

Patient Profile

Resp Provider: William A Hill MD

PATIENT INFORMATION

Name:	Cynthia P Lambert		
Preferred:	Cynthia	Patient ID #:	517094
Address:	306 S 4Oth Loop	Date of Birth:	3/2/1966
City,State:	Woodstock, AL 35188	Marital Status:	[]Married []Single [X]Divorced []Widowed
Alt Address:		Referring Physician:	
Alt City,State:		Primary Physician:	Remona Peterson MD
Phone:	(205) 539-2045	Preferred Language:	English
Phone:	[]Home []Work [X]Other	Ethnicity:	Not Hispanic or Latino
Phone:	[]Home []Work [X]Other	Race:	White
		Email:	517094patient-declined@ccpc.com
		Contact By:	Home Phone

PATIENT EMPLOYMENT

[]Employed [X]Retired []Unemployed []Other

Phone: _____

Employer: _____

GUARANTOR

[X]Same as Patient

Name: Cynthia P Lambert
Address: 306 S 4Oth Loop

City,State: Woodstock, AL 35188

PRIMARY INSURANCE

[X]Same as Patient []Same as Guarantor []Other

Insured Party: Cynthia P Lambert

Insured Phone: (205) 539-2045

Company: Health Springs (Medicare)

Address: PO Box 981706

City,State: El Paso, TX 79998-3720

SECONDARY INSURANCE

[]Same as Patient []Same as Guarantor []Other

Insured Party: _____

Insured Phone: _____

Company: _____

Address: _____

City,State: _____

CONTACTS

William A Hill	Provider	(205) 752-0694
Linda Pearson	Mother	(205) 339-7519

EMPLOYMENT

Employer:	
Phone:	(205) 539-2045
Alt Phone:	
Social Security #:	XXX-XX-4526
Date of Birth:	3/2/1966

Copay Amount:	
Relationship to Primary Insured/Guarantor:	Self
Social Security #:	XXX-XX-4526
Insured ID:	36702304
Policy Group:	80840
Date of Birth:	3/2/1966

Relationship to Secondary Insured/Guarantor:	
Social Security #:	
Insured ID:	
Policy Group:	
Date of Birth:	

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

07/02/2024 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 07/02/2024 at 9:57 AM

07/02/2024 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Jessica McNutt RN on 07/02/2024 at 9:28 AM
Electronically signed by William A Hill MD on 07/02/2024 at 9:57 AM

05/29/2024 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
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Electronically signed by William A Hill MD on 06/04/2024 at 2:44 PM

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05/29/2024 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Wes Phillips RN on 05/29/2024 at 6:11 AM
Electronically signed by William A Hill MD on 06/04/2024 at 2:44 PM

04/23/2024 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 04/25/2024 at 5:04 PM

04/23/2024 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Jessica McNutt RN on 04/23/2024 at 9:40 AM
Electronically signed by William A Hill MD on 04/25/2024 at 5:05 PM

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Ins: Health Springs (Medicare) Grp: 80840

03/18/2024 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 03/25/2024 at 5:40 AM

03/18/2024 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Jessica McNutt RN on 03/18/2024 at 8:43 AM
Electronically signed by William A Hill MD on 03/25/2024 at 5:41 AM

02/15/2024 - Letter: Surgical Clearance
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

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02/15/2024

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58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

To Whom It May Concern:

RE: Cynthia P Lambert DOB: 03/02/1966

Cynthia P Lambert is under my care for cardiac-related problems. From a cardiac standpoint, patient is an acceptable risk for planned surgical procedure.

Sincerely,

William A Hill MD

Electronically signed by Michele Bolton RN on 02/15/2024 at 11:31 AM
Electronically signed by William A Hill MD on 02/19/2024 at 11:38 AM

02/15/2024 - Phone Note: Re: echo results./ clearance
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Phone Note: Outgoing.
Cardiologist: Dr. William A. Hill/Dr. Shah

Call placed by: Michele Bolton RN, February 15, 2024 11:25 AM.
Call placed to: Patient
Dr. Hill reviewed echo and stated ok for colonoscopy.

Placed clearance letter in box for signature.M. Bolton, RN

Spoke with patient and she voiced understanding.M. Bolton, RN

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58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Patient requested letter to be mailed to her. M. Bolton, RN

Action Taken: Reviewed with MD.

February 15, 2024 3:32 PM- Letter mailed. -H. Turner, RN .

