CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

CHCF - California Health Care Facility - Stockton
7707 Austin Rd
Stockton, CA 95215-

Patient:	**HUNT, JOE**				
DOB/Age/Sex:	[redacted]	60 years	Male	CDCR #:	D61863
Encounter Date:	12/7/2017			PID #:	[redacted]
Attending:	Saipher,Marshall NP			Referring:	

Progress Notes

Document Type:	Outpatient Progress Note
Document Subject:	Return from HLOC
Service Date/Time:	2/21/2020 14:38 PST
Result Status:	Auth (Verified)
Perform Information:	Saipher,Marshall NP (2/21/2020 15:04 PST)
Sign Information:	Saipher,Marshall NP (2/21/2020 15:04 PST)
Authentication Information:	Saipher,Marshall NP (2/21/2020 15:04 PST)

IP is here for return from higher level of care. He was hospitalized at county Feb. 14 to 20 for atrial fib/flutter. Presented with c/o palpitations, heart rate in the mid 100's, and orthopnea. EKG showed atrial fib/flutter. Adenosine given, resulting in normal heart rate. Was given diltiazem drip. Cardiology consulted and recommended anticoagulation with Eliquis and amiodarone. Echo showed EF 21%. Due to dilated cardiomyopathy to r/o CAD as an etiology for his decreased LV function. He had left heart cath and coronary cineangiography, and left ventriculography. Results of these studies unremarkable. He has a working diagnosis of cardiac myopathy and CHF; however, the 21% EF was thought to be due to the atrial fib/flutter.

Echo is to be repeated in 3 months. If EF not improved, he may be a candidate for AICD placement.

Of note he had WBC of 12.9 with neutrophils at 65% and monocytes at 16.2%. No symptoms of infection. Normal procalcitonin. Hematology at hospital planned on bone marrow biopsy, to be scheduled at O/P in 2-3 weeks.

Today, pt states, "I"m feeling okay." Denies any syncope, near syncope, chest pain, palpitations, dyspnea, edema, and fatigue. IP counseled to go man down (seek immediate medical attention) should he develop any of these symptoms.

IP verbalized understandiing and agreement with the above.

Encounter Info: Patient Name: JOE HUNT,DOB:[redacted],CDCR: D61863,FIN: 10282275111480004D61863,Facility: CHCF,Encounter Type: Institutional Encounter

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Encounter Date:	12/7/2017		PID #:	[redacted]
Attending:	Saipher,Marshall NP		Referring:	

History and Physical Reports

Document Type:	History and Physical
Document Subject:	SJGH Discharge H&P - Office Visit Note
Service Date/Time:	2/20/2020 20:51 PST
Result Status:	Auth (Verified)
Perform Information:	Akintola,Omoniyi PA (2/20/2020 20:59 PST)
Sign Information:	Akintola,Omoniyi PA (2/20/2020 20:59 PST)
Authentication Information:	Akintola,Omoniyi PA (2/20/2020 20:59 PST)

