

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		
Contact info	Primary Home:		
	37B 9TH ST RONKONKOMA, NY 117795434, US Tel: (212) 778-5093		
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000		

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Encounter

UHMCSB ENC 10138630339 Date(s): 4/12/19 - 4/12/19
Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000
Discharge Disposition: Home no services
Attending Physician: DERVAN MD , JOHN
Admitting Physician: DERVAN MD , JOHN

Reason for visit

lab

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet)
1 tab(s) Oral Once daily for 7 Days. First dose given in Emergency Dept. Start on Monday, 4/30/2018.
Refills: 0.
Taking For: Cardiovascular Maintenance
Ordering provider: JARAMILLO PA, SABRINA
ARIPiprazole (Abilify 2 mg oral tablet)
1 tab(s) Oral Once daily.

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

aspirin (aspirin 81 mg oral delayed release tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 7.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

atorvastatin (Lipitor 40 mg oral tablet)
1 tab(s) Oral At Bedtime for 90 Days. Refills: 5.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

carvedilol (Coreg 12.5 mg oral tablet)
2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

clopidogrel (Plavix 75 mg oral tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

valsartan (Diovan 80 mg oral tablet)
4 tab(s) Oral Once daily. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

venlafaxine
225 Milligram Oral Once daily for 30 Days.
Taking For: Mood

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date
Chem 8 (CHEM 8)	4/12/19

4/12/19

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	140 mmol/L	(Normal is 135-146 mmol/L)		
Potassium	4.4 mmol/L	(Normal is 3.5-5.1 mmol/L)		
Chloride	104 mmol/L	(Normal is 96-107 mmol/L)		
Bicarbonate	26 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	98 mg/dL	(Normal is 70-99 mg/dL)		
BUN	26 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.94 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR, non African American	95	(Normal is >60)		
GFR, African American	111 ¹	(Normal is >60)		
Anion Gap	11 mmol/L	(Normal is 9-18 mmol/L)		
Calcium	8.8 mg/dL	(Normal is 8.6-10.2 mg/dL)		

¹Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American). The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

Vital signs

No data available for this section

Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

No data available for this section

Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Continuity of Care Document

Patient

D.O.B

Patient Detail

Race

Ethnicity

Contact info

MICHAELLYNCH

June 26, 1970

White

Not Hispanic or Latino

Primary Home:
37B 9TH ST
RONKONKOMA, NY 117795434, US

Sex

Male

Tel: (212) 778-5093

Patient IDs 30324866 2.16.840.1.113883.3.2936.1000

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- Collapse/Expand all

Encounter

UHMCSB ENC 10135202181 Date(s): 1/18/19 - 1/18/19

Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000

Discharge Disposition: Home no services

Attending Physician: BEEDENBENDER NP, KERIN C

Admitting Physician: BEEDENBENDER NP, KERIN C

Referring Physician: BEEDENBENDER NP, KERIN C

Reason for visit

lab work

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet) 1 tab(s) Oral Once daily for 7 Days. First dose given in Emergency Dept. Start on Monday, 4/30/2018. Refills: 0. Taking For: Cardiovascular Maintenance Ordering provider: JARAMILLO PA, SABRINA	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
ARIPiprazole (Abilify 2 mg oral tablet) 1 tab(s) Oral Once daily.	
aspirin (aspirin 81 mg oral delayed release tablet) 1 tab(s) Oral Once daily for 90 Days. Refills: 7. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
atorvastatin (Lipitor 40 mg oral tablet) 1 tab(s) Oral At Bedtime for 90 Days. Refills: 5. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
carvedilol (Coreg 12.5 mg oral tablet) 2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
clopidogrel (Plavix 75 mg oral tablet) 1 tab(s) Oral Once daily for 90 Days. Refills: 11. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
valsartan (Diovan 80 mg oral tablet) 4 tab(s) Oral Once daily. Refills: 11. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
venlafaxine 225 Milligram Oral Once daily for 30 Days. Taking For: Mood	

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date
Chem 8 (CHEM 8)	1/18/19

1/18/19

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	141 mmol/L	(Normal is 135-146 mmol/L)		
Potassium	4.1 mmol/L	(Normal is 3.5-5.1 mmol/L)		
Chloride	104 mmol/L	(Normal is 96-107 mmol/L)		
Bicarbonate	23 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	82 mg/dL	(Normal is 70-99 mg/dL)		
BUN	20 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.83 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR, non African American	104	(Normal is >60)		
GFR, African American	>120 ¹	(Normal is >60)		
Anion Gap	14 mmol/L	(Normal is 9-18 mmol/L)		
Calcium	9.1 mg/dL	(Normal is 8.6-10.2 mg/dL)		

¹Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American). The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

Vital signs

No data available for this section

Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

No data available for this section

Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		
Contact info	Primary Home: 37B 9TH ST RONKONKOMA, NY 117795434, US Tel: (212) 778-5093		
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000		

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- Collapse/Expand all

Encounter

UHMCSB ENC 10134368876 Date(s): 12/28/18 - 12/28/18

Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000

Discharge Disposition: Home no services

Attending Physician: DERVAN MD , JOHN

Admitting Physician: DERVAN MD , JOHN

Referring Physician: DERVAN MD , JOHN

Reason for visit

lab

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet)
1 tab(s) Oral Once daily for 7 Days. First dose given
in Emergency Dept. Start on Monday, 4/30/2018.
Refills: 0.

Taking For: Cardiovascular Maintenance
Ordering provider: JARAMILLO PA, SABRINA

ARIPiprazole (Abilify 2 mg oral tablet)
1 tab(s) Oral Once daily.

aspirin (aspirin 81 mg oral delayed release tablet)

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styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

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1 tab(s) Oral Once daily for 90 Days. Refills: 7.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

atorvastatin (Lipitor 40 mg oral tablet)
1 tab(s) Oral At Bedtime for 90 Days. Refills: 5.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

carvedilol (Coreg 12.5 mg oral tablet)
2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

clopidogrel (Plavix 75 mg oral tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

valsartan (Diovan 80 mg oral tablet)
4 tab(s) Oral Once daily. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

venlafaxine
225 Milligram Oral Once daily for 30 Days.
Taking For: Mood

styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

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styleCode='Bold'>CVS/pharmacy
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Portion Rd Ronkonkoma, NY
117791814

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date
CPK	12/28/18

Chem 8 (CHEM 8)	12/28/18
Hepatic Panel (HEPATIC PANEL)	12/28/18
Lipid Panel (LIPID PANEL)	12/28/18

12/28/18

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	139 mmol/L	(Normal is 135-146 mmol/L)		
Potassium	4.0 mmol/L	(Normal is 3.5-5.1 mmol/L)		
Chloride	102 mmol/L	(Normal is 96-107 mmol/L)		
Bicarbonate	27 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	85 mg/dL	(Normal is 70-99 mg/dL)		
BUN	19 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.84 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR, non African American	104	(Normal is >60)		
GFR, African American	120 ¹	(Normal is >60)		
Anion Gap	11 mmol/L	(Normal is 9-18 mmol/L)		
Calcium	9.4 mg/dL	(Normal is 8.6-10.2 mg/dL)		
Bilirubin, Total	0.9 mg/dL	(Normal is 0.0-1.2 mg/dL)		
Bilirubin, Direct	0.3 mg/dL	(Normal is 0.0-0.3 mg/dL)		
ALT (SGPT)	30 IU/L	(Normal is 0-41 IU/L)		
AST (SGOT)	21 IU/L	(Normal is 0-40 IU/L)		
Alk Phos	81 IU/L	(Normal is 39-117 IU/L)		
Albumin	4.1 g/dL	(Normal is 3.5-4.8 g/dL)		
Total Protein	6.8 g/dL	(Normal is 6.4-8.3 g/dL)		
		(Normal is 26-		

CPK	57 IU/L	174 IU/L)		
Triglyceride	73 mg/dL	(Normal is <150 mg/dL)		
Cholesterol, total	124 mg/dL	(Normal is <200 mg/dL)		
HDL-cholesterol	51 mg/dL ²			
LDL-cholesterol	58 mg/dL ³	(Normal is <130 mg/dL)		
VLDL-cholesterol	15 mg/dL	(Normal is <30 mg/dL)		

¹Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American).
The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

²Result Comment: <40 HIGH CHD RISK
40-60 AVERAGE RISK
>60 LOW RISK

³Result Comment: LDL (CALCULATED) <130 MG/DL DESIRABLE
VLDL (CALCULATED) 6-30 MG/DL

Vital signs

No data available for this section

Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

No data available for this section

Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		
Contact info	Primary Home: 37B 9TH ST RONKONKOMA, NY 117795434, US Tel: (212) 778-5093		
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000		

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- Collapse/Expand all

Encounter

UHMCSB ENC 10128211884 Date(s): 7/23/18 - 7/23/18
Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000
Discharge Disposition: Home no services
Attending Physician: DERVAN MD , JOHN
Admitting Physician: DERVAN MD , JOHN

Reason for visit

labs

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet)
1 tab(s) Oral Once daily for 7 Days. First dose given
in Emergency Dept. Start on Monday, 4/30/2018.
Refills: 0.
Taking For: Cardiovascular Maintenance
Ordering provider: JARAMILLO PA, SABRINA
ARIPiprazole (Abilify 2 mg oral tablet)
1 tab(s) Oral Once daily.

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styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

aspirin (aspirin 81 mg oral delayed release tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 7.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

atorvastatin (Lipitor 40 mg oral tablet)
1 tab(s) Oral At Bedtime for 90 Days. Refills: 5.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

carvedilol (Coreg 12.5 mg oral tablet)
2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
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clopidogrel (Plavix 75 mg oral tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
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Portion Rd Ronkonkoma, NY
117791814

valsartan (Diovan 80 mg oral tablet)
4 tab(s) Oral Once daily. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

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styleCode='Bold'>CVS/pharmacy
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Portion Rd Ronkonkoma, NY

venlafaxine

225 Milligram Oral Once daily for 30 Days.

Taking For: Mood

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date
Chem 8 (CHEM 8)	7/23/18

7/23/18

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	140 mmol/L	(Normal is 135-146 mmol/L)		
Potassium	4.2 mmol/L	(Normal is 3.5-5.1 mmol/L)		
Chloride	100 mmol/L	(Normal is 96-107 mmol/L)		
Bicarbonate	27 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	85 mg/dL	(Normal is 70-99 mg/dL)		
BUN	16 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.73 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR, non African American	110	(Normal is >60)		
GFR, African				

American	>120 ¹	(Normal is >60)		
Anion Gap	13 mmol/L	(Normal is 9-18 mmol/L)		
Calcium	9.1 mg/dL	(Normal is 8.6-10.2 mg/dL)		

¹Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American).
The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

Vital signs

No data available for this section

Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

No data available for this section

Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Transition of Care/Referral Summary

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male

Patient Detail

Race	
Ethnicity	Not Hispanic or Latino
Contact info	Primary Home: 37B 9TH ST RONKONKOMA, NY 117795434, US Tel: (631)580-0055
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000

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- Collapse/Expand all

Encounter

UHMCSB ENC 10124978247 Date(s): 4/28/18 - 4/29/18
Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000

