

**\* Final Report \***

**Reason for Consultation**

Atrial fibrillation

**Chief Complaint**

Pt has been having low 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