Electronically signed by Heather Turner RN on 02/15/2024 at 3:33 PM
Electronically signed by William A Hill MD on 02/19/2024 at 11:32 AM

02/14/2024 - Imaging Report: EchocardiographyTransthoracic

Provider: William A Hill MD

Location of Care: Cardiology Consultants, P.C.

This document contains external references

EchocardiographyTransthoracic

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 02/19/2024 at 11:35 AM

02/14/2024 - Imaging Report: Resting EKG

Provider: William A Hill MD

Location of Care: Cardiology Consultants, P.C.

This document contains external references

CARDIOSOFT RESTING ECG TEST

Provider: William A Hill MD

Height: 65 in

Weight: 221.0 lbs

Pacemaker: No

Medications:

lisinopril 20 mg tablet (lisinopril) Take 1 tablet by mouth once a day

Trelegy Ellipta 100-62.5-25 mcg blister with device (fluticasone-umeclidin-vilanter) Inhale 1 puff as

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58 Years Old Female DOB: 03/02/1966

517094

Ins: Health Springs (Medicare) Grp: 80840

Home: (205) 539-2045

directed as directed

hydroxyzine HCl 50 mg tablet (hydroxyzine hcl) Take 1 tablet by mouth once a day
hydrocodone-acetaminophen 10-325 mg tablet (hydrocodone-acetaminophen) Take 1 tablet by mouth every six hours as needed
allopurinol 100 mg tablet (allopurinol) Take 1 tablet by mouth once a day
Cymbalta 30 mg capsule,delayed release(DR/EC) (duloxetine) Take 1 capsule by mouth once a day
Bayer Low Dose Aspirin 81 mg tablet,delayed release (DR/EC) (aspirin) Take 1 tablet by mouth once a day
* Mirapex 1.5 mg tablet (pramipexole) Take 1 tablet by mouth once a day
Humalog KwikPen Insulin 200 unit/mL (3 mL) insulin pen (insulin lispro) Inject pen injector subcutaneously twice a day
amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day
magnesium oxide 500 mg capsule (magnesium oxide) Take 2 capsule by mouth once a day
dicyclomine 20 mg tablet (dicyclomine) Take 2 tablet by mouth twice a day
metformin 500 mg tablet extended release 24 hr (metformin) Take 2 tablet by mouth twice a day
Adderall 30 mg tablet (dextroamphetamine-amphetamine) Take 1 tablet by mouth twice a day
colchicine 0.6 mg tablet (colchicine) Take 1 tablet by mouth twice a day
Lasix 40 mg tablet (furosemide) 1 tablet once a day
Flonase Allergy Relief 50 mcg/actuation spray,suspension (fluticasone propionate) Spray 2 spray into both nostrils as directed
Protonix 40 mg tablet,delayed release (DR/EC) (pantoprazole) 1 tablet twice a day
Singulair 10 mg tablet (montelukast) 1 tablet once a day
nystatin 100,000 unit/gram ointment (nystatin) as directed
simvastatin 20 mg tablet (simvastatin) Take 1 tablet by mouth every night
Savella 50 mg tablet (milnacipran) Take 1 tablet by mouth twice a day
folic acid 1 mg tablet (folic acid) Take 1 tablet by mouth once a day
buspirone 7.5 mg tablet (buspirone) 1 twice a day
methocarbamol 750 mg tablet (methocarbamol) Take 1 tablet by mouth three times a day
meloxicam 15 mg tablet (meloxicam) 1 once a day
mupirocin 2% ointment (mupirocin) Apply as directed to affected area
promethazine 25 mg tablet (promethazine) Take 1 tablet by mouth three times a day
sertraline 50 mg tablet (sertraline) Take 1 tablet by mouth once a day
Vitamin D3 25 mcg (1,000 unit) tablet (cholecalciferol (vitamin d3)) once a month
Narcan 4 mg/actuation spray,non-aerosol (naloxone) as directed

HPI:

S/P Loop Recorder Implant (Carelink) 01/03/2023 Dr. Shah (ICD-V45.09) (ICD10-Z95.818)
Other ventricular tachycardia (ICD10-I47.29)
Ferritin, elevated (ICD-790.6) (ICD10-R78.89)
Palpitations (ICD-785.1) (ICD10-R00.2)
Body mass index (BMI) 34.0-34.9, adult (ICD-V85.34) (ICD10-Z68.34)
Syncope (ICD-780.2) (ICD10-R55)
Lipid abnormality, other hyperlipidemia (ICD10-E78.49)
Lipid abnormality, pure hypercholesterolemia, unspecified (ICD10-E78.00)
High risk med, drug therapy (current) (ICD-V58.69) (ICD10-Z79.899)
Hypertension (ICD-401.9) (ICD10-I10)
GERD-Gastro-esophageal reflux disease (ICD-530.81) (ICD10-K21.9)
Diabetes Mellitus, Noninsulin dependent (ICD-250.00) (ICD10-E11.9)

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Asthma, other unspecified (ICD-493.90) (ICD10-J45.909)
Anemia, unspecified (ICD-285.9) (ICD10-D64.9)
Exposure to second-hand smoke (ICD-V15.89) (ICD10-Z77.22)

Heart Rate: 76 bpm

P Duration: 104 ms

PP Interval: 785 ms

PR Interval: 178 ms

RR Interval: 790 ms

QT Interval: 382 ms

QT/QTC: 429 ms

QRS Interval: 94 ms

EKG PWavAxis: 57 °

EKG QRS axis: 66 °

EKG T axis: 32 °

Interpretation:

Sinus rhythm with isolated PVC's with a rate of 76 beats per minute.

System Evaluation

Sinus rhythm with occasional premature ventricular complexes

Low voltage QRS

Nonspecific T wave abnormality

Abnormal ECG

Electronically signed by Allison K. Ellard LPN on 02/16/2024 at 12:29 PM

Electronically signed by William A Hill MD on 02/19/2024 at 11:35 AM

02/14/2024 - Office Visit: CCC Progress Note - ov

Provider: William A Hill MD

Location of Care: Cardiology Consultants, P.C.

This note is being completed by Greg Hamrick, CRNP for William A. Hill, M.D. Dr. Hill has reviewed and assessed all the data, including the history of the present illness, past history, family history, social history and the review of systems. Dr. Hill performed the complete physical exam and made recommendations regarding the patient's treatment.

Visit Type: Established

Referring Provider: Dr Ramona Peterson, MD

Cardiologist: William A Hill MD

Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

CC: SOB/ HTN.

History of Present Illness:

The patient is a delightful 57 year-old female with complex medical history, including diabetes, hypertension, fibromyalgia, GERD, and asthma. She was in DCH earlier this year with VT. Her Electrophysiology Study was negative. Her Nuclear stress at that time was negative. She had a loop recorder placed at that time. Was also started on Amiodarone by Dr. Shah. Has had a lot of stress due to her family. Has had some shortness of breath with exertion. Had a recent fall. No LOC. She is scheduled for Colonoscopy. Tolerating her medications. Is on Adderall. Was unable to tolerate Flecainide. No chest pain, edema, or syncope. Does not smoke.

Past Medical History:

Reviewed history from 11/03/2023 and no changes required:

Anemia
Asthma
Arthritis
Diabetes
Gastroesophageal Reflux Disease
Hypertension
Bells Palsy
Fibromyalgia
Hyperlipidemia
Sleep apnea
Cellulitis
Syncope
Covid vaccine and 1 booster
Ventricular Tachycardia

Past Surgical History:

Reviewed history from 11/03/2023 and no changes required:

Appendectomy 1972
Cholecystectomy 1972
Hysterectomy 2006
Right Knee surgery 1991
Left breast biopsy
Right leg muscle biopsy
Lumbar Radiculopathy
Tonsillectomy
Vein stripping
EGD
Carpal Tunnel
Loop recorder implant 01/03/2023 Dr. Shah

Family History Summary:

Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

Family History Reviewed: 02/14/2024
Family History of Hyperlipidemia for Mother - Entered On: 11/4/2016
Family History of Hypertension for Mother - Entered On: 11/4/2016
Family History of Asthma for Father - Entered On: 11/4/2016
Family History of Hyperlipidemia for Father - Entered On: 11/4/2016
Family History of Hypertension for Father - Entered On: 11/4/2016
Family History of Hypertension for Maternal Grandmother - Entered On: 11/4/2016

Legacy Family History Notes: Mother is deceased, age 75. Father is deceased, age 69. Siblings: 3 living

Social History Summary:

Patient has never smoked.
Patient has never used smokeless tobacco.
Patient has never used vaping / e-cigarette.
Passive Smoke: Y
Alcohol Use: N
Drug Use: N
HIV/High Risk: N
Regular Exercise: Y
Marital Status: Divorced
Children: 2
Occupation: Retired/ disabled
Patient does not drink diet drinks
Patient does follow a diabetic diet
Barriers to communication glasses

Social History Reviewed: 02/14/2024

Previous Social History:

Patient has never smoked.
Patient has never used smokeless tobacco.
Passive Smoke: Y
Alcohol Use: N
Drug Use: N
HIV/High Risk: N
Regular Exercise: Y

Risk Factors-CCC:

Smoked Tobacco Use: Never smoker
Smokeless Tobacco Use: Never
Vaping / e-cigarette use: Never
Passive Smoke Exposure: no
HIV High Risk Behavior: no
Caffeine Use: 2 drinks per day

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Ins: Health Springs (Medicare) Grp: 80840

Exercise: yes
Times/wk: 5
Type of Exercise: walking

Alcohol Use: no

Drug Use: no
Marijuana Use: no

Review of Systems

See HPI

CV

Denies chest pain, fainting and palpitations.

Resp

Complains of shortness of breath.

Denies cough, excessive snoring and wheezing.

The review of systems is negative for General.

ALLERGIES: HYDROCODONE BITARTRATE (HYDROCODONE BITARTRATE) (Critical)
REGLAN (METOCLOPRAMIDE HCL TABS) (Critical)
CEPHALEXIN (CEPHALEXIN CAPS) (Critical)
TEGRETOL (CARBAMAZEPINE SUSP) (Critical)
TRAZODONE HCL (TRAZODONE HCL TABS) (Critical)
POLYMYXIN B SULFATE (POLYMYXIN B SULFATE) (Critical)
TIZANIDINE HCL (TIZANIDINE HCL CAPS) (Critical)
SILVER NITRATE (SILVER NITRATE) (Critical)
KEPPRA (LEVETIRACETAM XR24H-TAB) (Critical)
* YELLOW DYE (Critical)
* RED DYR (Critical)
* LATEX (Critical)

Vital Signs:

Patient Profile: 57 Years Old Female
Height: 65 inches
Weight: 238.6 pounds
BMI: 39.70 kg/m²
BSA: 2.13
Pulse rate: 76 / minute
Pulse rhythm: regular

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58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

Resp: 16 per minute
BP Sitting: 130 / 78 (left arm)
Cuff size: large

Physical Exam

General:

Alert, oriented and in no acute distress.

Eyes:

Extraocular movement intact. Conjunctiva and sclera clear.

Mouth:

Oropharynx and oral cavity are clear without erythema or exudates.

Neck:

Trachea is midline. No thyromegaly noted. No jugular venous distention noted.

Lungs:

Clear to auscultation bilaterally without rales, wheezes, or rhonchi.

Heart:

Regular rate and rhythm. No murmurs, gallops or rubs.

Abdomen:

Soft, non-tender, non-distended. Normal active bowel sounds are heard. No hepatomegaly or splenomegaly appreciated.

Msk:

Moves all extremities equally well.

Pulses:

Pulses normal in all four extremities.

Extremities:

Without clubbing, cyanosis, and edema.

Neurologic:

No focal deficits appreciated.

Skin:

No rashes, ulcers, or stasis dermatitis.

Psych:

Mood and affect are appropriate.

EKG Interpretation: Sinus rhythm with isolated PVC's with a rate of 76 beats per minute.

EF%-Ejection Fraction-Echo/Cath

Procedure date: 02/14/2024

Findings:

Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
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Echocardiogram

Procedure date: 02/14/2024

Findings:

Left Ventricle: The left ventricular cavity size is normal. There is mild concentric left ventricular hypertrophy.
Left Ventricle: Global systolic function: Systolic function is mildly decreased with an EF between 41-53% .
Left Ventricle: Regional systolic function: Wall motion: There is generalized hypokinesis of the left ventricle.
Left Ventricle: Diastolic function: Diastolic dysfunction grade I.
Right Ventricle: Normal right ventricular size and systolic function.
Left Atrium: The left atrium is markedly dilated. Left atrium is severely dilated by volume.
Right Atrium: The right atrial size is normal.
Mitral Valve: The mitral valve annulus is calcified. Mild-to-moderate mitral insufficiency is present.
Aortic Valve: The aortic valve appears normal. No clinically significant aortic insufficiency.
Tricuspid Valve: The tricuspid valve is structurally normal. No clinically significant tricuspid insufficiency.
Pulmonic Valve: Pulmonic valve appears structurally normal. No clinically significant pulmonic insufficiency.
Peri-car-di-um: There is no pericardial effusion.