Encounter Diagnosis

CAD (coronary artery disease) (Discharge Diagnosis) - 4/28/18
Chest pain (Discharge Diagnosis) - 4/28/18
Discharge Disposition: Home with Home Care
Attending Physician: WACKETT , ANDREW
Admitting Physician: WACKETT , ANDREW
Referring Physician: NoReferringPhysician , StatedByPatient

Vital signs

Most recent to oldest [Reference Range]:	1
Temperature Oral [35.8-37.3 DegC]	36.5 DegC (4/29/18 9:51 AM)

Heart Rate Monitored [60-110 bpm]	69 bpm (4/29/18 9:51 AM)
Pulse Oximetry [94-100 %]	100 % (4/29/18 9:24 AM)
Respiratory Rate [12-20 br/min]	18 br/min (4/29/18 9:24 AM)
Blood Pressure [108-147/40-110 mmHG]	166/97 mmHG *HI* (4/29/18 9:24 AM)

Problem list

Condition	Effective Dates	Status	Health Status	Informant
At risk of venous thromboembolus(Confirmed) ¹		Active		
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ²		Active		

¹Problem created by VTE Advisor

²LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Allergies, adverse reactions, alerts

No Known Allergies

Medications

Abilify 2 mg oral tablet
= 1 tab, Oral, Once daily, tab, 0 Refill(s), 01/30/18 8:12:00
Start Date: 1/30/18
Status: Ordered

amLODIPine 5 mg oral tablet
= 1 tab, Oral, Once daily, First dose given in Emergency Dept. Start on Monday, 4/30/2018, # 7 tab, 0 Refill(s), Indication: Cardiovascular Maintenance, 04/29/18 9:29:00, Pharmacy: CVS/pharmacy #2286, 1 tab Oral Once daily,x7 days,Instr:First dose giv...
Start Date: 4/29/18
Stop Date: 5/6/18
Status: Ordered

aspirin 81 mg oral delayed release tablet
= 1 tab, Oral, Once daily, # 90 tab, 7 Refill(s), Indication: Cardiovascular Maintenance, 02/02/18 12:20:00, Pharmacy: CVS/pharmacy #2286, 1 tab Oral Once daily,x90 days
Start Date: 2/2/18
Stop Date: 1/23/20

Status: Ordered

Coreg 12.5 mg oral tablet
= 2 tab, Oral, Q12H, # 360 tab, 6 Refill(s), Indication: Cardiovascular Maintenance,
02/02/18 12:20:00, Pharmacy: CVS/pharmacy #2286, 2 tab Oral Q12H,x90 days
Start Date: 2/2/18
Stop Date: 10/25/19
Status: Ordered

Diovan 80 mg oral tablet
= 4 tab, Oral, Once daily, # 120 tab, 11 Refill(s), Indication: Cardiovascular Maintenance,
02/02/18 12:19:00, Pharmacy: CVS/pharmacy #2286, 4 tab Oral Once daily
Start Date: 2/2/18
Status: Ordered

Lipitor 40 mg oral tablet
= 1 tab, Oral, Bedtime, # 90 tab, 5 Refill(s), Indication: Cardiovascular Maintenance,
02/02/18 12:20:00, Pharmacy: CVS/pharmacy #2286, 1 tab Oral Bedtime,x90 days
Start Date: 2/2/18
Stop Date: 7/27/19
Status: Ordered

Plavix 75 mg oral tablet
= 1 tab, Oral, Once daily, # 90 tab, 11 Refill(s), Indication: Cardiovascular Maintenance,
02/02/18 12:20:00, Pharmacy: CVS/pharmacy #2286, 1 tab Oral Once daily,x90 days
Start Date: 2/2/18
Stop Date: 1/17/21
Status: Ordered

venlafaxine
= 225 mg, Oral, Once daily, 0 Refill(s), Indication: Mood, 01/30/18 8:12:00
Start Date: 1/30/18
Stop Date: 3/1/18
Status: Ordered

Results

Patient Viewable Results

Most recent to oldest [Reference Range]:	1	2
Sodium [135- 146 mmol/L]	140 mmol/L (4/28/18 8:45 PM)	
Potassium [3.5- 5.1 mmol/L]	4.0 mmol/L (4/28/18 8:45 PM)	
Chloride [96- 107 mmol/L]	101 mmol/L (4/28/18 8:45 PM)	
Bicarbonate [21- 31 mmol/L]	28 mmol/L (4/28/18 8:45 PM)	

Glucose Level [70-99 mg/dL]	82 mg/dL (4/28/18 8:45 PM)	
BUN [5-20 mg/dL]	18 mg/dL (4/28/18 8:45 PM)	
Creatinine [0.50- 1.20 mg/dL]	0.86 mg/dL (4/28/18 8:45 PM)	
GFR, non African American [>60]	103 (4/28/18 8:45 PM)	
GFR, African American [>60]	120 ¹ (4/28/18 8:45 PM)	
Anion Gap [9-18 mmol/L]	11 mmol/L (4/28/18 8:45 PM)	
Calcium [8.6- 10.2 mg/dL]	9.0 mg/dL (4/28/18 8:45 PM)	
Phosphorus [2.7- 4.5 mg/dL]	3.6 mg/dL (4/28/18 8:45 PM)	
Magnesium [1.6-2.6 mg/dL]	2.1 mg/dL (4/28/18 8:45 PM)	
Cholesterol, total [<200 mg/dL]	109 mg/dL (4/28/18 8:45 PM)	
Cardiac Troponin T [<0.01 ng/mL]	<0.01 ng/mL (4/29/18 2:02 AM)	<0.01 ng/mL (4/28/18 11:35 PM)
Ntpro B Type Natriuretic Peptide [0-125 pg/mL]	695 pg/mL *HI* (4/28/18 8:45 PM)	
WBC Count [4.80-10.80 K/uL]	5.93 K/uL (4/28/18 8:45 PM)	
RBC Count [4.70-6.10 M/uL]	5.15 M/uL (4/28/18 8:45 PM)	
Hemoglobin [14.0-18.0 g/dL]	14.7 g/dL (4/28/18 8:45 PM)	
Hematocrit [42.0-52.0 %]	42.6 % (4/28/18 8:45 PM)	
MCV [80.0-97.0 fL]	82.7 fL (4/28/18 8:45 PM)	
MCH [27.0-31.0 pg]	28.5 pg (4/28/18 8:45 PM)	
MCHC [33.0- 37.0 g/dL]	34.5 g/dL (4/28/18 8:45 PM)	

RDW [11.2-14.8 %]	12.8 % (4/28/18 8:45 PM)	
PLT Count [150-350 K/uL]	180 K/uL (4/28/18 8:45 PM)	
MPV [8.0-12.0 fL]	9.9 fL (4/28/18 8:45 PM)	
N-RBCs auto	0.0 /100WBC (4/28/18 8:45 PM)	
Lymphocyte % auto	26.0 % (4/28/18 8:45 PM)	
Monocyte % auto [4.00-10.00 %]	10.3 % *HI* (4/28/18 8:45 PM)	
Neutrophil % auto	61.7 % (4/28/18 8:45 PM)	
Immature Granulocytes % auto [<1.0 %]	0.2 % (4/28/18 8:45 PM)	
Eos % auto [0.00-3.00 %]	1.3 % (4/28/18 8:45 PM)	
Basophil % auto [0.00-1.00 %]	0.5 % (4/28/18 8:45 PM)	
Lymphocyte # auto [0.90-4.80 K/uL]	1.54 K/uL (4/28/18 8:45 PM)	
Monocyte # auto	0.61 K/uL (4/28/18 8:45 PM)	
Neutrophil # auto [2.4-7.6 K/uL]	3.66 K/uL (4/28/18 8:45 PM)	
Imm Granulocytes # auto	0.01 K/uL (4/28/18 8:45 PM)	
Eos # auto	0.08 K/uL (4/28/18 8:45 PM)	
Basophil # auto	0.03 K/uL (4/28/18 8:45 PM)	
Prothrombin Time [9.3-13.5 sec]	21.6 sec *HI* (4/28/18 8:45 PM)	
Prothrombin Time, INR [0.8-1.2]	1.9 ² *HI* (4/28/18 8:45 PM)	
	TYPICAL THERAPEUTIC RANGE OF INR WHEN	

Prothrombin Time, Comment	WARFARIN IS USED TO TREAT UNCOMPLICATED DVT/PE OR NON-VALVULAR ATRIAL FIBRILLATION IS 2.0-3.0. OTHER PATIENTS (E.G. MECHANICAL HEART VALVE, RECURRENT DVT/PE) MAY REQUIRE A HIGHER THERAPEUTIC INR, REFER TO LITERATURE. (4/28/18 8:45 PM)	
aPTT [20.6-37.0 sec]	47.6 sec *HI* (4/28/18 8:45 PM)	
aPTT, Comment	TYPICAL THERAPEUTIC RANGE OF APTT WHEN HEPARIN IS USED TO TREAT DVT/PE IS 65-101 SECONDS (APPROXIMATELY EQUAL TO 0.3 TO 0.7 U/ML ANTI-Xa ACTIVITY). ³ (4/28/18 8:45 PM)	
D-Dimer [<230 D-DU ng/mL]	<150.0 D-DU ng/mL ⁴ (4/28/18 8:45 PM)	

¹Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American).
The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

²Result Comment: INR IS APPLICABLE ONLY TO PATIENTS ON ORAL ANTICOAGULANT THERAPY

³Result Comment: OTHER PATIENTS (E.G. HIGHER RISK OF BLEED, CURRENT STROKE OR ACUTE CORONARY SYNDROME) MAY REQUIRE A LOWER THERAPEUTIC APTT, REFER TO LITERATURE.
DOSAGE OF INTRAVENOUS DIRECT THROMBIN INHIBITORS SHOULD GENERALLY BE ADJUSTED UNTIL THE STEADY STATE APTT VALUE IS 1.5 TO 3.0 TIMES THE BASELINE APTT.

⁴Result Comment: Values below 230 ng/mL are consistent with the exclusion of deep vein thrombosis and/or pulmonary embolism in the appropriate context. Values above 230 ng/mL are non-informative with respect to the likelihood of DVT and/or PE and overlap with the normal ranges.
Normal range for DDI is <319 ng/mL, but may vary by patient age.

