

# Doctor's Note – Rebecca Hardin, DOB 08/25/1976

**Facility:** Prisma Health Pulmonology – Sumter

**Address:** 115 N Sumter St Ste 315, Sumter, SC 29150

**Provider:** Amy Diane Kelly, NP (NPI 1578173555, DEA MK6112560)

**Date of Service:** April 24 2025

**Patient MRN:** 976457669 **Member ID:** U7131533302

**Payor:** Ambetter / Absolute Total Care **Plan:** Ambetter Exchange-All (GRP 412101)

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## Subjective (S)

Ms. Rebecca Hardin, 48-year-old female, returns for follow-up regarding obstructive sleep apnea.

She has a history of atrial fibrillation, hypertension, and class 3 severe obesity (BMI  $\approx 46$  kg/m<sup>2</sup>). She has been compliant with CPAP therapy using an AutoSet device borrowed from a family member after previous loss of insurance coverage.

Reports excellent symptom control with no snoring, daytime somnolence, or fatigue. Epworth Sleepiness Score 3/24. Requests replacement CPAP machine and supplies.

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## Objective (O)

- **Vitals (4/24/25 15:05):** BP 118/69 mmHg, HR 68 bpm, SpO<sub>2</sub> 94%, Weight 136 kg (300 lb), BMI 45.6 kg/m<sup>2</sup>
  - **General:** Alert, obese, no acute distress
  - **Chest:** Clear to auscultation; no wheezes or rales
  - **Cardiac:** Regular rate and rhythm
  - **Neuro:** Intact, no focal deficits
  - **Sleep Study (08/16/2022):** AHI 8.9 events/hr, SpO<sub>2</sub> nadir 69%, mean SpO<sub>2</sub> 92%, diagnosis mild OSA (G47.33)
  - **Allergies :** Grape
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## Assessment (A)

1. **Obstructive Sleep Apnea (G47.33)** – mild; improved with CPAP
  2. **Nocturnal Hypoxemia (G47.36)** – resolved on therapy
  3. **Class III Obesity (E66.01, Z68.42)**
  4. **Atrial Fibrillation (HCC)** – stable on apixaban
  5. **Primary Hypertension (I10)** – well controlled
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## Current Medications

- Acetaminophen (TYLENOL) 650 mg, As needed
- Apixaban (ELIQUIS) 5 mg, Oral, 2 times daily
- Atenolol (TENORMIN) 25 mg, Oral, Bedtime
- Cetirizine (Zyrtec) 10 mg tablet 1 tablet, As needed
- CPAP Replacement Autoset CPAP-Aerocare
- Flecainide (TAMBOCOR) 100 mg, Oral, 2 times daily
- Fluticasone propionate (FLONASE) mcg/actuation nasal spray 50 1 spray, As needed
- losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet 1 tablet, Oral, Daily

## Plan (P)

- Continue CPAP therapy.
- **Order:** Replacement AutoSet CPAP (ResMed S10) with pressure range 4–20 cm H<sub>2</sub>O and heated humidifier.
  - **HPCS Codes:** E0601 (CPAP), E0562 (Humidifier), A7037 (Tubing – Generic), A4604 (Tubing – Heated), A7038 (Filter – Disposable).
  - **Length of Need:** 99 months.
  - **Supplier:** AeroCare / AdaptHealth (Maria Griffin NPI 1124566716).
- **Orders placed:** CPAP Compliance Download, PAP Supplies.
- **Education:** Avoid alcohol/sedatives; reinforce sleep hygiene; encourage weight management.
- **Follow-up:** 3 months or sooner if symptoms worsen.

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**Electronically Signed:** Amy Diane Kelly, NP

**Date/Time:** April 24 2025 3:48 PM (EDT)