Schedule Workman ASAP

Antelope Valley Medical Center

1600 West Avenue J
Lancaster, CA 93534-2814
(661) 949-5000

Patient Information

Patient Name: HELENA, EVER O
Home Address: 44609 4TH ST E
LANCASTER, CA 93535-3003
Home Phone:
Mobile Phone: (661) 522-1617
Work Phone:

Sex: Male
DOB: 11/10/1944
Age: 80 Years **Marital:** Married
Religion: Catholic
Language: Spanish

Guarantor Name: HELENA, EVER O
Patient's Reltn: Self
Billing Address: 44609 4TH ST E
LANCASTER, CA 93535-3003
Home Phone:
Mobile Phone: (661) 522-1617
Work Phone:

Sex: Male
DOB: 11/10/1944
Age: 80 Years
Employer Name: Retired

Contact Information

Emergency Contact
Contact Name: HELENA, ANGELA
Patient's Reltn: Spouse
Sex: Female
Home Phone:
Mobile Phone: (661) 609-8495
Work Phone:

Next of Kin
Contact Name: ARROYO, YESNIA
Patient's Reltn: Father
Sex: Female
Home Phone: (626) 825-3619
Mobile Phone:
Work Phone:

Primary Insurance

Subscriber Name: HELENA, EVER O
Patient's Reltn: Self
Sex: Male
DOB: 11/10/1944
Age: 80 Years
Employer Name: Retired
Employer Phone:
Financial Class: Medicare HMO
Group Name:

Insurance Name: Kaiser Senior
Claim Address: PO Box 7004
Downey, CA 90242-7004
Insurance Phone:
Policy Number: 000021131055
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact: MED# 8R31TF4UH18

Subscriber Name: HELENA, EVER O
Patient's Reltn: Self
Sex: Male
DOB: 11/10/1944
Age: 80 Years
Employer Name: Retired
Employer Phone:
Financial Class: Medi-Cal HMO
Group Name:

Insurance Name: Kaiser MCal
Claim Address: PO Box 7004
Downey, CA 90242-7004
Insurance Phone:
Policy Number: 000021131055
Group Number: 95305081A
Authorization Number:
Authorization Phone:
Authorization Contact:

Reg Dt/Tm: 06/19/2025 08:52
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm:
Observation Dt/Tm:
Reason for Visit: HIP LEG PAIN

Patient Type: Emergency
Med Service: Emergency Medicine
Location: Emergency Department
Room/Bed: W40/A
Isolation:

Advance Directive:
ADM Phy:
ATT Phy: Kehrli, NP, Diane L
PCP: Kaiser, Lancaster
Refer Phy:
Disease Alert:

HELENA, EVER O
MRN: 00835119

Male / 80 Years
FIN: 1837831980

* Final Report *

Reason for Consultation
Atrial fibrillation

Chief Complaint
Pt has been having lowe back pain that radiates down to leg. denies recent injury. symptoms have been going on x3 days. today being the worse. Hx of stroke, DM and HTN. BG 181

History of Present Illness
80-year-old male with history of hypertension, diabetes mellitus, multiple strokes, history of hypertensive crisis with intracranial hemorrhage in 2022 with right-sided weakness presented to the hospital emergency room with symptoms of back and leg pain for last 3 days. He was evaluated in the emergency room and was noted to have atrial fibrillation. I was consulted to help with management. Patient denies having prior cardiac problems. He does have intermittent atypical chest pain but denies any palpitations, lightheadedness, syncope. Except for aspirin he has not been on anticoagulation in the past.

Review of Systems
Review of systems otherwise unremarkable.

Physical Exam

Vitals & Measurements
HR: 76(Monitored) **RR:** 16 **BP:** 161/85 **SpO2:** 93%
WT: 95.2 kg

Well-built male with family by his bedside. He has difficulty speaking with right-sided weakness. There is no jugular venous distention. Carotids are bilateral equal without bruits. Chest wall moves well with respiration lungs are clear to auscultation. Heart examination reveals irregular rate and rhythm normal S1-S2 no murmurs rubs or gallops. Abdomen is benign. Extremities are without edema.

Twelve-lead EKG shows atrial fibrillation with right bundle branch block with adequate rate control. BUN is 21 creatinine 1.0. Hemoglobin is normal.

Assessment/Plan
1. Atrial fibrillation, new onset
   Patient likely has paroxysmal atrial fibrillation but newly detected. His rate is well-controlled but he is not on anticoagulation. His CHA2DS2-VASc score is quite high and he has high risk of thromboembolic stroke. Anticoagulation however is contraindicated because of intracranial hemorrhage in 2022. I therefore recommended him to go back on aspirin 81 mg daily and consider an outpatient left atrial appendage closure electively. I have described the procedure, risks, benefits, and alternatives including a small risk of bleeding, stroke, injury to the blood vessels, lung, heart etc. and patient and family is willing to proceed. We will schedule him to undergo the procedure as an outpatient soon.
2. History of hemorrhagic cerebrovascular accident (CVA) with residual deficit
   Patient had severe hypertension and intracranial hemorrhage in 2022.
3. Left flank pain
4. CVA - Cerebrovascular accident
   Has had multiple ischemic strokes. There is likely cardioembolic in nature in view of his atrial fibrillation.
5. Diabetes mellitus

Problem List/Past Medical History
Ongoing
- CVA - Cerebrovascular accident
- Diabetes mellitus
- Hyperlipidemia
- Hypertension