Immunizations

No data available for this section

Procedures

No data available for this section

Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18

Functional status

COGNITIVE

4/29/18

Extremity Movement Upper Extremities,
Lower Extremities,
Equal

Assessment and plan

No data available for this section

Hospital discharge instructions

Patient Education

CHEST PAIN, Uncertain Cause

HYPERTENSION, Established

Follow Up Care

04/28/2018 20:00:05

With: Take amlodipine 5 mg orally once a day for one week. Follow up with cardiology in one week in office. Continue daily medications as previously directed. Recommend follow up with primary care provider. Return to ED for new or worsening symptoms.
Address: Unknown
When: As Soon as Possible

With: Return to Emergency Department
Address: Unknown
When: only if needed
Comments: Please seek medical attention for worsening signs/symptoms

With: C-HEART ASSOCIATES OF LI (HALI)
Address:
1320 Stony Brook Road Building D Suite 100
Stony Brook, NY 11790
(631) 941-2273 Business (1)

When: 5 to 7 Days
Comments: Call to confirm/schedule appointment

With: ANDREW M. HARARAH
Address:
34 WEST HOFFMAN AVE
LINDENHURST, NY 11757
(631) 991-8817 Business (1)

When: As Soon as Possible
Comments: Call to confirm/schedule appointment

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		
Contact info	Primary Home:		
	37B 9TH ST		
	RONKONKOMA, NY 117795434, US		
	Tel: (212) 778-5093		
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000		

Table of Contents

- Encounter
- Reason for Visit
- Allergies, Adverse Reactions, Alerts
- Assessment and Plan
- Immunizations
- Medications
- Problem List
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- Results
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- Social History
- Goals

- Hospital Discharge Instructions
- Reason for Referral
- Health Concerns
- Medical Equipment
- Restore original order
- Show all

- Collapse/Expand all

Encounter

UHMCSB ENC 10124978247 Date(s): 4/28/18 - 4/29/18

Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000

Encounter Diagnosis

Ischemic cardiomyopathy (Final) -

Old myocardial infarction (Final) -

Atherosclerotic heart disease of native coronary artery without angina pectoris (Final) -

Long term (current) use of antithrombotics/antiplatelets (Final) -

Chest pain (Discharge Diagnosis) - 4/28/18

Personal history of nicotine dependence (Final) -

Long term (current) use of anticoagulants (Final) -

Presence of coronary angioplasty implant and graft (Final) -

Personal history of other venous thrombosis and embolism (Final) -

Morbid (severe) obesity due to excess calories (Final) -

Body mass index (BMI) 45.0-49.9, adult (Final) -

Hyperlipidemia, unspecified (Final) -

Gastro-esophageal reflux disease without esophagitis (Final) -

Major depressive disorder, single episode, unspecified (Final) -

Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence (Final) -

Hypertensive heart disease with heart failure (Final) -

Chronic systolic (congestive) heart failure (Final) -

CAD (coronary artery disease) (Discharge Diagnosis) - 4/28/18

Chest pain, unspecified (Final) -

Discharge Disposition: Home with Outpatient Follow-up

Attending Physician: WACKETT MD , ANDREW

Admitting Physician: WACKETT MD , ANDREW

Referring Physician: NoReferringPhysician , StatedByPatient

Reason for visit

chest pain

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet) 1 tab(s) Oral Once daily for 7 Days. First dose given in Emergency Dept. Start on Monday, 4/30/2018. Refills: 0. Taking For: Cardiovascular Maintenance Ordering provider: JARAMILLO PA, SABRINA	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
ARIPiprazole (Abilify 2 mg oral tablet) 1 tab(s) Oral Once daily.	
aspirin (aspirin 81 mg oral delayed release tablet) 1 tab(s) Oral Once daily for 90 Days. Refills: 7. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
atorvastatin (Lipitor 40 mg oral tablet) 1 tab(s) Oral At Bedtime for 90 Days. Refills: 5. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
carvedilol (Coreg 12.5 mg oral tablet) 2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
clopidogrel (Plavix 75 mg oral tablet) 1 tab(s) Oral Once daily for 90 Days. Refills: 11. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
valsartan (Diovan 80 mg oral tablet) 4 tab(s) Oral Once daily. Refills: 11. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
venlafaxine 225 Milligram Oral Once daily for 30 Days. Taking For: Mood	

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		

Morbid obesity(Confirmed) ¹		Active		
--	--	--------	--	--

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date
Troponin-T	4/29/18
Troponin-T	4/28/18
CBC Differential	4/28/18
Chem 8	4/28/18
Cholesterol	4/28/18
D-Dimer (Quantitative)	4/28/18
Magnesium Level	4/28/18
Phosphorus Level	4/28/18
Prothrombin Time	4/28/18
aPTT	4/28/18
proBNP	4/28/18

4/29/18

Test	Result	Reference Range	Specimen Source	Laboratory
Cardiac Troponin T	<0.01 ng/mL	(Normal is <0.01 ng/mL)		
Blood Pressure Systolic	166 mmHG	(Normal is 108-147 mmHG)		
Blood Pressure Systolic	148 mmHG	(Normal is 108-147 mmHG)		
Blood Pressure Diastolic	97 mmHG	(Normal is 40-110 mmHG)		
Blood Pressure Diastolic	94 mmHG	(Normal is 40-110 mmHG)		

4/28/18

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	140 mmol/L	(Normal is 135-146 mmol/L)		

Potassium	4.0 mmol/L	(Normal is 3.5-5.1 mmol/L)		
Chloride	101 mmol/L	(Normal is 96-107 mmol/L)		
Bicarbonate	28 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	82 mg/dL	(Normal is 70-99 mg/dL)		
BUN	18 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.86 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR, non African American	103	(Normal is >60)		
GFR, African American	120 ¹	(Normal is >60)		
Anion Gap	11 mmol/L	(Normal is 9-18 mmol/L)		
Calcium	9.0 mg/dL	(Normal is 8.6-10.2 mg/dL)		
Phosphorus	3.6 mg/dL	(Normal is 2.7-4.5 mg/dL)		
Magnesium	2.1 mg/dL	(Normal is 1.6-2.6 mg/dL)		
Cholesterol, total	109 mg/dL	(Normal is <200 mg/dL)		
Cardiac Troponin T	<0.01 ng/mL	(Normal is <0.01 ng/mL)		
Ntpro B Type Natriuretic Peptide	695 pg/mL	(Normal is 0-125 pg/mL)		
WBC Count	5.93 K/uL	(Normal is 4.80-10.80 K/uL)		
RBC Count	5.15 M/uL	(Normal is 4.70-6.10 M/uL)		
Hemoglobin	14.7 g/dL	(Normal is 14.0-18.0 g/dL)		
Hematocrit	42.6 %	(Normal is 42.0-52.0 %)		

MCV	82.7 fL	(Normal is 80.0-97.0 fL)		
MCH	28.5 pg	(Normal is 27.0-31.0 pg)		
MCHC	34.5 g/dL	(Normal is 33.0-37.0 g/dL)		
RDW	12.8 %	(Normal is 11.2-14.8 %)		
PLT Count	180 K/uL	(Normal is 150-350 K/uL)		
MPV	9.9 fL	(Normal is 8.0-12.0 fL)		
N-RBCs auto	0.0 /100WBC			
Lymphocyte % auto	26.0 %			
Monocyte % auto	10.3 %	(Normal is 4.00-10.00 %)		
Neutrophil % auto	61.7 %			
Immature Granulocytes % auto	0.2 %	(Normal is <1.0 %)		
Eos % auto	1.3 %	(Normal is 0.00-3.00 %)		
Basophil % auto	0.5 %	(Normal is 0.00-1.00 %)		
Lymphocyte # auto	1.54 K/uL	(Normal is 0.90-4.80 K/uL)		
Monocyte # auto	0.61 K/uL			
Neutrophil # auto	3.66 K/uL	(Normal is 2.4-7.6 K/uL)		
Imm Granulocytes # auto	0.01 K/uL			
Eos # auto	0.08 K/uL			
Basophil # auto	0.03 K/uL			
Prothrombin Time	21.6 sec	(Normal is 9.3-13.5 sec)		
Prothrombin Time, INR	1.9 ²	(Normal is 0.8-1.2)		
	TYPICAL			

Prothrombin Time, Comment	THERAPEUTIC RANGE OF INR WHEN WARFARIN IS USED TO TREAT UNCOMPLICATED DVT/PE OR NON-VALVULAR ATRIAL FIBRILLATION IS 2.0-3.0. OTHER PATIENTS (E.G. MECHANICAL HEART VALVE, RECURRENT DVT/PE) MAY REQUIRE A HIGHER THERAPEUTIC INR, REFER TO LITERATURE.			
aPTT	47.6 sec	(Normal is 20.6-37.0 sec)		
aPTT, Comment	TYPICAL THERAPEUTIC RANGE OF APTT WHEN HEPARIN IS USED TO TREAT DVT/PE IS 65-101 SECONDS (APPROXIMATELY EQUAL TO 0.3 TO 0.7 U/ML ANTI-Xa ACTIVITY). ³			
D-Dimer	<150.0 D-DU ng/mL ⁴	(Normal is <230 D-DU ng/mL)		

¹Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American). The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

²Result Comment: INR IS APPLICABLE ONLY TO PATIENTS ON ORAL ANTICOAGULANT THERAPY

³Result Comment: OTHER PATIENTS (E.G. HIGHER RISK OF BLEED, CURRENT STROKE OR ACUTE CORONARY SYNDROME) MAY REQUIRE A LOWER THERAPEUTIC APTT, REFER TO LITERATURE. DOSAGE OF INTRAVENOUS DIRECT THROMBIN INHIBITORS SHOULD GENERALLY BE ADJUSTED UNTIL THE STEADY STATE APTT VALUE IS 1.5

TO 3.0 TIMES THE BASELINE APTT.

⁴Result Comment: Values below 230 ng/mL are consistent with the exclusion of deep vein thrombosis and/or pulmonary embolism in the appropriate context. Values above 230 ng/mL are non-informative with respect to the likelihood of DVT and/or PE and overlap with the normal ranges.
Normal range for DDI is <319 ng/mL, but may vary by patient age.

Vital signs

4/29/18

Blood Pressure	166/97 mmHG	(Normal is 108-147/40-110 mmHG)
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Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

Patient Education

04/28/2018 20:00:05

HYPERTENSION, Established

Established High Blood Pressure

High blood pressure (hypertension) is a chronic disease. Often, healthcare providers don't know what causes it. But it can be caused by certain health conditions and medicines. If you have high blood pressure, you may not have any symptoms. If you do have symptoms, they may include headache, dizziness, changes in your vision, chest pain, and shortness of breath. But even without symptoms, high blood pressure that's not treated raises your risk for heart attack and stroke. High blood pressure is a serious health risk and shouldn't be ignored.

A blood pressure reading is made up of two numbers: a higher number over a lower number.❓The top number is the systolic pressure. The bottom number is the diastolic pressure.❓A normal blood pressure is a systolic pressure of❓ less than 120 over a diastolic pressure of less than 80. You will see your blood pressure readings written together. For example, a person with a systolic pressure of 188 and a diastolic pressure of 78 will have 118/78 written in the medical record.

High blood pressure is when either the top number is 140 or higher, or the bottom number is 90 or higher. This must be the result when taking your blood pressure a number of times.❓The blood pressures between normal and high are called prehypertension.

Home care

If you have high blood pressure, you should do what is listed below to lower your blood pressure. If you are taking medicines for high blood pressure, these methods may reduce or end your need for medicines in the future.

