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| |  | | --- | | **Review Type:**  Rehabilitation Review  **Sub Speciality:**  Cardiac Rehabilitation  **Review Start Time:**  09/09/2020 15:31  **Subjective:**  Pt come for pre CRP 2 EST today  45 years old male Allergy to shell fish NKDA No previous surgery  Underlying 1. DM (Under OHA) 2. Dyslipidemia 3. IHD -Post CABG on 26/6/2020  Presented with right eye floater Went to Pantai Hospital, KL Noted to have high glucose level And ECG showed ? irregular rhythm And ECHO show hypokinesia-->went for EST and noted ? ischemic changes Thus proceed with angiogram on March 2020 Attempted stent by Cardiologist in Pantai Hospital ? complication where he was admitted into ICU post angiogram for 2 days (Told by Prof Ramesh to have punctured artery when seeking for 2nd opinion) Referred to Mr Siva UMSC for CABG Post CABG on 26/6/2020 -LIMA-->LAD -SVG-->Distal RCA -SVG-->OM3 -Radial artery-->OM2  ECHO post op -EF: 45% -LV clot (Under Warfarin 7mg OD)  Repeated ECHO -Clot reducing in size  CVS Risk factors: DM: HbA1c: 7.6% Hypertension: Norrnally on low side, no giddiness TC: 3.7, unsure of other parameter Smoking: Quit smoking since May, smoked for about 30 years for 1 pack/day Alcohol: Occasional, normally take beer Family h/o IHD: Grandfather/father Stress: No PA: Sedentary Exercise: Used to play squas 2-3x/week, badminton and futsal, walking about 5-7km 5times/week Diet: Home food more, more fruit, less fatty BMI: 24  Progress, No angina No SOB No giddiness  Explained about indications of EST and procedure Understood and consented EST done using modified Bruce protocol Completed stage 4 Duration of exercise: 12.06 minutes Reason for termination: Fatigue  Resting HR: 75 Peak HR: 111 (63% of APMHR) HR reserve: 36 HR recovery: 13  Resting BP:  Peak BP: 141/68 METS: 7.2  ECG at rest: T inversion on Lead aVL, ECG during EST: Occasional ectopic during recovery phase (Not captured in report) Asymptomatic during exercise  Risk: Moderate in view of EF 45%  Explained to pt on findings and will be stratified under moderate risk Agreed for hosp based CRP  **Objective:**  Alert, conscious Not tachypnoe Pink Hydration good Good pulse volume  **Diagnosis:**  IHD -Post CABG  **Plan:**  Refer PT/OT Cardiac for CRP 2 (Moderate risk with prolonged cool down) TCA 3/12 to review For IDR this pm  Discussed during IDR Cardiac -Cont as planned  **Referral to**  OUTPATIENT  **Refer to therapist**  http://ipesakit.ppum.icare.net/images/arrow-right.gif 1) Team: **OT CARDIAC REHABILITATION**  http://ipesakit.ppum.icare.net/images/arrow-right.gif Service: **OCCUPATIONAL THERAPY - SPECIALIZED - MDT CARDIAC REHABILITATION (CR)**   http://ipesakit.ppum.icare.net/images/arrow-right.gif 2) Team: **PHYSIOTHERAPY CARDIAC**  http://ipesakit.ppum.icare.net/images/arrow-right.gif Service: **PHYSIOTHERAPY - SPECIALIZED - MDT CARDIAC REHABILITATION**   http://ipesakit.ppum.icare.net/images/arrow-right.gif Remarks: **For CRP 2 -Moderate risk with prolonged recovery** | |
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