85 y.o. male patient with a hx of hypertension, hyperlipidemia, dilated cardiomyopathy (EF approximately 40%), CKD, CAD s/p CABG (1994),, abdominal aortic aneurysm, COPD, atrial fibrillation on Eliquis, EVAR (2015) presented today for a fall.

Patient states that he did not have any preceding symptoms. Patient reporting left side chest pain over his pacemaker site. Denies sob and lightheadedness.

Past Medical History:

Diagnosis Date

- AAA (abdominal aortic aneurysm)
- Aneurysm

Infrarenal abdominal aorta

- Arrhythmia
- CAD (coronary artery disease)
- Carotid artery occlusion
- CHF (congestive heart failure) (CMS/HCC)
- Chronic kidney disease
- Dilated cardiomyopathy (CMS/HCC)
- H/O chemical exposure

Occured during vietman war. VA gave pt 60% disability in 2009.

- Hyperlipidemia
- Hypertension
- Impending cerebrovascular accident (CMS/HCC)

TIA

Social history:				
Tobacco Use				
Smoking st		ng status:	Some	Days
	Current packs/day		s/day:	0.00
	Average packs/day		s/day:	0.8 packs/day for 67.2 years (50.4 ttl pk-yrs)
		Types: Cigarettes		
		Start date:	1955	
		Last attempt to quit: 3/14/2022		
	Years since quitting: 3.3			3.3
•	Smokeless tobacco: Never			
Patient is on Eliquis Medication: Eliquis				
Impression:				
1.	Disord	order of cardiac pacemaker system, initial encounter		
2.	Chest	t pain, unspecified type		
3.	Fall, in	itial encounte	r	
R07.9 - Chest pain, unspecified				
T82.118A - Breakdown (mechanical) of other cardiac electronic device, initial encounter				

- 113.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
- 150.9 Heart failure, unspecified
- N18.9 Chronic kidney disease, unspecified
- J44.9 Chronic obstructive pulmonary disease, unspecified
- 148.91 Unspecified atrial fibrillation
- Z95.1 Presence of aortocoronary bypass graft
- Z79.01 Long term (current) use of anticoagulants
- F17.210 Nicotine dependence, cigarettes, uncomplicated