- Begin a weight-loss program if you are overweight.
- Cut back on how much salt you get in your diet. Here's how to do this:
- Don't eat foods that have a lot of salt. These include olives, pickles, smoked meats, and salted potato chips.
- Don't add salt to your food at the table.
- Use only small amounts of salt when cooking.
- Start an exercise program. Talk with your healthcare provider about the type of exercise program that would be best for you. It doesn't have to be hard. Even brisk walking for 20 minutes 3 times a week is a good form of exercise.
- Don't take medicines that stimulate the heart. This includes many over-the-counter cold and sinus decongestant pills and sprays, as well as diet pills. Check the warnings about hypertension on the label. Before buying any over-the-counter medicines or supplements, always ask the pharmacist about the product's potential interaction with your high blood pressure and your high blood pressure medicines.
- Stimulants such as amphetamine or cocaine could be deadly for someone with high blood pressure. Never take these.
- Limit how much caffeine you get in your diet. Switch to caffeine-free products.
- Stop smoking. If you are a long-time smoker, this can be hard. Talk to your healthcare provider about medicines and nicotine replacement options to help you. Also, enroll in a stop-smoking program to make it more likely that you will quit for good.
- Learn how to handle stress. This is an important part of any program to lower blood pressure. Learn about relaxation methods like meditation, yoga, or biofeedback.
- If your provider prescribed medicines, take them exactly as directed. Missing doses may cause your blood pressure get out of control.
- If you miss a dose or doses, check with your healthcare provider or pharmacist about what to do.
- Consider buying an automatic blood pressure machine. Ask your provider for a recommendation. You can get one of these at most pharmacies.

The American Heart Association recommends the following guidelines for home blood pressure monitoring:

- Don't smoke or drink coffee for 30 minutes before taking your blood pressure.
- Go to the bathroom before the test.
- Relax for 5 minutes before taking the measurement.
- Sit with your back supported (don't sit on a couch or soft chair); keep your feet on the floor uncrossed. Place your arm on a solid flat surface (like a table) with the upper part of the arm at heart level. Place the middle of the cuff directly above the eye of the elbow. Check the monitor's instruction manual for an illustration.
- Take multiple readings. When you measure, take 2 to 3 readings one minute apart and record all of the results.
- Take your blood pressure at the same time every day, or as your healthcare provider recommends.
- Record the date, time, and blood pressure reading.
- Take the record with you to your next medical appointment. If your blood pressure monitor has a built-in memory, simply take the monitor with you to your next appointment.
- Call your provider if you have several high readings. Don't be frightened by a single high blood pressure reading, but if you get several high readings, check in with your healthcare provider.

- Note: When blood pressure reaches a systolic (top number) of 180 or higher OR diastolic (bottom number) of 110 or higher, seek emergency medical treatment.

Follow-up care

You will need to see your healthcare provider regularly. This is to check your blood pressure and to make changes to your medicines. Make a follow-up appointment as directed. Bring the record of your home blood pressure readings to the appointment.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Blood pressure reaches a systolic (upper number) of 180 or higher OR a diastolic (bottom number) of 110 or higher
- Chest pain or shortness of breath
- Severe headache
- Throbbing or rushing sound in the ears
- Nosebleed
- Sudden severe pain in your belly (abdomen)
- Extreme drowsiness, confusion, or fainting
- Dizziness or spinning sensation (vertigo)
- Weakness of an arm or leg or one side of the face
- You have problems speaking or seeing

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CHEST PAIN, Uncertain Cause

Uncertain Causes of Chest Pain

Chest pain can happen for a number of reasons. Sometimes the cause can't be determined. If your ❖ condition does not seem serious, and your pain does not appear to be coming from your heart, your healthcare provider may recommend watching it closely.

Sometimes the signs of a serious problem take more time to appear. Many problems not related to your heart can cause chest pain. These include:

- Musculoskeletal. Costochondritis, an inflammation of the tissues around the ribs that can occur from trauma or overuse injuries
- Respiratory. Pneumonia, pneumothorax, or pneumonitis (inflammation of the lining of the chest and lungs)
- Gastrointestinal. Esophageal reflux, heartburn, or gallbladder disease
- Anxiety and panic disorders
- Nerve compression and neuritis
- Miscellaneous problems such as aortic aneurysm or pulmonary embolism (a blood clot in the lungs)

Home care

After your visit, follow these recommendations:

- Rest today and avoid strenuous activity.
- Take any prescribed medicine as directed.
- Be aware of any recurrent chest pain and notice any changes

Follow-up care

Follow up with your healthcare provider if you do not start to feel better within 24 hours, or as advised.

Call 911

- Call 911 if any of these occur:
- A change in the type of pain: if it feels different, becomes more severe, lasts longer, or begins to spread into your shoulder, arm, neck, jaw or back
 - Shortness of breath or increased pain with breathing
 - Weakness, dizziness, or fainting
 - Rapid heart beat
 - Crushing sensation in your chest

When to seek medical advice

Call your healthcare provider right away if any of the following occur:

- Cough with dark colored sputum (phlegm) or blood
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Swelling, pain or redness in one leg
- Shortness of breath

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Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		
Contact info	Primary Home:		
	37B 9TH ST		
	RONKONKOMA, NY 117795434, US		
	Tel: (212) 778-5093		
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000		

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- Show all

- Collapse/Expand all

Encounter

UHMCSB ENC 10123420522 Date(s): 3/20/18 - 3/20/18

Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000

Discharge Disposition: Home no services

Attending Physician: DERVAN MD , JOHN

Admitting Physician: DERVAN MD , JOHN

Reason for visit

labs

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet)
 1 tab(s) Oral Once daily for 7 Days. First dose given
 in Emergency Dept. Start on Monday, 4/30/2018.
 Refills: 0.
 Taking For: Cardiovascular Maintenance
 Ordering provider: JARAMILLO PA, SABRINA
 ARIPIprazole (Abilify 2 mg oral tablet)

<content
 styleCode='Bold'>CVS/pharmacy
 #2286</content></br>729
 Portion Rd Ronkonkoma, NY
 117791814

1 tab(s) Oral Once daily.

aspirin (aspirin 81 mg oral delayed release tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 7.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

atorvastatin (Lipitor 40 mg oral tablet)
1 tab(s) Oral At Bedtime for 90 Days. Refills: 5.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

carvedilol (Coreg 12.5 mg oral tablet)
2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

clopidogrel (Plavix 75 mg oral tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

valsartan (Diovan 80 mg oral tablet)
4 tab(s) Oral Once daily. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

venlafaxine
225 Milligram Oral Once daily for 30 Days.
Taking For: Mood

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date

Comprehensive Metabolic Panel (COMP METABOLIC PAN)	3/20/18
Lipid Panel (LIPID PANEL)	3/20/18

3/20/18				
Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	142 mmol/L	(Normal is 135-146 mmol/L)		
Potassium	3.6 mmol/L	(Normal is 3.5-5.1 mmol/L)		
Chloride	102 mmol/L	(Normal is 96-107 mmol/L)		
Bicarbonate	29 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	81 mg/dL	(Normal is 70-99 mg/dL)		
BUN	14 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.78 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR, non African American	108	(Normal is >60)		
GFR, African American	>120 ¹	(Normal is >60)		
Anion Gap	11 mmol/L	(Normal is 9-18 mmol/L)		
Calcium	8.8 mg/dL	(Normal is 8.6-10.2 mg/dL)		
Bilirubin, Total	1.0 mg/dL	(Normal is 0.0-1.2 mg/dL)		
ALT (SGPT)	23 IU/L	(Normal is 0-41 IU/L)		
AST (SGOT)	12 IU/L	(Normal is 0-40 IU/L)		
Alk Phos	76 IU/L	(Normal is 39-117 IU/L)		
Albumin	3.9 g/dL	(Normal is 3.5-4.8 g/dL)		
Total Protein	6.7 g/dL	(Normal is 6.4-8.3 g/dL)		
Triglyceride	108 mg/dL	(Normal is <150 mg/dL)		
Cholesterol,		(Normal is <200		

total	132 mg/dL	mg/dL)		
HDL-cholesterol	57 mg/dL ²			
LDL-cholesterol	53 mg/dL ³	(Normal is <130 mg/dL)		
VLDL-cholesterol	22 mg/dL	(Normal is <30 mg/dL)		

¹Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American).
The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

²Result Comment: <40 HIGH CHD RISK
40-60 AVERAGE RISK
>60 LOW RISK

³Result Comment: LDL (CALCULATED) <130 MG/DL DESIRABLE
VLDL (CALCULATED) 6-30 MG/DL

Vital signs

No data available for this section

Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

No data available for this section

Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		
Contact info	Primary Home:		
	37B 9TH ST		
	RONKONKOMA, NY 117795434, US		
	Tel: (212) 778-5093		
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000		

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-
- Collapse/Expand all

Encounter

UHMCSB ENC 10121983240 Date(s): 2/9/18 - 2/9/18
Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000
Discharge Disposition: Home no services
Attending Physician: HARARAH , ANDREW M.
Admitting Physician: HARARAH , ANDREW M.

Reason for visit

LAB

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet)
1 tab(s) Oral Once daily for 7 Days. First dose given in Emergency Dept. Start on Monday, 4/30/2018.
Refills: 0.
Taking For: Cardiovascular Maintenance
Ordering provider: JARAMILLO PA, SABRINA
ARIPiprazole (Abilify 2 mg oral tablet)
1 tab(s) Oral Once daily.

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Portion Rd Ronkonkoma, NY 117791814

aspirin (aspirin 81 mg oral delayed release tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 7.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

atorvastatin (Lipitor 40 mg oral tablet)
1 tab(s) Oral At Bedtime for 90 Days. Refills: 5.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

carvedilol (Coreg 12.5 mg oral tablet)
2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

clopidogrel (Plavix 75 mg oral tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

valsartan (Diovan 80 mg oral tablet)
4 tab(s) Oral Once daily. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729
Portion Rd Ronkonkoma, NY 117791814

venlafaxine
225 Milligram Oral Once daily for 30 Days.
Taking For: Mood

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date
Platelet Aggregation - ADP (PLT AGG ADP)	2/9/18
Platelet Aggregation - Arachadonic Acid (PLT AGG ARACH ACID)	2/9/18
Platelet Aggregation - Interpretation (AGG INTERP)	2/9/18

2/9/18

Test	Result	Reference Range	Specimen Source	Laboratory
Plt Aggregation - ADP 5 uM	5 Ohms	(Normal is >5 Ohms)		
Plt Secretion - ADP 5 uM	0.0 nmol	(Normal is >0.0 nmol)		
Plt Aggregation - ADP 10 uM	4 Ohms	(Normal is >5 Ohms)		
Plt Secretion - ADP 10 uM	0.0 nmol	(Normal is >0.3 nmol)		
Plt Aggregation - Arachidonic Acid .5 mM	0 Ohms	(Normal is >4 Ohms)		
Plt Secretion - Arachidonic Acid .5 mM	0.0 nmol	(Normal is >0.5 nmol)		
Platelet Aggregation, Interpretation	CONSISTENT WITH ASPIRIN AND PLAVIX EFFECTS. ¹			

¹Result Comment: Lisa Senzel, MD

Vital signs

No data available for this section

Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

No data available for this section

Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		
Contact info	Primary Home:		
	37B 9TH ST RONKONKOMA, NY 117795434, US Tel: (212) 778-5093		
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000		

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Encounter

UHMCSB ENC 10121542707 Date(s): 1/30/18 - 2/2/18

Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000

Encounter Diagnosis

Acute ST elevation myocardial infarction (STEMI) of inferior wall (Discharge Diagnosis) - 1/30/18

Major depressive disorder, single episode, unspecified (Final) -

Bariatric surgery status (Final) -

Gastro-esophageal reflux disease without esophagitis (Final) -

Hypokalemia (Final) -

Hyperlipidemia, unspecified (Final) -

Essential (primary) hypertension (Final) -

Acute ST elevation myocardial infarction (STEMI) of posterior wall (Discharge Diagnosis) - 1/30/18

Morbid (severe) obesity due to excess calories (Final) -

Body mass index (BMI) 45.0-49.9, adult (Final) -

ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall (Final) -

Coronary artery aneurysm (Final) -

Long term (current) use of anticoagulants (Final) -

Personal history of nicotine dependence (Final) -

Personal history of other venous thrombosis and embolism (Final) -

CAD in native artery (Discharge Diagnosis) - 1/30/18

Discharge Disposition: Home no services

Attending Physician: LAWSON MD , WILLIAM

Admitting Physician: LAWSON MD , WILLIAM

Referring Physician: NoReferringPhysician , StatedByPatient

Reason for visit

Acute ST-segment elevation myocardial infarction

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet)
1 tab(s) Oral Once daily for 7 Days. First dose given
in Emergency Dept. Start on Monday, 4/30/2018.
Refills: 0.
Taking For: Cardiovascular Maintenance
Ordering provider: JARAMILLO PA, SABRINA
ARIPiprazole (Abilify 2 mg oral tablet)
1 tab(s) Oral Once daily.

