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

ARMS#

13203

6 - MD NOTES

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PHYSICIAN'S PROGRESS NOTES [redacted]

DATE	ALL PROGRESS NOTES MUST BE SIGNED BY PHYSICIAN
11/13/88 1900	46 yo wf c cc Diplopia Sunday night c posterior occipit headache & fever. Saw Dr. [redacted] Ophth Monday c No eye pathology Seen in office today c fever 101.4 BP 200/130 & P 128 R 20 wt 166½ PMHx - T&A NKA meds Advil & ASA Fx clavicle 1965 Dam Hx - Ess Neg Social Hx - Neg ROS-S P.E. Heart. Horizontal Nystagmus PERRA EOM's - WN / TM's clear Neck - N thyroid - Smooth s nodules. Neck - Supple Heart - Tachycardia s (m) Lungs - Clear abd - Soft nontender BS active Ext - WN NVD - N Dup. Diplopia, HTN, fever HA - Neuro consult c Dr [redacted] IVs BP meds - Norvasc Int Med consult [redacted]

[redacted]

[redacted]

PHYSICIAN'S PROGRESS NOTES

[redacted]

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11/13/98 1390	BP still 191/120 No nasc sing given po @ 100° Begin I.V. Vasotec, Poss. hypertensive cardiovascular Disease Cardiology consult [redacted] Discussed case c̄ Dr. [redacted] & he will see re: Diplopia & Headache. Rolls reviewed. [redacted]
11/13/98	NEW Exam summary: N. exam neurologically. Imp: 1) Episodic diplopia, ? 2° to (4) 2) Occipital hla, ? 2° to (3) & (4) 3) fever 4) ↑ BP Recommend: MRI brain - Monday okay. Low suspicion for serious etiology - if sx. resolve, MRI may be cancelled. Doubt meningitis/encephalitis or structural lesion.
11/13/98 1810	MRI of Brain - WNL Lipid profile - Good [redacted]

[redacted]

[redacted]

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4/13	Cardiac
	Cardiac [illegible]
	[illegible] — HTN urgency
	— [illegible] chol/s
	— Diabetes [illegible]
	— occipital HA
	— [illegible]
	— [illegible] ECG [illegible] poor [illegible]
	[illegible]
	rec IV Labetalol for BP/HTN urgently
	PO Labetalol
	ACC vasotec [illegible]
	24° [illegible] metaraphine [illegible]
	ECHO if Sx persist x 24°

[redacted]

[redacted]

[redacted]

[redacted]

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11/14	Cxp to 10x last pm
	Pt had orgally c/o chills + temp + [illegible]
	Nuhl HA no diplopia
	BP ↓ 101/95 P84 R20
	Chest clear [illegible]
	Will get CXR / PPD ? temp etching
	[redacted]
11/14/98	CXR ordered on admission - results not available yet
	will order ppd for now [redacted]
11-14-98	IUP completed [redacted]
11/14/98	NEW
	No new c/o Some temp ↑ last night (37.9°)
	Still some dull h/a - tylox helps
	Neck-supple full VF's EOM's SBP 188 DBP 116
	Benign fundi CN 2-12 intact ⊖ drift
	Imp: 2° H/A from htn/temp Δ - may have triggered
	migraine phenom. tylox okay for now - could
	use sedapap or midrin as alt. Normal MRI -
	No other w/u or Rx. recommended. H/A should
	clear w/ stabilizing of VS. Recall pres. No diplopia.

[redacted]

[redacted]

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[redacted]

[redacted]

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11/14/98	Card
	Feels better, slept well,
	BP 160-190 sys / am 80-110 Am 80-90
	ESR negative / Cut pump other labs NL
	Temp T 102 now ↓
	lys - clear WP ⊖
	Card - ry @ 90
	[redacted] HTN urgency
	Febrily ulness / vasculitis vs infection
	HA / ? 2° BP
	Plan T Labatelol 200 BID
	Elter Rw LUH
	IF T BP + Temp persists 11/15
	Would favor course of steroids + CT ABD
	✓ Creact pro, ANA. ASO / repeat SED