Chief Complaint
SJGH Discharge H&P

History of Present Illness
The patient is a 60-year-old Caucasian male being seen today in TTA for San Joaquin General Hospital discharge H&P. The patient was admitted on 2/14/2020 with admitting diagnosis of palpitations, rule out ACS and atrial flutter and was discharged 2/20/2020 with discharge diagnosis of atrial fibrillation/flutter and rapid ventricular response, NSVT, new onset of congestive heart failure, leukocytosis with neutrophilia and monocytosis with secondary diagnoses been BPH, acute normocytic anemia, thrombocytopenia. During hospitalization cardiology and nephrology/oncology consulted. The patient who has a history of basal cell carcinoma status post resection many years ago as well as seborrheic dermatitis presented to the hospital after being found to have elevated heart rate. The patient reported that he had been seen by the cardiologist in the past at which time he was found to have multiple PVCs and given a Holter monitor. On presentation in the hospital, patient was found to have a heart rate in the 150s and did endorse symptoms of dyspnea usually according when laying down at night. He had been without chest pain or shortness of breath with activity, nausea, vomiting or syncopal episodes. Patient stated that he is normally very active and CHCF. For the heart rate of 150, patient was given a DuoNeb sign 6 mg and 12 mg in the emergency room. Underlying rhythm was noted to be atrial fibrillation/atrial flutter so the patient was started on diltiazem drip. Cardiology was consulted and recommended anticoagulation and amiodarone loading dose and maintenance. The patient was started on a heparin drip which was transitioned to Eliquis on the day of discharge. After amiodarone IV loading and maintenance drip was completed, patient was transitioned to p.o. amiodarone (400 mg x 10 days on 2 2/25/2020) followed by 200 mg (start on 2/26/2020). An echocardiogram was also done on 2/19/2020
which showed ejection fraction of 21%. New onset heart failure is possibly due to rate control and cardiology recommends repeat echocardiogram in 3 months, if patient is found to have low EF he will be a candidate for AICD. Cardiac cath was also done for ischemic work-up for heart failure which showed normal coronary vessels. He was found to have leukocytosis 12.9 neutrophils 65% and monocytes 21% on admission on 2/14/2020. On labs from 1/27/2020 was also found to have

Problem List/Past Medical History
Ongoing
- Abnormal EKG
- Calcium oxalate renal stones
- Facial skin lesion
- Floaters in visual field
- Paroxysmal dyspnea
- Seborrheic keratosis
- Suspicious nevus
- Tachycardia

Historical
- No qualifying data

Medications
Active Medications:
amiodarone 200 mg 1 tab Oral Daily NA
amiodarone 400 mg 2 tab Oral Daily NA
apixaban 2.5 mg Tab (Eliquis) 5 mg 2 tab Oral BIDAM+PM NA
1-carvedilol 3.125 mg Tab (Coreg) 3.125 mg 1 tab Oral BIDAM+PM NA
lisinopril 2.5 mg 1 tab Oral Daily NA
1-tamsulosin 0.4 mg Cap (Flomax) 0.4 mg 1 cap Oral qPM NA

Allergies
penicillin

Social History
Alcohol
Never
Exercise

History and Physical Reports

WBC of 12.4, monocytes 16.2%. Suspicion for infection was considered low as the patient does not have any symptoms, prolactin was negative, and he did not have any fevers. Hematology/oncology was consulted who initially planned on doing inpatient bone marrow biopsy, however this will not be scheduled outpatient within the next 1 to 2 weeks. He says he is doing well otherwise and denies any new medical complaints or concerns. He also denies any worsening of his chronic medical condition.

Follow-up:
Amiodarone 400 mg daily until 2/25/2020.
Amiodarone 200 mg daily, start on 2/26/2020.
Eliquis 5 mg p.o. twice daily,
Coreg 3.125 mg p.o. twice daily,
lisinopril 2.5 mg p.o. daily,
Flomax 0.4 mg daily,
follow-up in cardiology clinic in 1 month,
repeat echo in 90 days to reevaluate ejection fraction, may need AICD if ejection fraction is still low,
bone marrow biopsy to be scheduled in the next 1-2 weeks, per hematology, no need to hold Eliquis prior to bone marrow biopsy.

Exercise duration: 60. Exercise frequency: 5-6 times/week. Exercise type: Aerobics.

Substance Abuse
Never

Tobacco
Never

Family History
Cancer of prostate: Father.

Past medical history
Hospitalizations and surgeries: Emergency room evaluation for kidney stone about 3 weeks ago. Recent hospitalization for CHF new diagnosis and leukocytosis.
Infectious diseases: Patient denies HIV, hepatitis B, hepatitis C, coccidioidomycosis, syphilis, chlamydia, gonorrhea, trichomonas.
Social History: Tattoos: Denies. IVDA: Denies. Illicit drug use: Denies. Smoking: Denies. ETOH: Denies.
Family History: Mother died of an MI at age 68, father died of prostate cancer at age 73.
Sexual Orientation: Heterosexual. Education: College degree USC graduate.
Occupation: Financial marker treated. Marital Status: Married. Children: None.