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

aspirin (aspirin 81 mg oral delayed release tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 7.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

atorvastatin (Lipitor 40 mg oral tablet)
1 tab(s) Oral At Bedtime for 90 Days. Refills: 5.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

carvedilol (Coreg 12.5 mg oral tablet)
2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

clopidogrel (Plavix 75 mg oral tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

valsartan (Diovan 80 mg oral tablet)
4 tab(s) Oral Once daily. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

<content
styleCode='Bold'>CVS/pharmacy
#2286</content></br>729
Portion Rd Ronkonkoma, NY
117791814

venlafaxine
225 Milligram Oral Once daily for 30 Days.
Taking For: Mood

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date
CBC Differential (CBC Differential (sbuh))	2/2/18
Chem 8 (Chem 8 (sbuh))	2/2/18
Magnesium Level	2/2/18
Phosphorus Level	2/2/18
aPTT	2/1/18
CBC Differential (CBC Differential (sbuh))	2/1/18
Chem 8 (Chem 8 (sbuh))	2/1/18
Magnesium Level	2/1/18
Phosphorus Level	2/1/18
aPTT	2/1/18
Urinalysis	1/31/18
Troponin-T (TROPONIN T)	1/30/18
Troponin-T	1/30/18
Fibrinogen (Lab Cancel-Redraw Request)	1/30/18
Lupus Anticoagulant Screen (Lab Cancel-Redraw Request)	1/30/18
Protein C Activity (Lab Cancel-Redraw Request)	1/30/18
Protein S Activity (Lab Cancel-Redraw Request)	1/30/18
Protein S Ag (Free) (Lab Cancel-Redraw Request)	1/30/18
Anti-Cardiolipin Ab IgG & IgM	1/30/18
Homocysteine, Serum	1/30/18
CPK	1/30/18
CPK	1/30/18
Hemoglobin A1C (Glyco-HGB)	1/30/18

Lipid Panel	1/30/18
Chem 8, Point of Care (CHEM 8 POC)	1/30/18
Troponin-I, Point of Care (TROPONIN-I, POC)	1/30/18
Cholesterol	1/30/18
Prothrombin Time	1/30/18
proBNP	1/30/18

2/2/18

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	139 mmol/L	(Normal is 135-146 mmol/L)		
Potassium	3.8 mmol/L	(Normal is 3.5-5.1 mmol/L)		
Chloride	102 mmol/L	(Normal is 96-107 mmol/L)		
Bicarbonate	25 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	87 mg/dL	(Normal is 70-99 mg/dL)		
BUN	17 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.86 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR, non African American	103	(Normal is >60)		
GFR, African American	120 ¹	(Normal is >60)		
Anion Gap	12 mmol/L	(Normal is 9-18 mmol/L)		
Calcium	8.4 mg/dL	(Normal is 8.6-10.2 mg/dL)		
Phosphorus	3.5 mg/dL	(Normal is 2.7-4.5 mg/dL)		
Magnesium	2.0 mg/dL	(Normal is 1.6-2.6 mg/dL)		
WBC Count	9.02 K/uL	(Normal is 4.80-10.80 K/uL)		
RBC Count	4.22 M/uL	(Normal is 4.70-6.10 M/uL)		
Hemoglobin	12.4 g/dL	(Normal is 14.0-18.0 g/dL)		
		(Normal is 42.0-		

Hematocrit	35.4 %	52.0 %)		
MCV	83.9 fL	(Normal is 80.0-97.0 fL)		
MCH	29.4 pg	(Normal is 27.0-31.0 pg)		
MCHC	35.0 g/dL	(Normal is 33.0-37.0 g/dL)		
RDW	13.2 %	(Normal is 11.2-14.8 %)		
PLT Count	176 K/uL	(Normal is 150-350 K/uL)		
MPV	10.1 fL	(Normal is 8.0-12.0 fL)		
N-RBCs auto	0.0 /100WBC			
Lymphocyte % auto	15.3 %			
Monocyte % auto	13.3 %	(Normal is 4.00-10.00 %)		
Neutrophil % auto	69.9 %			
Immature Granulocytes % auto	0.3 %	(Normal is <1.0 %)		
Eos % auto	1.0 %	(Normal is 0.00-3.00 %)		
Basophil % auto	0.2 %	(Normal is 0.00-1.00 %)		
Lymphocyte # auto	1.38 K/uL	(Normal is 0.90-4.80 K/uL)		
Monocyte # auto	1.20 K/uL			
Neutrophil # auto	6.30 K/uL	(Normal is 2.4-7.6 K/uL)		
Imm Granulocytes # auto	0.03 K/uL			
Eos # auto	0.09 K/uL			
Basophil # auto	0.02 K/uL			
Blood Pressure Systolic	120 mmHG	(Normal is 108-147 mmHG)		
Blood Pressure Systolic	106 mmHG	(Normal is 108-147 mmHG)		
Blood Pressure Diastolic	66 mmHG	(Normal is 40-110 mmHG)		

Blood Pressure Diastolic	64 mmHG	(Normal is 40- 110 mmHG)		
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2/1/18

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	136 mmol/L	(Normal is 135-146 mmol/L)		
Potassium	3.4 mmol/L	(Normal is 3.5- 5.1 mmol/L)		
Chloride	97 mmol/L	(Normal is 96- 107 mmol/L)		
Bicarbonate	27 mmol/L	(Normal is 21- 31 mmol/L)		
Glucose Level	100 mg/dL	(Normal is 70- 99 mg/dL)		
BUN	15 mg/dL	(Normal is 5- 20 mg/dL)		
Creatinine	0.79 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR, non African American	107	(Normal is >60)		
GFR, African American	>120 ²	(Normal is >60)		
Anion Gap	12 mmol/L	(Normal is 9- 18 mmol/L)		
Calcium	8.5 mg/dL	(Normal is 8.6- 10.2 mg/dL)		
Phosphorus	2.4 mg/dL	(Normal is 2.7- 4.5 mg/dL)		
Magnesium	2.2 mg/dL	(Normal is 1.6- 2.6 mg/dL)		
WBC Count	11.88 K/uL	(Normal is 4.80-10.80 K/uL)		
RBC Count	4.43 M/uL	(Normal is 4.70-6.10 M/uL)		
Hemoglobin	12.7 g/dL	(Normal is 14.0-18.0 g/dL)		
Hematocrit	36.8 %	(Normal is 42.0-52.0 %)		

MCV	83.1 fL	(Normal is 80.0-97.0 fL)		
MCH	28.7 pg	(Normal is 27.0-31.0 pg)		
MCHC	34.5 g/dL	(Normal is 33.0-37.0 g/dL)		
RDW	13.0 %	(Normal is 11.2-14.8 %)		
PLT Count	175 K/uL	(Normal is 150-350 K/uL)		
MPV	9.7 fL	(Normal is 8.0-12.0 fL)		
N-RBCs auto	0.0 /100WBC			
Lymphocyte % auto	12.3 %			
Monocyte % auto	13.8 %	(Normal is 4.00-10.00 %)		
Neutrophil % auto	72.4 %			
Immature Granulocytes % auto	0.6 %	(Normal is <1.0 %)		
Eos % auto	0.6 %	(Normal is 0.00-3.00 %)		
Basophil % auto	0.3 %	(Normal is 0.00-1.00 %)		
Lymphocyte # auto	1.46 K/uL	(Normal is 0.90-4.80 K/uL)		
Monocyte # auto	1.64 K/uL			
Neutrophil # auto	8.60 K/uL	(Normal is 2.4-7.6 K/uL)		
Imm Granulocytes # auto	0.07 K/uL			
Eos # auto	0.07 K/uL			
Basophil # auto	0.04 K/uL			
aPTT	47.2 sec	(Normal is 22.2-36.0 sec)		
aPTT	44.8 sec	(Normal is 22.2-36.0 sec)		
	TYPICAL			

aPTT, Comment	THERAPEUTIC RANGE OF APTT WHEN HEPARIN IS USED TO TREAT DVT/PE IS 65-101 SECONDS (APPROXIMATELY EQUAL TO 0.3 TO 0.7 U/ML ANTI-Xa ACTIVITY). ³			
aPTT, Comment	TYPICAL THERAPEUTIC RANGE OF APTT WHEN HEPARIN IS USED TO TREAT DVT/PE IS 65-101 SECONDS (APPROXIMATELY EQUAL TO 0.3 TO 0.7 U/ML ANTI-Xa ACTIVITY). ⁴			

1/31/18

Test	Result	Reference Range	Specimen Source	Laboratory
Urinalysis, Color	AMBER			
Urinalysis, Clarity	HAZY			
Urinalysis, Glucose	NEGATIVE	(Normal is NEG)		
Urinalysis, Ketones	TRACE	(Normal is NEG)		
Urinalysis, Bilirubin	NEGATIVE	(Normal is NEG)		
Urinalysis, Specific Gravity	1.034	(Normal is 1.005-1.030)		
Urinalysis, Blood	NEGATIVE	(Normal is NEG)		
Urinalysis, pH	6.0	(Normal is 5.0- 8.0)		
Urinalysis, Protein	30 mg/dL	(Normal is NEG mg/dL)		
Urinalysis, Urobilinogen	>4.0 Units/dL	(Normal is <2.0 Units/dL)		
Urinalysis, Nitrite	NEGATIVE	(Normal is NEG)		

