



Progress Notes

Progress Notes by [REDACTED], DO signed at 2/27/2023 11:10 AM

Author: [REDACTED] Service: — Author Type: Physician
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Editor: [REDACTED] (Physician)

NEW PATIENT SLEEP EVALUATION

History of Present Illness: This is a 76 y.o. male who was seen today for snoring, morning headaches, and frequent nighttime urination. Concern for sleep apnea.

Total sleep time in any 24 hours is estimated to be 7-8 by history. Weekday bedtime tends to be around 9. Weekend bedtime tends to be around 9. Weekday wake time tends to be 6-7. Weekend wake time tends to be 6-7. Sleep onset takes 10 min to hour. The patient reports 3-4 awakenings per night that last 1/2 hour to 1.5 hours during which time the patient may read. Exercise is not reported before bedtime. Watching TV in bed or reading prior to sleep is not reported. Napping is not reported. N

The patient does report a history of snoring. Snoring is described as severe. Witnessed apneas have not been reported. The patient does not report awakening with gasping or choking episodes. Daytime sleepiness is rarely reported. The patient does not report falling asleep involuntarily. The patient does not report falling asleep while driving. The patient does not report loss of muscle tone when extremely emotional. The patient does not report feeling unable to move when waking or falling asleep. The patient does not report vivid dreamlike scenes when awakening or falling asleep. Parasomnias are not otherwise reported. Nocturia is reported.

HAS two times per week, increased frequency, wakes up with headache, no imaging to date, hx of headaches that pt felt improved with caffeine cessation in past years

The Epworth sleepiness scale is 0.

Occupation: retired Chiropractor

Safety concerns: none

Past Medical History:

Past Medical History:

Diagnosis	Date
• Arthritis	1971

Lt. knee surgery in 2022

- Coronary artery disease involving native heart without angina pectoris
- GERD (gastroesophageal reflux disease)
- Heart disease
- Hyperlipidemia
- Hypertension
- Myocardial infarction

2014

- Peptic ulceration

past
esophageal
erosion

on pansoprazole

Past Surgical History:**Past Surgical History:**

Procedure	Laterality	Date
• CORONARY STENT PLACEMENT		
• JOINT REPLACEMENT left knee		01/03/2022
• PR CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS Procedure: ; Surgeon: Harry A Demos, MD; Location: MUSC MAIN OR; Service: Orthopaedics		01/03/2022
• PR TOTAL KNEE ARTHROPLASTY Procedure: TOTAL KNEE ARTHROPLASTY GENERIC; Surgeon: [REDACTED], MD; Location: MUSC MAIN OR; Service: Orthopaedics	Left	01/03/2022
• STENT PLACEMENT		

Allergies:**Review of patient's allergies indicates:**

Allergen	Reactions
• Statins-hmg-coa reductase inhibitors Muscle cramps.	Other (See Comments)
• Beta-blockers (beta-adrenergic blocking agts) Other reaction(s): Other (See Comments) HR dropped to the 40s. HR dropped to the 40s.	Other (See Comments)
• Lopressor [metoprolol tartrate] HR dropped to the 40s.	Other (See Comments)
• Gluten "stomach reaction" reported 12/7/2021	Other (See Comments)
• Meloxicam "Bothers my stomach"	Other (See Comments)
• Other "white adhesive tape; causes rash at the site"	Other (See Comments)
• Penicillins Flush	Other (See Comments)
• Soy Acid reflux	Other (See Comments)

Medications:**Current Outpatient Medications**

Medication	Sig
• aspirin 81 mg delayed release enteric coated tablet	
• glucosamine-chondroitin 500- 400 mg per capsule	Take 1 capsule by mouth 3 times daily.
• lisinopril (Prinivil) 2.5 mg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY

- multivitamin with folic acid 400 mcg tablet Take 1 tablet by mouth daily.
- pantoprazole (Protonix) 40 mg delayed release tablet TAKE 1 TABLET BY MOUTH EVERY DAY
- nitroglycerin (Nitrostat) 0.4 mg sublingual tablet Place 1 tablet under the tongue every 5 minutes as needed for chest pain.
- OTHER MEDICATION Med Name: MVI daily (Patient not taking; Reported on 2/27/2023)