Historical

Procedure/Surgical History
Drainage of Cerebral Ventricle with Drainage Device, Percutaneous Approach (10/16/2022)
Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening (10/16/2022)
Insertion of Infusion Device into Superior Vena Cava, Percutaneous Approach (10/16/2022)
Insertion of Monitoring Device into Lower Artery, Percutaneous Approach (10/16/2022)
Respiratory Ventilation, 24-96 Consecutive Hours (10/16/2022)

Medications
Home
- amLODIPine 10 mg oral tablet, 10 mg= 1 tab, Oral, Daily
- atorvastatin 10 mg oral tablet, 10 mg= 1 tab, Oral, Daily
- bisacodyl 10 mg rectal suppository, 10 mg= 1 supp, PR, BID, PRN
- codeine-guaifenesin 10 mg-100 mg/5 mL oral syrup, 10 mL, Oral, every 4 hrs, PRN
- Colace 100 mg oral capsule, 100 mg= 1 cap, Oral, BID
- dorzolamide-timolol 2.23%-0.68% ophthalmic solution, 1 drops, Eye-Both, Bedtime
- hydrALAZINE 50 mg oral tablet, 50 mg= 1 tab, Oral, TID
- insulin isophane (NPH) 100 units/mL human recombinant subcutaneous suspension, 10 units, Subcutaneous, BID w/Meals
- insulin regular, Correctional Dosing, Subcutaneous, AC
- latanoprost 0.005% ophthalmic solution, 1 drops, Eye-Both, Bedtime
- lisinopril 40 mg oral tablet, 40 mg= 1 tab, Oral, Daily

6. Hyperlipidemia
7. Hypertension

ocular lubricant, Eye-Both, every 4 hrs, PRN
Percocet 10/325 oral tablet, 1 tab, Oral, every 6 hrs, PRN
Senokot 8.6 mg oral tablet, 8.6 mg= 1 tab, Oral, Daily, PRN
sodium chloride 1 g oral tablet, 1000 mg= 1 tab, Oral, TID
traMADol 50 mg oral tablet, 50 mg= 1 tab, Oral, every 8 hr INT, PRN
ZyPREXA, 5 mg, IM, every 24 hr INT, PRN

Inpatient
No active inpatient medications

Allergies
No Known Medication Allergies

Social History
Tobacco - 10/16/2022
Smoking tobacco use: Never (less than 100 in lifetime). Type: Cigarettes.

Lab Results

Hem/Coag	Chemistry
Prothrombin Time: 12.1 seconds (06/19/25 10:31:00)	Glucose Random: 189 mg/dL High (06/19/25 10:31:00)
INR: 1.1 (06/19/25 10:31:00)	BUN: 21 mg/dL High (06/19/25 10:31:00)
PTT: 34 seconds (06/19/25 10:31:00)	Creatinine: 1 mg/dL (06/19/25 10:31:00)
WBC: 7.1 x10^9/L (06/19/25 10:31:00)	Sodium Level: 142 mEq/L (06/19/25 10:31:00)
RBC: 4.92 x10^12/L (06/19/25 10:31:00)	Potassium Level: 4 mEq/L (06/19/25 10:31:00)
Hgb: 15.5 g/dL (06/19/25 10:31:00)	Chloride Level: 104 mEq/L (06/19/25 10:31:00)
Hct: 45.5 % (06/19/25 10:31:00)	CO2: 27 mEq/L (06/19/25 10:31:00)
MCV: 92.5 fL (06/19/25 10:31:00)	Calcium Level: 9.2 mg/dL (06/19/25 10:31:00)
MCH: 31.5 pg (06/19/25 10:31:00)	Albumin Level: 4.2 g/dL (06/19/25 10:31:00)
MCHC: 34.1 g/dL (06/19/25 10:31:00)	AST: 44 IntlUnit/L (06/19/25 10:31:00)
RDW: 14.1 % (06/19/25 10:31:00)	Bilirubin Total: 0.8 mg/dL (06/19/25 10:31:00)

Platelets: 141 x10^9/L (06/19/25 10:31:00)
Bilirubin Direct: 0.3 mg/dL (06/19/25 10:31:00)
MPV: 9.8 fL (06/19/25 10:31:00)

Diagnostic Results
CT Renal Stone Survey

06/19/25 10:14:46
IMPRESSION:

1. Liver cirrhosis and splenomegaly. Mild perihepatic ascites. Status post cholecystectomy.

2. No evidence of renal/ureteric calculi. No evidence of obstructive uropathy within both kidneys.

3. No evidence of bowel obstruction. Moderate constipation. The appendix is not visualized, however no evidence of inflammatory changes in the right lower quadrant.

4. Sigmoid diverticulosis without evidence of diverticulitis

5. Heterogeneous and enlarged prostate.

6. No evidence of free fluid or free air. No gross focal fluid collections.

RPTAT: AA

Signed By: Lue, M.D., Jason

Signature Line
Electronically Signed on 06/19/25 03:28 PM

Khanal, M.D., Sanjaya

Completed Action List:
* Perform by Khanal, M.D., Sanjaya on June 19, 2025 15:28 PDT
* Sign by Khanal, M.D., Sanjaya on June 19, 2025 15:28 PDT
* VERIFY by Khanal, M.D., Sanjaya on June 19, 2025 15:28 PDT