Urinalysis, Leukocyte Esterase	NEGATIVE	(Normal is NEG)		
Urinalysis, RBC	5 /HPF	(Normal is 0-2 /HPF)		
Urinalysis, WBC	3 /HPF	(Normal is 0-2 /HPF)		
Urinalysis, Squamous Epithelial	OCC	(Normal is NONE)		
Urinalysis, Mucous	OCC	(Normal is NONE)		
Urinalysis, Amorphous Crystals	OCC	(Normal is NONE)		

1/30/18

Test	Result	Reference Range	Specimen Source	Laboratory
Device/Operator ID, Point of Care	I Stat POC ⁵			
Device/Operator ID, Point of Care	I Stat POC ⁶			
Sodium, Point of Care	139 mmol/L	(Normal is 135-146 mmol/L)		
Potassium, Point of Care	3.0 mmol/L	(Normal is 3.5-5.1 mmol/L)		
Chloride, Point of Care	95 mmol/L	(Normal is 96-107 mmol/L)		
Bicarbonate, Point of Care	31 mmol/l	(Normal is 21-31 mmol/l)		
Glucose, Point of Care	127 mg/dL	(Normal is 70-99 mg/dL)		
BUN, Point of Care	16 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine, Point of Care	0.9 mg/dL	(Normal is 0.50-1.20 mg/dL)		
Ionized Calcium, Point of Care	4.3 mg/dL	(Normal is 4.2-5.2 mg/dL)		
CPK	2763 IU/L ⁷	(Normal is 26-174 IU/L)		

CPK	2940 IU/L ⁸	(Normal is 26-174 IU/L)		
Triglyceride	75 mg/dL	(Normal is <150 mg/dL)		
Cholesterol, total	175 mg/dL	(Normal is <200 mg/dL)		
Cholesterol, total	196 mg/dL	(Normal is <200 mg/dL)		
HDL-cholesterol	47 mg/dL ⁹			
LDL-cholesterol	113 mg/dL ¹⁰	(Normal is <130 mg/dL)		
VLDL-cholesterol	15 mg/dL	(Normal is <30 mg/dL)		
Cardiac Troponin T	3.25 ng/mL ¹¹	(Normal is <0.01 ng/mL)		
Cardiac Troponin T	3.71 ng/mL	(Normal is <0.01 ng/mL)		
Troponin I, Point of Care	8.18 ng/mL	(Normal is 0.00-0.08 ng/mL)		
Homocysteine	5.4 umol/L	(Normal is 5.0-15.0 umol/L)		
Ntpro B Type Natriuretic Peptide	241 pg/mL	(Normal is 0-125 pg/mL)		
Hgb A1C	4.9 % ¹²	(Normal is 4.8-5.6 %)		
Hemoglobin, Point of Care	16.3 g/dL ¹³	(Normal is 14.0-18.0 g/dL)		
Hematocrit, Point of Care	48.0 % ¹⁴	(Normal is 42.0-52.0 %)		
Prothrombin Time	12.6 sec	(Normal is 9.6-13.6 sec)		
Prothrombin Time, INR	1.1 ¹⁵	(Normal is 0.8-1.2)		
	TYPICAL THERAPEUTIC RANGE OF INR WHEN WARFARIN IS USED TO TREAT UNCOMPLICATED DVT/PE OR NON-VALVULAR			

Prothrombin Time, Comment	ATRIAL FIBRILLATION IS 2.0-3.0. OTHER PATIENTS (E.G. MECHANICAL HEART VALVE, RECURRENT DVT/PE) MAY REQUIRE A HIGHER THERAPEUTIC INR, REFER TO LITERATURE.			
Fibrinogen Level	579 mg/dL	(Normal is 250-550 mg/dL)		
Lupus Anticoagulant Screen Ratio	2.14 ¹⁶			
Lupus Anticoagulant Confirm Ratio	1.66 ¹⁷			
Lupus Anticoagulant Screen/Confirm Ratio	1.29 ¹⁸			
Lupus Anticoagulant Interpretation	Negative for LA after 1:1 mix. Consider other inhibitors or factor deficiencies. ¹⁹			
Protein C Activity	90 % ²⁰	(Normal is 70-153 %)		
Protein S Free Antigen	76 % ²¹	(Normal is 74-146 %)		
Protein S Activity	122 % ²²	(Normal is 63-149 %)		
Anti-Cardiolipin IgG	3 GPL Units ²³	(Normal is <15 GPL Units)		
Anti-Cardiolipin IgM	15 MPL Units ²⁴	(Normal is <12.5 MPL Units)		

¹Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American). The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced

by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

²Result Comment: OTHER PATIENTS (E.G. HIGHER RISK OF BLEED, CURRENT STROKE OR ACUTE CORONARY SYNDROME) MAY REQUIRE A LOWER THERAPEUTIC APTT, REFER TO LITERATURE.

DOSAGE OF INTRAVENOUS DIRECT THROMBIN INHIBITORS SHOULD GENERALLY BE ADJUSTED UNTIL THE STEADY STATE APTT VALUE IS 1.5 TO 3.0 TIMES THE BASELINE APTT.

³Result Comment: The calculated GFR uses the CKD-EPI equation, published in 2009. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (non African American and African American).

The unit for GFR is milliliters per minute per 1.73 square meters body surface area. A numerical result is reported up to 120, but note that results above 60 are more influenced by imprecision of the creatinine assay. The equation has limitations and is not accurate in all instances.

⁴Result Comment: OTHER PATIENTS (E.G. HIGHER RISK OF BLEED, CURRENT STROKE OR ACUTE CORONARY SYNDROME) MAY REQUIRE A LOWER THERAPEUTIC APTT, REFER TO LITERATURE.

DOSAGE OF INTRAVENOUS DIRECT THROMBIN INHIBITORS SHOULD GENERALLY BE ADJUSTED UNTIL THE STEADY STATE APTT VALUE IS 1.5 TO 3.0 TIMES THE BASELINE APTT.

⁵Result Comment: Critical value. Results called to and read back by RN J LEE AT 2116

⁶Result Comment: 1:1 MIX WITH PNP=1.46

⁷Result Comment: 1:1 MIX WITH PNP=1.39

⁸Result Comment: 1:1 MIX WITH PNP=1.04

⁹Result Comment: This dRVVT assay is clot-based and may be affected by the presence of direct anti-Xa inhibitors. Results may be falsely positive due to rivaroxaban and apixaban.

¹⁰Result Comment: Acquired protein C deficiency occurs with liver disease, DIC, inflammation, warfarin use and acute thrombosis. Patients should be off oral anticoagulant therapy for two weeks to ensure accurate results.

¹¹Result Comment: Acquired protein S Deficiency occurs with pregnancy, liver disease, DIC, estrogen and warfarin use and acute thrombosis. Patients should be off oral anticoagulant therapy for two weeks to ensure accurate results.

¹²Result Comment: Acquired protein S Deficiency occurs with pregnancy, liver disease, DIC, estrogen and warfarin use and acute thrombosis. Patients should be off oral anticoagulant therapy for two weeks to ensure accurate results.

¹³Result Comment: CONFIRMED BY DILUTION

¹⁴Result Comment: NORMAL(<15)

¹⁵Result Comment: INDETERMINATE (12.5-20.0)

¹⁶Result Comment: CONFIRMED BY DILUTION

¹⁷Result Comment: <40 HIGH CHD RISK

40-60 AVERAGE RISK

>60 LOW RISK

¹⁸Result Comment: LDL (CALCULATED) <130 MG/DL DESIRABLE
VLDL (CALCULATED) 6-30 MG/DL

¹⁹Result Comment: Measured by Roche Tina-quant immunoassay, standardized against the IFCC reference method. This test reflects average blood glucose levels during the

preceding 2-3 months. It is not FDA cleared for diagnosis of diabetes mellitus. However, per guidelines of the American Diabetes Association, hemoglobin A1c 6.5% or greater is a criterion for diagnosis of diabetes mellitus, and A1c in the range 5.7-6.4% indicates prediabetes. Any condition that alters the normal 100-120 day lifespan of erythrocytes will affect the result interpretation. Hemoglobinopathies may affect the result either analytically or via effects on red-cell lifespan. Glycated hemoglobin F is not detected by this assay, and therefore high levels of hemoglobin F will decrease the %A1c.

²⁰Result Comment: OP ID 6239

²¹Result Comment: Hemoglobin is derived from hematocrit. Hematocrit is determined conductometrically. If results appear inconsistent with clinical assessment, confirmation by alternative method is suggested.

²²Result Comment: Hematocrit is determined conductometrically. If results appear inconsistent with clinical assessment, confirmation by alternative method is suggested.

²³Result Comment: OP ID 6239

²⁴Result Comment: INR IS APPLICABLE ONLY TO PATIENTS ON ORAL ANTICOAGULANT THERAPY

Vital signs

2/2/18

Blood Pressure	120/66 mmHG	(Normal is 108-147/40-110 mmHG)
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Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

Patient Education

01/30/2018 02:47:24

Coronary Angioplasty, Discharge Instructions

Discharge Instructions for Coronary Angioplasty and Stenting
During your angioplasty, a doctor inserts a thin tube called a catheter into a blood vessel in your groin or wrist. The catheter is pushed through your blood vessel to a blocked area in one of your heart's arteries. The doctor inflates a tiny balloon at the tip of the catheter and stretches the blocked vessel so blood can flow freely. The balloon is then deflated and removed with the catheter. The doctor may also insert a metal mesh tube

called a stent in the blocked vessel. The stent helps the vessel stay open. You may get several stents if you have blockages in more than one of your arteries.

Home care

- Ask someone to drive you to your appointments for the next few days.
- Rest for 2 to 3 days after the procedure. Most people are able to go back to normal activity within a few days.
- Take your temperature and check your incision for signs of infection every day for a week. Signs of infection include redness, swelling, drainage, or warmth. It is normal to have a small bruise or bump where the catheter was inserted.
- Take your medicines exactly as directed. Don't skip doses. It is important to take aspirin or other similar medicines for as long as your doctor advises. If you were also prescribed clopidogrel, prasugrel, or ticagrelor, it is very important to take these medicines, as well. These medicines prevent clots that could cause a heart attack. If you have a problem with any of your medicines, call healthcare provider right away. Call your provider right away if you have extra bleeding, but go to the emergency room if the bleeding can't be controlled.
- Unless told otherwise, drink plenty of fluids to help flush your body of the dye that was used during your angioplasty. Let your healthcare provider know if the color of your urine changes and doesn't return to normal color.
- Eat a healthy diet that is low in fat, salt, and cholesterol. Ask your healthcare team for menus and other diet information.
- Exercise according to your healthcare team's recommendation. Depending on your case, your team may recommend you start a cardiac rehabilitation program. Cardiac rehab is an exercise program in which trained healthcare staff monitor your progress and stress on your heart while you exercise. Ask how to enroll if your team recommends this program.
- Don't swim or take a bath for 5 to 7 days. You may shower the day after the procedure. This keeps the incision site from getting wet and infected until the skin and artery can heal.

Follow-up care

- Make a follow-up appointment as directed by our staff. Follow-up appointments are usually scheduled for 2 to 4 weeks after an angioplasty or coronary stent procedure.
- Have a yearly checkup to make sure you are still doing well and not having any new symptoms.
- Don't wait for a follow-up appointment if your medicines are not working or you are having heart-related symptoms.