Impression & Plan:

Problem # 1: S/P Loop Recorder Implant (Carelink) 01/03/2023 Dr. Shah (ICD-V45.09) (ICD10-Z95.818)

Assessment: Comment Only

Discussed interogation, no events.

Problem # 2: Other ventricular tachycardia (ICD10-I47.29)

Assessment: Improved

EKG ordered today and done to evaluate for coronary artery disease and/or arrhythmias.

Tolerating Amiodarone.

Problem # 3: Hypertension (ICD-401.9) (ICD10-I10)

Assessment: Unchanged

Continue current medical therapy.

Hold Aspirin 5 days before procedure.

Problem # 4: Short of breath (ICD-786.05) (ICD10-R06.02)

Assessment: Deteriorated

Complete Echocardiogram ordered and done to evaluate LV function and valvular abnormalities.

CURRENT MEDICATIONS:lisinopril 20 mg tablet (lisinopril) Take 1 tablet by mouth once a day
Trelegy Ellipta 100-62.5-25 mcg blister with device (fluticasone-umeclidinium-vilanter) Inhale 1 puff as directed as directed
hydroxyzine HCl 50 mg tablet (hydroxyzine hcl) Take 1 tablet by mouth once a day

Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

hydrocodone-acetaminophen 10-325 mg tablet (hydrocodone-acetaminophen) Take 1 tablet by mouth every six hours as needed
allopurinol 100 mg tablet (allopurinol) Take 1 tablet by mouth once a day
Cymbalta 30 mg capsule,delayed release(DR/EC) (duloxetine) Take 1 capsule by mouth once a day
Bayer Low Dose Aspirin 81 mg tablet,delayed release (DR/EC) (aspirin) Take 1 tablet by mouth once a day
* Mirapex 1.5 mg tablet (pramipexole) Take 1 tablet by mouth once a day
Humalog KwikPen Insulin 200 unit/mL (3 mL) insulin pen (insulin lispro) Inject pen injector subcutaneously twice a day
amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day
magnesium oxide 500 mg capsule (magnesium oxide) Take 2 capsule by mouth once a day
dicyclomine 20 mg tablet (dicyclomine) Take 2 tablet by mouth twice a day
metformin 500 mg tablet extended release 24 hr (metformin) Take 2 tablet by mouth twice a day
Adderall 30 mg tablet (dextroamphetamine-amphetamine) Take 1 tablet by mouth twice a day
colchicine 0.6 mg tablet (colchicine) Take 1 tablet by mouth twice a day
Lasix 40 mg tablet (furosemide) 1 tablet once a day
Flonase Allergy Relief 50 mcg/actuation spray,suspension (fluticasone propionate) Spray 2 spray into both nostrils as directed
Protonix 40 mg tablet,delayed release (DR/EC) (pantoprazole) 1 tablet twice a day
Singulair 10 mg tablet (montelukast) 1 tablet once a day
nystatin 100,000 unit/gram ointment (nystatin) as directed
simvastatin 20 mg tablet (simvastatin) Take 1 tablet by mouth every night
Savella 50 mg tablet (milnacipran) Take 1 tablet by mouth twice a day
folic acid 1 mg tablet (folic acid) Take 1 tablet by mouth once a day
buspirone 7.5 mg tablet (buspirone) 1 twice a day
methocarbamol 750 mg tablet (methocarbamol) Take 1 tablet by mouth three times a day
meloxicam 15 mg tablet (meloxicam) 1 once a day
mupirocin 2% ointment (mupirocin) Apply as directed to affected area
promethazine 25 mg tablet (promethazine) Take 1 tablet by mouth three times a day
sertraline 50 mg tablet (sertraline) Take 1 tablet by mouth once a day
Vitamin D3 25 mcg (1,000 unit) tablet (cholecalciferol (vitamin d3)) once a month
Narcan 4 mg/actuation spray,non-aerosol (naloxone) as directed

The medication list and each individual medication was reviewed by the physician, on this visit and applicable changes made in meds accordingly as stated in this visit note.

