rg Abd ∅ Ext ∅
		Imp: 1) Aborted IWMI Prob 2° to
		vasospasm 2° to α agonists
		2) ↓ Mg
		3) Anemia
		Plan: For cath in AM.
		Avoid α agonists
		Supplement Mg [redacted]
1/29/98		Procedure Note -
		(L) Heart Cath - Cor Angio -
		LV gram via percutaneous puncture
		(R) fem Art
		Vasoseal used for Hemostasis -
		LVEDP - 25 mm Hg -
		LV gram - Mid Inf wall Akinetic
		area -
		(R) Cor - Supradominant -
		PDA appears to have been
		Totally CLST.

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[redacted]

[redacted]

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[redacted]

DATE	TIME	PHYSICIAN'S P[redacted]
		(L) Cor - Normal c̄ exception of 70% mid intermediate Cor Art -
		EKG changes on admit suggest the (R) Cor was totally Obst suggesting that in addition to Atherosclerotic Cor disease also had Vasospasm (R) - Needs ASA - Nitrates - Ca++ Blockers - No Beta Blockers -
		Pt given choice of PTCA to intermediate or Gxt to see if this vessel which has no bearing on why admitted needs any intervention - Pt prefers to do Gxt prior to any intervention since will need to be on Nitrates / Ca++ Blockers long Term no matter what -
		Orders [redacted] [redacted]
		[redacted]
30 Jan 98	12:30 p	Pt doing well, says cramping less c̄ Mg afib VSS (1/2/72)
		Lungs clear I/O - even
		CVS Regular
		Ext ∅ pedal edema
		1) CAD - results of cath noted, meds noted await Pers Thal
		2) ↓Mg - rev level
		3) anemia - stable

[redacted]

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[redacted]

[redacted]

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[redacted]

DATE	TIME	PHYSICIAN'S PR[redacted]
1/30 2:30 pm		Recurrent Chest pain c̄ ↑ Segs in Inferior leads - Responding to ↑ IV. TNG + I.V. Verapamil - Repeat EKG Shows ST segs beginning to return to baseline - Have ↑ Indur / Procardia doses - [redacted]
31 Jan 98	10:45 A IMS	Events of yest afternoon noted, ∅ further CP - NNTG ↓ 10 μg afeb VSS Lungs clear CVS Regular Ext ∅ pedal edema
		1) CAD c̄ recurrent angina titrate NTG off then ↑ act Per Thall on 2/2
		2) ↓ Mg - improved
		3) anemia stable [redacted]
1/31/98		Cardiology
		No further CP HR 100-110 BP 102/62 Can't large doses of Procardia + Nitrates - When IV NTG - OK to transfer to [redacted] - For P-Thall / Man [redacted]

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[redacted]

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[redacted]

DATE	TIME	PHYSICIAN'S PROGRESS RECORD
2/1		NO CP NSR lungs clear T Chol 154 ? H/O low HDL ✓ Lp(a) & Homocysteine ↑ activity
		[redacted]
2/1		Cardiology No further CP C/O dizziness while ambulating in hallway BP 98 systolic Lungs clear S1 S2 · Will ✓ orthostatics - may need [illegible] procedure · Persantine Thall - AM · agree c ✓ Homocysteine
		[redacted]

[redacted]

[redacted]

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DATE	TIME	PHYSICIAN'S PR[redacted]
2 Feb 98	10:30 pm	T 98.5 P 83 R 16 BP 113/[redacted]
		Mg 1.8
		PA 5 c/o ⊖CP, SOB
		Lungs - CTA Heart Rg ABAΦ ExtΦ
		Imp: 1) Aborted IWMI
		2) Prob Prinzmetal's Angina / Vasospastic
		3) Anemia
		Plan: EST today.
		D/C if asymptomatic [redacted]
2/2/98		Cardiology
		Doing well No CP
		10-15 mm Hg BP drop c̄ standing
		No dizziness c̄ ambulation
		BP 113/75
		Awaiting Thallium results
		Would favor keeping overnight
		+ D/C = AM if that OK
		[redacted]
2 Feb 98	5:10 pm	Resting HR ↑ to 130 + ↑ to 158 c̄ Persantine
		prior to exercise. Will Δ Procardia to
		Cardizem. Plan D/C in AM. [redacted]

[redacted]

[redacted]

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DATE	TIME	PHYSICIA[redacted]
3 Feb98	2P	Pt doing well ≅ CP
		afeb VSS
		lungs clear ∅ rales Mg 2.0
		CVS Reg
		Abd benign
		Ext ∅ pedal edema
		1) Aborted IWMI
		Thallium infarct inf wall, ∅ stress induced ischemia
		2) Prinzmetal Angina
		3) Anemia

[redacted]

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[redacted]