When to call your healthcare provider

Call your healthcare provider right away if you have any of the following:

- Chest pain or a return of the symptoms you had prior to the angioplasty
- Constant or increasing pain or numbness in your leg, or if your leg looks blue or feels cold
- Fever above 100.4°F (38.0°C) or other signs of infection (redness, swelling, drainage, or warmth at the incision site of the leg or wrist)
- Shortness of breath
- Bleeding, bruising, or a large swelling where the catheter (tube) was inserted
- Blood in your urine
- Black or tarry stools
- Feeling faint
- Difficulty speaking or weakness in any muscle

professional medical care. Always follow your healthcare professional's instructions.

Coronary Angioplasty

Coronary Angioplasty

Your healthcare team will talk to you about your heart problem and explain how angioplasty can help. Angioplasty relieves symptoms of coronary artery disease by improving blood flow to your heart. Chest pain or angina can be caused by poor blood flow through a narrow or blocked artery that would normally supply oxygen and nutrients to the heart muscle. Not all blockages can be fixed by coronary angioplasty alone. You may need other treatments including medicines, surgery, or coronary stents to treat your coronary artery disease.❖ A heart specialist called an interventional cardiologist does the angioplasty procedure. He or she has specialized training in using the equipment and in doing the procedure as safely as possible.

The balloon compresses the plaque against the artery wall.

Blood flow to the heart muscle increases.

During the procedure

- A member of the team will numb the skin at the insertion site (usually the groin) with a local anesthetic. Next, your doctor will make a❖ needle puncture to insert the catheter.
- Your doctor will insert a guide wire through the guiding catheter (a thin, flexible tube) and move it to the narrow spot in your heart artery. Your doctor tracks its movement on an angiogram, a special kind of X-ray.
- Your doctor will insert a balloon-tipped catheter through the guiding catheter and thread it over the guide wire. He or she will position it at the narrow part of the artery.
- Next, he or she will inflate and deflate the balloon several times to press the plaque against the artery wall. You may feel angina (chest pain) when the balloon is inflated. Tell your doctor if you do.
- Finally, your doctor deflates the balloon and removes the catheters and guide wire. The artery is now open, and blood flow to the heart muscle increases.

After the procedure

- A member of the healthcare team will tell you how long to lie down and keep the insertion site still. The amount of time may depend on whether a closure device such as a stitch or collagen plug was used to close the opening that was made in your artery. The time you must be still may be shorter if one of these devices was used. The amount of time will also depend on if there is any bleeding at the artery site.
- A nurse will check the insertion site and your blood pressure. Before going home, you may have a chest X-ray and other tests.
- You usually stay in the hospital for several hours or overnight.

When to call your healthcare provider

Contact your healthcare provider if you have any of the following:

- You have angina (chest pain)
- The insertion site has pain, swelling, redness, bleeding, or drainage
- You have severe pain, coldness, or a bluish color in the leg or arm that held the catheter
- You have blood in your urine, black or tarry stools, or any other kind of bleeding
- You have a fever of 100.4❖F (38❖C) or higher, or as directed by your healthcare provider

Cardiac Catheterization

Having Cardiac Catheterization

You may have had chest pain (angina), dizziness, or other symptoms of heart trouble. To help diagnose your problem, your healthcare provider may advise a cardiac catheterization. This is a procedure that looks for a blockage or narrow area in the arteries around the heart. These can cause chest pain or a heart attack if not treated. This common procedure may also be used to treat a heart problem. It may be done as a planned procedure if you have had chest pain in the past. Or it may be done right away to treat a suspected heart attack.

The catheter may be placed in the arm or the groin.

Before the procedure

- Tell your healthcare team what medicines you take and about any allergies you have.
- Don't eat or drink anything after midnight the night before the procedure, or as instructed by your healthcare team.

During the procedure

- Hair may be trimmed where the catheter will be inserted.
- You may be given medicine to relax before the procedure.
- You will receive a local anesthetic to prevent pain at the insertion site.
- A healthcare provider inserts a tube called a sheath into a blood vessel in your groin or arm.
- Through the sheath, a long, thin tube called a catheter is placed inside the artery. The catheter is then guided toward your heart.
- To do different tests or check other parts of the heart, the healthcare provider inserts a new catheter or moves the catheter or X-ray machine. For some tests, a contrast dye is injected through the catheter.

After the procedure

- Your healthcare providers will tell you how long to lie down and keep the insertion site still.
- If the insertion site was in your groin, you may need to lie down with your leg still for 2 or more hours. If a suture or closure device such as a collagen plug is used on the artery site to close the site, you may be able to move sooner. This depends on any bleeding that occurs.
- A nurse will check the insertion site and your blood pressure.
- You may be asked to drink fluid to help flush the contrast liquid out of your system.
- Have someone drive you home from the hospital.
- It's normal to find a small bruise or lump at the insertion site. This should go away within a few weeks.

When to call your healthcare provider

Call your healthcare provider right away if you have any of the following:

- Chest pain (angina)
- Pain, swelling, redness, bleeding, or fluid leaking at the insertion site
- Severe pain, coldness, or a bluish color in the leg or arm that held the catheter
- Blood in your urine, black or sticky stools, or any other kind of bleeding

- Fever of 100.4°F (38.0°C) or higher, or as advised by your healthcare provider

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Clopidogrel tablets

Clopidogrel tablets

What is this medicine?

CLOPIDOGREL (kloh PID oh grel) helps to prevent blood clots. This medicine is used to prevent heart attack, stroke, or other vascular events in people who are at high risk.

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. You may take this medicine with or without food. If it upsets your stomach, take it with food. Take your medicine at regular intervals. Do not take it more often than directed. Do not stop taking except on your doctor's advice.

A special MedGuide will be given to you by the pharmacist with each prescription and refill. Be sure to read this information carefully each time.

Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- signs and symptoms of bleeding such as bloody or black, tarry stools; red or dark-brown urine; spitting up blood or brown material that looks like coffee grounds; red spots on the skin; unusual bruising or bleeding from the eye, gums, or nose
- signs and symptoms of a blood clot such as breathing problems; changes in vision; chest pain; severe, sudden headache; pain, swelling, warmth in the leg; trouble speaking; sudden numbness or weakness of the face, arm or leg

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- constipation
- diarrhea
- headache
- upset stomach

What may interact with this medicine?

Do not take this medicine with the following medications:

- dasabuvir; ombitasvir; paritaprevir; ritonavir
- defibrotide

This medicine may also interact with the following medications:

- antiviral medicines for HIV or AIDS
- aspirin
- certain medicines for depression like citalopram, fluoxetine, fluvoxamine
- certain medicines for fungal infections like ketoconazole, fluconazole, voriconazole
- certain medicines for seizures like felbamate, oxcarbazepine, phenytoin
- certain medicines for stomach problems like cimetidine, omeprazole, esomeprazole
- certain medicines that treat or prevent blood clots like warfarin, enoxaparin, dalteparin, apixaban, dabigatran, rivaroxaban, ticlopidine

- chloramphenicol
- cilostazol
- fluvastatin
- isoniazid
- modafinil
- nicardipine
- NSAIDS, medicines for pain and inflammation, like ibuprofen or naproxen
- quinine
- repaglinide
- tamoxifen
- tolbutamide
- topiramate
- torsemide

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

Where should I keep my medicine?

Keep out of the reach of children.

Store at room temperature of 59 to 86 degrees F (15 to 30 degrees C). Throw away any unused medicine after the expiration date.

What should I tell my health care provider before I take this medicine?

They need to know if you have any of the following conditions:

- bleeding disorders
- bleeding in the brain
- having surgery
- history of stomach bleeding
- an unusual or allergic reaction to clopidogrel, other medicines, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

What should I watch for while using this medicine?

Visit your doctor or health care professional for regular check ups. Do not stop taking your medicine unless your doctor tells you to.

Notify your doctor or health care professional and seek emergency treatment if you develop breathing problems; changes in vision; chest pain; severe, sudden headache; pain, swelling, warmth in the leg; trouble speaking; sudden numbness or weakness of the face, arm or leg. These can be signs that your condition has gotten worse.

If you are going to have surgery or dental work, tell your doctor or health care professional that you are taking this medicine.

Certain genetic factors may reduce the effect of this medicine. Your doctor may use genetic tests to determine treatment.

NOTE: This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.
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Heart Attack

Discharge Instructions for Heart Attack

You have had a heart attack (acute myocardial infarction). A heart attack occurs when a

vessel that sends blood to your heart suddenly becomes blocked. This causes your heart not to work as well as it should. Follow these guidelines for home care and lifestyle changes.

Home care

- Take your medicines exactly as directed. Don't skip doses. Talk with your healthcare provider if your medicines aren't working for you. Together you can come up with another treatment plan.
- Remember that recovery after a heart attack takes time. Plan to rest for at least 4 to 8 weeks while you recover. Then return to normal activity when your doctor says it's OK.
- Ask your doctor about joining a heart rehabilitation program. This can help strengthen your heart and lungs and give you more energy and confidence.
- Tell your doctor if you are feeling depressed. Feelings of sadness are common after a heart attack. But it is important to speak to someone or seek counseling if you are feeling overwhelmed by these feelings.
- Call 911 right away if you have chest pain or pain that goes to your shoulder, neck, or back. Don't drive yourself to the hospital.
- Ask your family members to learn CPR. This is an important skill that can save lives when it's needed.
- Learn to take your own blood pressure and pulse. Keep a record of your results. Ask your doctor when you should seek emergency medical attention. He or she will tell you which blood pressure reading is dangerous.

Lifestyle changes

Your heart attack might have been caused by cardiovascular disease. Your healthcare provider will work with you to make changes to your lifestyle. This will help the heart disease from getting worse. These changes will most likely be a combination of diet and exercise.

Diet

Your healthcare provider will tell you what changes you need to make to your diet. You may need to see a registered dietitian for help with these diet changes. These changes may include:

- Cutting back on how much fat and cholesterol you eat
- Cutting back on how much salt (sodium) you eat, especially if you have high blood pressure
- Eating more fresh vegetables and fruits
- Eating lean proteins such as fish, poultry, beans, and peas, and eating less red meat and processed meats
- Using low-fat dairy products
- Using vegetable and nut oils in limited amounts
- Limiting how many sweets and processed foods such as chips, cookies, and baked goods you eat
- Limiting how often you eat out. And when you do eat out, making better food choices.
- Not eating fried or greasy foods, or foods high in saturated fat

Exercise

Your healthcare provider may tell you to get more exercise if you haven't been physically active. Depending on your case, your provider may recommend that you get moderate to vigorous physical activity for at least 40 minutes each day, and for at least 3 to 4 days each week. A few examples of moderate to vigorous activity include:

- Walking at a brisk pace, about 3 to 4 miles per hour
- Jogging or running
- Swimming or water aerobics
- Hiking
- Dancing

- Martial arts
- Tennis
- Riding a bicycle or stationary bike

Other changes

Your healthcare provider may also recommend that you:

- Lose weight. If you are overweight or obese, your provider will work with you to lose extra pounds. Making diet changes and getting more exercise can help. A good goal is to lose your 10% of your body weight in one year.
- Stop smoking. Sign up for a stop-smoking program to make it more likely for you to quit for good. You can join a stop-smoking support group. Or ask your doctor about nicotine replacement products.
- Learn to manage stress. Stress management techniques to help you deal with stress in your home and work life. This will help you feel better emotionally and ease the strain on your heart.