CURRENT PROBLEMS: Short of breath (ICD-786.05) (ICD10-R06.02)
S/P Loop Recorder Implant (Carelink) 01/03/2023 Dr. Shah (ICD-V45.09) (ICD10-Z95.818)
Other ventricular tachycardia (ICD10-I47.29)
Ferritin, elevated (ICD-790.6) (ICD10-R78.89)
Palpitations (ICD-785.1) (ICD10-R00.2)
Body mass index (BMI) 34.0-34.9, adult (ICD-V85.34) (ICD10-Z68.34)
Syncope (ICD-780.2) (ICD10-R55)
Lipid abnormality, other hyperlipidemia (ICD10-E78.49)
Lipid abnormality, pure hypercholesterolemia, unspecified (ICD10-E78.00)
High risk med, drug therapy (current) (ICD-V58.69) (ICD10-Z79.899)
Hypertension (ICD-401.9) (ICD10-I10)

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GERD-Gastro-esophageal reflux disease (ICD-530.81) (ICD10-K21.9)
Diabetes Mellitus, Noninsulin dependent (ICD-250.00) (ICD10-E11.9)
Asthma, other unspecified (ICD-493.90) (ICD10-J45.909)
Anemia, unspecified (ICD-285.9) (ICD10-D64.9)
Exposure to second-hand smoke (ICD-V15.89) (ICD10-Z77.22)

The Current Problem list was reviewed by the physician, on this visit and applicable changes/updates made and were considered in the Medical Decision Making for this visit.

Patient Instructions:

- 1) Hold Aspirin 5 days prior to procedure. Echo pending.
- 2) Continue activities as tolerated.
- 3) Continue same medications.
- 4) From a cardiac standpoint, patient is an acceptable risk for planned surgical procedure.
- 5) Regular care and follow-up will be with PCP. Get a copy of lab work from PCP and bring to next appointment.
- 6) Follow-up will be in 6 months for an office visit.
- 7) If has new or changing problems in the interim, will return sooner.

E & M Advisor Form Summary:

Type of Patient: Established

Number/Complexity of Problems Addressed:

Moderate (one must be met to qualify)

- 2 or more stable chronic illnesses

Amount/Complexity of Data Reviewed/Analyzed:

- Discussion of management or test interpretation

Risk of Morbidity from Additional Diagnostic Testing or Treatment: moderate

]

Electronically signed by William A Hill MD on 02/22/2024 at 9:20 PM

03/08/2024 - Append: CCC Progress Note - ov

Provider: Jan M Strickland

Location of Care: Cardiology Consultants, P.C.

Facsimile sent to PCP / js

Electronically signed by Jan M Strickland on 03/08/2024 at 10:49 AM

02/14/2024 - Registration Update: Patient Contact Information Sheet

Cardiology Consultants, P.C.
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(205) 752-0694 Fax: (205) 752-6244

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

Patient Contact Information Sheet

Imported By: Ajones on 2/19/2024 at 7:55 AM

External Attachment:

Type: Image
Comment: Patient Contact Information Sheet

Signed before import by William A Hill MD
Filed automatically on 02/19/2024 at 7:56 AM

02/14/2024 - Registration Update: Data Sheet/Patient Profile

Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

Data Sheet/Patient Profile

Imported By: Ajones on 2/19/2024 at 7:55 AM

External Attachment:

Type: Image
Comment: Data Sheet/Patient Profile

Signed before import by William A Hill MD
Filed automatically on 02/19/2024 at 7:55 AM

02/12/2024 - PaceArt: Scanned Image

Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

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This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 02/19/2024 at 11:39 AM

02/12/2024 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Jessica McNutt RN on 02/12/2024 at 8:30 AM
Electronically signed by William A Hill MD on 02/19/2024 at 11:40 AM

01/31/2024 - Internal Other: Appointment Canceled
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Appointment status changed to Canceled by
Tina Pearson on 1/31/2024 10:59 AM

Cancellation Comments

WCB

Appointment Information

Appt Type : Established
Date : 2/1/2024

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Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

Time : 9:30:00 AM
Made By : askelton
To Visit : Hill MD, William A
Notes : 3 month fu dr hTVX: Appt. Reminder (2024-01-30 18:32:00) -
Answered - Yes

Electronically signed by William A Hill MD on 02/05/2024 at 2:29 PM

01/08/2024 - Rx Refill: amiodarone 200 mg tablet

Provider: William A Hill MD

Location of Care: Cardiology Consultants, P.C.

