Patient Medical Record

Patient Name: White, Alan Joseph

Age: 60

Gender: Male

Date of Admission: 2024-07-01

Date of Discharge: 2024-07-07

Chief Complaint

Severe chest pain
Shortness of breath

History of Present Illness

Alan White, a 60-year-old male with a history of coronary artery disease and hypertension, presented to the emergency department with complaints of severe chest pain that radiated to his jaw and left arm. The pain began approximately one hour before arrival and was not relieved by his usual medications. He also reported shortness of breath and a productive cough with dark sputum. An ECG performed in the ED showed ST-segment elevations in the anterior leads, indicating a possible myocardial infarction.

He has a history of three prior coronary artery bypass graft surgeries and has been experiencing occasional episodes of angina, particularly with exertion, over the past few weeks. His medical history is also significant for diabetes mellitus, hyperlipidemia, and a 60-pack-year smoking history.

Diagnoses

Acute STEMI (ST-Elevation Myocardial Infarction)
Supraventricular Tachycardia (SVT)
Asthma exacerbation
Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)

Major Surgical or Invasive Procedures

Cardiac Catheterization
Placement of a drug-eluting stent in the left anterior descending (LAD) artery

Hospital Course

Alan White was admitted to the coronary care unit for management of an acute STEMI. He was immediately started on a heparin drip and given a loading dose of clopidogrel. Cardiac catheterization was performed, revealing a 98% occlusion of the LAD artery, which was treated with the placement of a drug-eluting stent. Post-procedure, he was monitored for recurrent chest pain and arrhythmias.

During his hospital stay, he developed supraventricular tachycardia, which was managed with IV diltiazem. He also experienced an asthma exacerbation, requiring nebulized bronchodilators and corticosteroids. Additionally, he was found to have a partially occlusive DVT in the left femoral vein, which was treated with anticoagulation therapy.

His hospital course was complicated by episodes of chest pain and tachycardia, but these were managed effectively with medications. By the time of discharge, his chest pain had resolved, and his vital signs were stable. He was discharged home with instructions to follow up with his cardiologist and primary care physician.

Lab Results

Test	Result	Normal Range
Complete Blood Count (CBC)		
WBC	9.5 x10^9/L	4.0-11.0 x10^9/L
RBC	4.7 x10^12/L	4.2-5.9 x10^12/L
Hemoglobin	14.2 g/dL	13.5-17.5 g/dL
Hematocrit	42%	38-50%
Platelets	220 x10^9/L	150-450 x10^9/L
Basic Metabolic Panel (BMP)		
Sodium	140 mmol/L	135-145 mmol/L
Potassium	4.1 mmol/L	3.5-5.0 mmol/L
Chloride	102 mmol/L	98-107 mmol/L
Bicarbonate	24 mmol/L	22-29 mmol/L
BUN	18 mg/dL	7-20 mg/dL
Creatinine	1.1 mg/dL	0.6-1.2 mg/dL
Glucose	98 mg/dL	70-99 mg/dL
Lipid Panel		
Total Cholesterol	183 mg/dL	< 200 mg/dL
Triglycerides	138 mg/dL	< 150 mg/dL
HDL	54 mg/dL	> 40 mg/dL
LDL	101 mg/dL	< 100 mg/dL
HbA1c	8.1%	4.0-5.6%
Troponin I	2.25 ng/mL	< 0.04 ng/mL

Physical Exam

General: Alert, oriented, and in mild distress due to chest pain.
Vital Signs:
Temperature: 101°F
Heart Rate: 110 bpm
Blood Pressure: 140/90 mmHg
Respiratory Rate: 20 breaths per minute
Oxygen Saturation: 94% on room air

Head and Neck: No jugular venous distension, carotid pulses normal, no lymphadenopathy.
Cardiovascular: Tachycardic, regular rhythm, S1 and S2 present, no murmurs, rubs, or gallops. Peripheral pulses are 2+ bilaterally.
Respiratory: Mild wheezing bilaterally, no crackles or rhonchi. Good air movement.
Abdomen: Soft, non-tender, non-distended. Bowel sounds present in all quadrants.
Extremities: No edema, no cyanosis. Mild tenderness in left calf, Homans' sign negative.
Neurological: Alert and oriented to person, place, and time. Cranial nerves II-XII intact. Motor strength 5/5 in all extremities. Reflexes 2+ and symmetric.
Skin: Warm, dry, and intact. No rashes or lesions noted.

Medications Administered

Medication	Dosage	Frequency	Indication	Prescription ID
Aspirin	81 mg	Daily	Antiplatelet therapy	RX123456
Plavix (Clopidogrel)	75 mg	Daily	Antiplatelet therapy post-stent placement	RX123457
Diltiazem	60 mg	Four times a day	Rate control of supraventricular tachycardia	RX123458
Lasix (Furosemide)	40 mg	Twice daily	Diuresis in heart failure management	RX123459
Lovenox (Enoxaparin)	1 mg/kg	Every 12 hours	Anticoagulation due to DVT/PE	RX123460
Warfarin	Adjusted based on INR	Daily	Long-term anticoagulation	RX123461
Cefodoxime	200 mg	Twice daily	Treatment of pneumonia	RX123462
Nitroglycerin	0.4 mg sublingually, IV drip	As needed, continuous	Chest pain	RX123463
Atorvastatin	40 mg	Daily	Hyperlipidemia management	RX123464
Azithromycin	500 mg on day 1, 250 mg daily for 4 days	Once daily	Treatment of pneumonia	RX123465
Morphine	4 mg	As needed	Severe chest pain	RX123466
Albuterol	2.5 mg	Every 4 hours as needed	Asthma exacerbation	RX123467
Prednisone	40 mg	Daily	Asthma exacerbation	RX123468
Metoprolol	25 mg	Twice daily	Heart rate control and hypertension	RX123469

Observation and Plan

Level of Consciousness: Alert and oriented
Mental Status: Clear and coherent
Activity Status: Ambulatory with assistance
Plan:
Continue anticoagulation therapy with warfarin for six months
Optimize medical therapy for left ventricular dysfunction
Prescribe beta-blockers and ACE inhibitors for heart failure management
Follow up with a cardiologist within two weeks
Daily weight monitoring; call MD if weight increases by more than 3 lbs
Continue using steroid inhaler for asthma management

Patient Instructions

Stop taking Hydrochlorothiazide, simvastatin, flonase, and sudafed.
Continue taking aspirin, Plavix, diltiazem, Lasix, Lovenox, warfarin, cefodoxime, nitroglycerin, and atorvastatin.
Weigh yourself every morning and call your doctor if your weight increases by more than 3 lbs.
Use your steroid inhaler daily to manage your asthma.
Follow up with your cardiologist within two weeks.
Monitor your symptoms and seek immediate medical attention if you experience severe chest pain, shortness of breath, or signs of a blood clot.