Follow-up

Make a follow-up appointment as directed.

Call 911

Call 911 right away if you have:

- Chest pain that goes to your neck, jaw, back, or shoulder
- Shortness of breath

When to call your healthcare provider

Call your healthcare provider right away if you have:

- Lightheadedness, dizziness, or fainting
- Feeling of irregular heartbeat or fast pulse

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Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		

Contact info	Primary Home: 37B 9TH ST RONKONKOMA, NY 117795434, US Tel: (212) 778-5093
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000

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 - Health Concerns
 - Medical Equipment
 - Restore original order
 - Show all
- Collapse/Expand all

Encounter

UHMCSB ENC 10055679558 Date(s): 4/20/11 - 4/20/11
Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000

Encounter Diagnosis

Unspecified Sleep Apnea (Final) - 4/20/11
Unspecified Local Infection of Skin and Subcutaneous Tissue (Final) - 4/20/11
Unspecified Essential Hypertension (Final) - 4/20/11
Discharge Disposition: Home no services
Attending Physician: AHN, CHRISTINE
Admitting Physician: AHN, CHRISTINE

Reason for visit

RIGHT HAND SWELLING

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet) 1 tab(s) Oral Once daily for 7 Days. First dose given in Emergency Dept. Start on Monday, 4/30/2018. Refills: 0. Taking For: Cardiovascular Maintenance Ordering provider: JARAMILLO PA, SABRINA	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
ARIPiprazole (Abilify 2 mg oral tablet) 1 tab(s) Oral Once daily.	
aspirin (aspirin 81 mg oral delayed release tablet) 1 tab(s) Oral Once daily for 90 Days. Refills: 7. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
atorvastatin (Lipitor 40 mg oral tablet) 1 tab(s) Oral At Bedtime for 90 Days. Refills: 5. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
carvedilol (Coreg 12.5 mg oral tablet) 2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
clopidogrel (Plavix 75 mg oral tablet) 1 tab(s) Oral Once daily for 90 Days. Refills: 11. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
valsartan (Diovan 80 mg oral tablet) 4 tab(s) Oral Once daily. Refills: 11. Taking For: Cardiovascular Maintenance Ordering provider: BHAGAT MD, ADITI	<content styleCode='Bold'>CVS/pharmacy #2286</content></br>729 Portion Rd Ronkonkoma, NY 117791814
venlafaxine 225 Milligram Oral Once daily for 30 Days. Taking For: Mood	

Problem list

Condition	Effective Dates	Status	Health Status	Informant
-----------	-----------------	--------	---------------	-----------

Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

Laboratory List

Name	Date
CRP (C Reactive Protein)	4/20/11
Chem 8	4/20/11
Complete Blood Count (CBC)	4/20/11
Sedimentation Rate	4/20/11

4/20/11

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	140 mmol/L	(Normal is 135-148 mmol/L)		
Potassium	3.7 mmol/L	(Normal is 3.5-5.3 mmol/L)		
Chloride	102 mmol/L	(Normal is 98-108 mmol/L)		
Bicarbonate	29 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	92 mg/dL	(Normal is 70-110 mg/dL)		
BUN	18 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.78 mg/dL	(Normal is 0.50-1.20 mg/dL)		
GFR	>60 ¹	(Normal is >60)		
Calcium	9.0 mg/dL	(Normal is 8.6-10.2 mg/dL)		
WBC Count	6.6 K/uL	(Normal is 4.8-10.8 K/uL)		
RBC Count	4.64 M/uL	(Normal is 4.70-6.10 M/uL)		
		(Normal is 14.0-		

Hemoglobin	14.4 g/dL	18.0 g/dL)		
Hematocrit	40.8 %	(Normal is 42.0-52.0 %)		
MCV	87.9 fL	(Normal is 80.0-97.0 fL)		
MCH	30.9 pg	(Normal is 27.0-31.0 pg)		
MCHC	35.2 g/dL	(Normal is 33.0-37.0 g/dL)		
RDW	13.2 %	(Normal is 11.2-14.8 %)		
PLT Count	278 K/uL	(Normal is 150-350 K/uL)		
MPV	7.5 fL	(Normal is 8.0-12.0 fL)		
ESR	25 mm/hr	(Normal is 0-15 mm/hr)		
C-Reactive Protein	0.7 mg/dL	(Normal is 0.0-0.5 mg/dL)		
Blood Pressure Systolic	167 mmHG	(Normal is 90-180 mmHG)		
Blood Pressure Systolic	165 mmHG	(Normal is 90-180 mmHG)		
Blood Pressure Diastolic	96 mmHG	(Normal is 40-110 mmHG)		
Blood Pressure Diastolic	92 mmHG	(Normal is 40-110 mmHG)		

¹Result Comment: NOTE: The calculated GFR uses the modified MDRD equation. The calculation uses plasma creatinine, patient age (must be >17), sex, and race (assumed non-black if unspecified) known at the time reported. The unit for GFR is milliliters per minute per 1.73 square meters body surface area. Results above 60 are reported as ">60". The equation has limitations and is not accurate in all instances.

Vital signs

4/20/11

Blood Pressure	167/96 mmHG	(Normal is 90-180/40-110 mmHG)
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Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18

Birth Sex	Male
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Goals

No data available for this section

Hospital discharge instructions

No data available for this section

Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section

Continuity of Care Document

Patient	MICHAELLYNCH		
D.O.B	June 26, 1970	Sex	Male
Patient Detail			
Race	White		
Ethnicity	Not Hispanic or Latino		
Contact info	Primary Home:		
	37B 9TH ST		
	RONKONKOMA, NY 117795434, US		
	Tel: (212) 778-5093		
Patient IDs	30324866 2.16.840.1.113883.3.2936.1000		

Table of Contents

- Encounter
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- Allergies, Adverse Reactions, Alerts
- Assessment and Plan
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- Reason for Referral
- Health Concerns
- Medical Equipment
- Restore original order
- Show all

- Collapse/Expand all

Encounter

UHMCSB ENC 10034689835 Date(s): 5/24/06 - 5/25/06

Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794- US (631) 444-4000

Encounter Diagnosis

Unspecified Essential Hypertension (Final) - 5/24/06

HX FALL (Final) - 5/24/06

OTHER CHEST PAIN. (Final) - 5/24/06

Depressive Disorder, Not Elsewhere Classified (Final) - 5/24/06

Discharge Disposition: Home no services

Attending Physician: PACKY MD , THEODORE

Admitting Physician: PACKY MD , THEODORE

Reason for visit

S/P FALL L CHEST PAIN RAD TO BACK

Allergies, adverse reactions, alerts

No Known Allergies

Assessment and plan

No data available for this section

Immunizations

No data available for this section

Medications

amLODIPine (amLODIPine 5 mg oral tablet)
1 tab(s) Oral Once daily for 7 Days. First dose given
in Emergency Dept. Start on Monday, 4/30/2018.
Refills: 0.

Taking For: Cardiovascular Maintenance
Ordering provider: JARAMILLO PA, SABRINA
ARIPiprazole (Abilify 2 mg oral tablet)
1 tab(s) Oral Once daily.

aspirin (aspirin 81 mg oral delayed release tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 7.
Taking For: Cardiovascular Maintenance

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Portion Rd Ronkonkoma, NY
117791814

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Ordering provider: BHAGAT MD, ADITI

atorvastatin (Lipitor 40 mg oral tablet)
1 tab(s) Oral At Bedtime for 90 Days. Refills: 5.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

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carvedilol (Coreg 12.5 mg oral tablet)
2 tab(s) Oral Every 12 hours for 90 Days. Refills: 6.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

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clopidogrel (Plavix 75 mg oral tablet)
1 tab(s) Oral Once daily for 90 Days. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

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valsartan (Diovan 80 mg oral tablet)
4 tab(s) Oral Once daily. Refills: 11.
Taking For: Cardiovascular Maintenance
Ordering provider: BHAGAT MD, ADITI

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venlafaxine
225 Milligram Oral Once daily for 30 Days.
Taking For: Mood

Problem list

Condition	Effective Dates	Status	Health Status	Informant
Hypertension(Confirmed)		Active		
Morbid obesity(Confirmed) ¹		Active		

¹LYNCH, MICHAEL has been recorded with BMI greater or equal to 40.

Procedures

No data available for this section

Results

5/24/06

Test	Result	Reference Range	Specimen Source	Laboratory
Sodium	136 mmol/L	(Normal is 135-148 mmol/L)		

Potassium	4.0 mmol/L	(Normal is 3.5-5.3 mmol/L)		
Chloride	107 mmol/L	(Normal is 98-108 mmol/L)		
Bicarbonate	27 mmol/L	(Normal is 21-31 mmol/L)		
Glucose Level	85 mg/dL	(Normal is 70-110 mg/dL)		
BUN	15 mg/dL	(Normal is 5-20 mg/dL)		
Creatinine	0.9 mg/dL	(Normal is 0.5-1.2 mg/dL)		
Calcium	8.5 mg/dL	(Normal is 8.5-10.5 mg/dL)		
WBC Count	5.6 K/uL	(Normal is 4.8-10.8 K/uL)		
RBC Count	4.98 M/uL	(Normal is 4.70-6.10 M/uL)		
Hemoglobin	14.6 g/dL	(Normal is 14.0-18.0 g/dL)		
Hematocrit	41.9 %	(Normal is 42.0-52.0 %)		
MCV	84.2 fL	(Normal is 80.0-97.0 fL)		
MCH	29.4 pg	(Normal is 27.0-31.0 pg)		
MCHC	34.9 g/dL	(Normal is 33.0-37.0 g/dL)		
RDW	12.6 %	(Normal is 11.2-14.8 %)		
PLT Count	236 K/uL	(Normal is 150-350 K/uL)		
MPV	6.7 fL	(Normal is 8.0-12.0 fL)		
Prothrombin Time	12.5 sec	(Normal is 10.6-13.4 sec)		
Prothrombin Time, INR	1.1 ¹	(Normal is 0.8-1.2)		
Prothrombin Time, Anticoagulant	NONE			
aPTT	37.9 sec	(Normal is 21.5-35.0 sec)		
aPTT,	NONE			

Anticoagulant				
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¹Result Comment: INR IS APPLICABLE ONLY TO PATIENTS ON ORAL ANTICOAGULANT THERAPY

Vital signs

No data available for this section

Social history

Social History Type	Response
Smoking Status	Former smoker; Last use of cigarettes: Greater than 1 year ago entered on: 4/28/18
Birth Sex	Male

Goals

No data available for this section

Hospital discharge instructions

No data available for this section

Reason for referral

No data available for this section

Health concerns

No data available for this section

Medical equipment

No data available for this section