Social History:
Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: Not Currently
- Drug use: Never
- Sexual activity: Yes
- Partners: Female
- Birth control/protection: None
- Comment: ED

Other Topics

Concern

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Housing Stability: Not on file

Family History:

Family History

Problem

Relation

Age of Onset

- Cancer
colon, breast
- Hypertension

Mother

Mother

- | | |
|-------------------------|--------|
| • Heart disease | Mother |
| • Stroke | Mother |
| • Vision loss | Mother |
| <i>from Stroke</i> | |
| • Mental illness | Father |
| • Cancer | Father |
| <i>prostate at 90YO</i> | |
| • Depression | Sister |
| • Hypertension | Sister |
| • Skin cancer | Neg Hx |
| • Melanoma | Neg Hx |
| • Anesthetic Reactions | Neg Hx |

Physical Exam:**Vitals:**

02/27/23 1024
BP: 127/79
Pulse: 64
Resp: 16
Temp: 36.7 °C (98 °F)
TempSrc: Temporal
SpO2: 98%
Weight: 84.4 kg (186 lb)
Height: 177.8 cm (5' 10")

Wt Readings from Last 3 Encounters:

02/27/23 84.4 kg (186 lb)
01/23/23 85.7 kg (189 lb)
11/18/22 86.1 kg (189 lb 12.8 oz)

MS: AO

General well developed, well nourished

HEENT MMIV

Cardiac:NAD

PULM: no respiratory distress

DERM: no obvious erythema/bruising on face

EXTREMITIES: unremarkable

Neuro CN II-XII unremarkable, appropriate speech and language, gait unremarkable

Polysomnograms:

NONE

Record review/other results:

ft Ventricle:

- Left ventricular size is normal.
- Left ventricular wall thickness and indexed mass are normal.
- There is mild global LV systolic dysfunction.
- Left ventricular EF is 45-50 %.
- LV regional wall motion is remarkable for inferior and posterior moderate-severe hypokinesia.

Right Ventricle:

- The right ventricle is normal size with normal function.

Mitral Valve:

- There is trace mitral regurgitation.

Overall Conclusions:

- Compared to prior study from 7/11/2019, the endocardium is better visualized and the wall motion abnormality in the inferior and posterior walls is now seen well and the LV ejection fraction appears to have decreased slightly.

Dr. Huber's note reviewed

Assessment:

is a 76 y.o. male with snoring, HTN, CAD hx and nighttime awakenings at times associated with headache with concerns for OSA.

Prostate CA, CAD, MI, HTN

Patient education: We reviewed obstructive sleep apnea and associated medical disorders. We discussed cardiovascular risks associated with sleep disordered breathing. We reviewed treatment options for sleep disordered breathing including PAP therapy, oral appliances, surgical intervention, and others. We reviewed the importance of PAP therapy adherence. We reviewed the impact of alcohol and drugs on sleep and OSA. We discussed the risk associated with driving, operating heavy machinery, or engaging in other activities during which falling asleep would be hazardous. He was advised not to drive or participate in such activities if drowsy. We discussed the importance of informing anesthesiology prior to any intervention as patients with OSA may be at increased risk of perioperative morbidity and morbidity. We discussed the potential impact of weight gain and weight loss on OSA. The importance of good sleep hygiene was reviewed as well as the impact of sleep deprivation.

Plan:

HSAT expedite

Orders to follow for AUTO PAP as needed

Preliminary results 1-2 weeks post HSAT

Rec neuroimaging for HAs if persist once possible OSA addressed and or progress/reviewed with patient

Offered neuroimaging today/pt deferred and will follow symptoms

RTC 3-6 months AJ Swartz

, D.O.

Diplomate American Board of Sleep Medicine

ABPN, Sub-Board Sleep Medicine

Division of Pulmonary, Critical Care, Allergy and Sleep

Electronically signed by Andrea Rinn, DO at 2/27/2023 11:10 AM

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