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11/15/98	Acetone to sylo dep 101
	BP still ↑ 184/103
	Sed rate only 22
	CRP < 0.4
	JVP negative [illegible] Capital Sum
	[illegible]
	Ex HTN c̄ FUO
	R/o [illegible] Mitigating?
	[redacted]
11/15	Cards
	Feels much better
	Temp ↑↓ 38° BP ↓ c̄ [illegible]
	Bent ↑ 113 diastolic [illegible]
	ESR 22, CRP [illegible] ⊖ PT/PT [illegible]
	ASO + ANA pending
	[illegible] c̄ [illegible] BP.
	Cul negative.
	Ex HR 79 NSR.
	⊖ JVP
	[illegible] clear throughout
	[illegible] of plop
	[illegible] ⊕ [illegible], [illegible].

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11/15	Quds / CW
	Ly - Fever Cell ng ē Nr WBC / DMV
	- Marked & refractory HTN / ?
	pheo, carcinoid, scott time vasculitis
	CRAUT / ESR repeating.
	- ⊖ pmh /
	- HA / diploma [illegible] 20T BP
	Rec
	- CT ABD / Chest No phys / mass
	- Captain / renal scan
	- accurate urine collection. ASA
	ANA
	- Start Limiting
	- cont labetalol
	- ADD NTP for acute TX
	Pt will be followed by [illegible]
	Am. [redacted]
11-16-98	CT scan Chest & abd w/ IV Contrast
	Complete. [redacted]

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[redacted]

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11/15/98	BP 169/94
0925	Feels much better
	cont work-up [redacted]
11/16/98	Res Note - Cardiology
	(S) Pt states she feels a lot better today. ↓ diplopia or HA. denies CP or pressure, SOB and palpitations
	(O) Alert, lying comfortable in bed. NAD
	VSS - 36.6 / 75 / 18 / 179/100, 169/94, 146/80
	HEENT - Thyroid - normal
	Chest - symmetric expansion; clear
	CV - RRR s murmurs, gallops or rubs noted
	Labs - still awaiting pheo & carcinoid workup
	? TSH BCx - ∅ growth so far
	(A) (1) HTN - unstable - abrupt onset
	(2) Headache - now [redacted] improved
	(3) Diplopia - now ~~improved~~ resolved
	(P) (1) awaiting results of all studies
	(2) will ✓ CT of chest and abdomen.
	(3) CPM [redacted]
	C D [redacted]

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[redacted]

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11/16/98 13:15	CT of chest & abd - WM c no evidence of pheochromocytoma. BP 179/100 3rd Gen TSH - WM Typhoid H 1:320 paratyphoid - 1:80 Will discuss alone c Dr [redacted]
11/16	Cardiology
	Pt feels better
	BP better - still fluctuates
	CT ⊖ abd / chest
	TSH ⊖
	typhoid studies noted - ?? signif
	exam - pulses = ↑ + ↓ extrem
	CV - RR n/S, 1S,
	plan - continue to observe as she is improving. There may be 2 processes going on
	Await Pheo studies
	If necessary would get consult to determine signif of typhoid studies
11/16/98	Echogram completed [redacted]

[redacted]

[redacted]

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11/16/98	Consult note dictated
	Engineer
	The tetrahedral agglutinins are nonspecific + in fact may reflect past infection (many years) She is doing quite well + would suggest serial clinical observation (i.e. temp, exam, CBC) rather than any further testing unless develops more fever. She does work c̄ sheep outside so tick borne illness, Rickettsial illness, leptospirosis all are remote possibilities
	[redacted]
11/17/98	Feels well
	Temp to 38.2 only every c̄ slight headed
	WBC 4.3K
	Would still simply observe rather than aggressive looking for any particular infection
	[redacted]
11/17/98 0830	Patient does not wish to have LP BP systolic 169/92 Temp 38.2 hs Down this A.M. Cont observation x 24 hrs + poss. Dishe tomorrow if OK c̄ [redacted] consultants. [redacted]