History and Physical Reports

Review of Systems
He denies chest pain, shortness of breath, cough, orthopnea, PND, difficulty breathing, palpitation, edema, polyuria, polydipsia, polyphagia, abdominal pain, nausea vomiting, fever or chills, constipation or diarrhea.

Physical Exam

Vitals & Measurements
T: 36.4 °C (Temporal Artery) **HR:** 65 (Peripheral) **RR:** 18 **BP:** 129/85 **SpO2:** 98%

GENERAL: Alert, no apparent distress.
HEAD: Normocephalic.
Neck supple,NECK: No JVD.
EYES: PERRLA EOMS intact.
HEART: Regular rate and rhythm, S1, S2, no murmurs_
LUNGS: Clear to auscultation bilaterally negative rales rhonchi or wheezes._
ABDOMEN: _Positive bowel sounds, soft. No tenderness.
EXTREMITIES: _Negative edema.
NEURO: CNII-CNXII grossly intact. No focal neurological deficits.

Assessment/Plan
Atrial fibrillation and flutter
Status post hospitalization. Rate is controlled. Continue hospital recommended management. Already referred to cardiology for follow-up within 30 days.
Ordered:
apixaban, 5 mg, Oral, Tab, BIDAM+PM, Administration Type NA, Automatic Refill, Medication Indication Atrial fib & flutter, NA, NA, Order Duration: 360 Cardiology day, Stop Date: 02/15/21 6:59:00 PST, First Dose: 02/21/20 7:00:00 PST
carvedilol, 3.125 mg, Oral, Tab, BIDAM+PM, Administration Type NA, Automatic Refill, Order Duration: 360 day, First Dose: 02/21/20 7:00:00 PST, Stop Date: 02/15/21 6:59:00 PST

Calcium oxalate renal stones
Recent emergency room visit for same. Asymptomatic.

CHF (congestive heart failure)
Newly diagnosed during this hospitalization. Meds as listed as listed below. Already referred for echocardiogram with plans for cardiology follow-up to be requested by PCP if ejection fraction continues to be low. Refer to cardiology for follow-up within 1 month for follow-up on newly diagnosed congestive heart failure, atrial fibrillation and atrial flutter.
Ordered:
amiodarone, 200 mg, Oral, Tab, Daily, Administration Type NA, Automatic Refill, Order Duration: 360 day, First Dose: 02/26/20 7:00:00 PST, Stop Date: 02/20/21 6:59:00 PST
amiodarone, 400 mg, Oral, Tab, Daily, Administration Type NA, Automatic Refill, Order Duration: 5 day, First Dose: 02/21/20 7:00:00 PST, Stop Date: 02/26/20 6:59:00 PST

History and Physical Reports

carvedilol, 3.125 mg, Oral, Tab, BIDAM+PM, Administration Type NA, Automatic Refill, Order Duration: 360 day, First Dose: 02/21/20 7:00:00 PST, Stop Date: 02/15/21 6:59:00 PST
lisinopril, 2.5 mg, Oral, Tab, Daily, Administration Type NA, Automatic Refill, Order Duration: 360 day, First Dose: 02/21/20 7:00:00 PST, Stop Date: 02/15/21 6:59:00 PST

Leukocytosis
Hematology/oncology recommends bone marrow biopsy as outpatient. RFS already submitted.

Lower urinary tract symptoms (LUTS)
Stable. Continue current management.
Ordered:
tamsulosin, 0.4 mg, Oral, Cap, qPM, Administration Type NA, Automatic Refill, Order Duration: 360 day, First Dose: 02/21/20 19:00:00 PST, Stop Date: 02/15/21 18:59:00 PST

Orders:
Request for Cardiology
Request for Cardiology
Request for Interventional Radiology

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Electronically Signed on 02/20/2020 08:59 PM PST

Akintola, Omoniyi PA, PA