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11/17/98 8:30	NEW Asked to revisit regarding lumbar puncture suggested by [redacted] specialist. She notes slight residual H/A at times - much improved from last wk. No diplopia, neck stiffness, fever. Alert coop. Clear Speech full EOM's sym face. Nl coord. Imp: Resolving H/A, diplopia, febrile syndrome - No signs of acute neuro process now. Reviewed pros & cons of LP including risk of missing diagnosis & possibility of disease progressing to cause neurologic damage; but she refused LP. Recall prn. Thanks [redacted]
11/17/98	Res Note - Cardiology (S) Pt. c/o CP, tightness or pressure this am. Denies SOB. Still c HA occass., but not as bad as previously. (O) VS - Tmax 38.2 (overnight); 37.1/68/18/169/90 - Refuse Nitro paste 2° to HA. Pt. alert; lying comfortably in bed. NAD CN - RRR s murmurs noted; Chest - clear. Labs - BCx - ∅ growth x 3d. 4.3/11.5/18/TSH - 1.607 (.39-5.6) (A)/(P) - HTN - unstable; now on upward trend - Stable awaiting other labs. - anemic - consider Pheo [redacted]

[redacted]

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11/17	Cardiology
	I agree c̄ note from Dr [redacted]
	feels well
	BP 140-163 / 90 Pulse ok
	exam s change
	Capt rend scan (P)
	Urine studies (P)
	D/C clonidine ↑ Labetalol + Add Amlodipine
	Awaiting study results
	[redacted]
11/18/98	Afebrile
	Med c̄ Dr [redacted] continue observe for possible infection process contrary but would favor no further investigation at present
	[redacted]
11/18/98	Res Note - Cardiology
	(S) Pt. s̄ any new complaints this am. Denies CP, pressure or heaviness, denies palpitations and SOB. Still c̄ occas. HA

[redacted]

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11/18/98	Cont
	(O) Pt. alert, lying comfortable in bed, NAD
	VS: 36 7/72/20 / 165/106, 140/85, 178/103
	CV - RRR s murmurs noted
	Chest - clear.
	Labs - Captopril scan - ϕ renal HTN
	ANA <1:40 - normal
	BCx - neg so far
	(A) (1) HTN still unstable
	(2) HA improving
	(P) (1) still need to get BP stable, ? consider ↑ Labetolol still
	(2) still awaiting urine results
	(3) cont to watch BP's.
	[redacted]
11/18/98	I confirm finding of Dr [redacted] + agree c̄
NOTE	[redacted] plan. She doesn't need to remain in hosp
[redacted]	(1) for urine results. Will ↑ Amlodipine + ↑ Labetolol
SHIAA	+ monitor [redacted]
11/18/98	As above BP 165/106 Afebrile P72 R20 4 a Day
1000	She has been taking Metabolife x 2 mo. an OTC
	weight reduction which contains ephedrine. ↑ Labetolol &
	↑ Norvasc to 10 mg. Also was taking St. John's wort ←
	[redacted] 5 a Day.

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11/19/98	Res Note - Cardiology
	(S) Pt. s any complaints this am. Still c̄ seldom HA but much ↓'d intensity than previous. Denies CP or SOB.
	(O) Pt. alert, in NAD. ~~Sitting~~ Laying comfortable in bed, pleasant.
	VS. 36.7/18/61/ 139/92, 157/82, 149/93, 136/93
	CV - RRR s murmurs noted
	Chest - Clear.
	Ext - ϕ edema.
	Labs Normetanephrine - 327 (100-425)
	Metanephrine - 118 (60-275)
	Total - 445 (205-660)
	VMA - 6.9 (2.6-7.7)
	5HIAA - 4.0 (0-10)
	(A) (1) HTN - somewhat improved
	(2) HA - improving
	(P) (1) Found out that pt. was taking Metabolite 4 qd for 4 months (a diet pill) and St. John's Wort (5 qhs). May have possible been source of sudden ↑ in BP (along c̄ some infectious source) With ↑ in Lobatelol and Norvasc, pt's BP started ↓'ing or on downward trend, will con't c̄ this regime. Pt should be stable enough for d/c c̄ good F/u for BP's.
	(2) Will research Metabolite adverse effects

[redacted]

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11/19/98 0950	BP 148/82 Feels better Dizzy today on same meds. See Dr [redacted] in one week. See me in 2 weeks.

[redacted]

[redacted]

PHYSICIAN'S PROGRESS NOTES

[redacted]