Medications:

Rx of amiodarone 200 mg tablet (amiodarone)
Take 1/2 tablet by mouth once a day ; #45 tablet x 3; Signed;
Entered by: Whittney Freeman RN; Authorized by: Amit K. Shah MD;
Method used: Electronically to WOODSTOCK DRUG 28891 HIGHWAY 5, PO BOX 280, WOODSTOCK,
AL 35188, Ph: (205) 938-9221 Fax: (205) 938-9290, ;
Note to Pharmacy: USE Rx DISCOUNT CARD: \$13.6, BIN:019876, PCN:CHIPPO, Group:EMR,
ID:DF0B7FE2BB;
Created By: Whittney Freeman RN; Signed By: Whittney Freeman RN;
Clinical Date: 01/08/2024 3:30:06 PM

Prescriptions:

amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day #45 tablet x 3

Entered by: Whittney Freeman RN

Authorized by: Amit K. Shah MD

Electronically signed by: Whittney Freeman RN on 01/08/2024

Method used: Electronically to
WOODSTOCK DRUG

Note to Pharmacy: USE Rx DISCOUNT CARD: \$13.6, BIN:019876, PCN:CHIPPO,
Group:EMR, ID:DF0B7FE2BB

RxD: 2020347010519620

Created By: Whittney Freeman RN

Clinical Date: 01/08/2024 3:30:06 PM

Electronically signed by Whittney Freeman RN on 01/08/2024 at 3:30 PM

Electronically signed by William A Hill MD on 01/09/2024 at 2:19 PM

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01/08/2024 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 01/09/2024 at 2:20 PM

01/08/2024 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Jessica McNutt RN on 01/08/2024 at 9:31 AM
Electronically signed by William A Hill MD on 01/09/2024 at 2:20 PM

12/01/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 12/04/2023 at 7:55 AM

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Ins: Health Springs (Medicare) Grp: 80840

12/01/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Jessica McNutt RN on 12/01/2023 at 10:37 AM
Electronically signed by William A Hill MD on 12/04/2023 at 7:55 AM

11/08/2023 - Diagnostic Report Other: CCC Report Results- EKG
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

EKG

Procedure date: 11/03/2023
Findings:
sinus tachycardia at a rate of 102 beats per minute. otherwise normal ECG.

Electronically signed by Cesley Channell Clinical Tech on 11/08/2023 at 3:48 PM
Electronically signed by William A Hill MD on 11/09/2023 at 3:09 PM

11/07/2023 - Phone Note: Re: lab results
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Phone Note: Outgoing.
Cardiologist: Dr. William A. Hill/Dr. Shah.

Call placed by: Heather Turner RN, November 7, 2023 12:38 PM.

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Call placed to: Patient

Reason for Call: Discuss lab or test results.

Labs all okay per Dr. Hill.

Action Taken: Reviewed with MD.

November 7, 2023 12:38 PM - Patient notified of results. Labs faxed to PCP, Dr. Peterson, per request. -H. Turner, RN .

Call returned. Verbalized understanding.**Call placed to:** Patient

Electronically signed by Heather Turner RN on 11/07/2023 at 12:38 PM

Electronically signed by William A Hill MD on 11/08/2023 at 7:32 AM

11/03/2023 - Lab Report: Liver Function Test (hepatic panel), BMP (includes lytes), M ...

Provider: William A Hill MD

Location of Care: Cardiology Consultants, P.C.

Patient: CYNTHIA P LAMBERT

ID: ATLASDEV M002048900

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Liver Function Test (hepatic panel) (HFP)

! Bilirubin, Total	1.2 mg/dL	0.0-1.2	*1
! Bilirubin Direct	0.3 mg/dL	0.0-0.3	*2
Aspartate Amino Transferase	17 IU/L	0-32	*3
Alanine Aminotransferase	23 IU/L	<33	*4
! Total Protein	7.5 g/dL	6.4-8.3	*5
! Albumin Level	5.0 g/dL	3.5-5.2	*6
Alkaline Phosphatase	80 U/L	35-104	*7

Tests: (2) BMP (includes lytes) (BMP)

Sodium	138 mmol/L	136-145	*8
Potassium	3.9 mmol/L	3.4-5.1	*9
Chloride	98 mmol/L	98-107	*10
! Carbon Dioxide	24 mmol/L	22-29	*11
! Anion Gap [H]	16 mmol/L	5-13	*12
Blood Urea Nitrogen [H]	26 mg/dL	6-20	*13
Creatinine [H]	1.27 mg/dL	<0.90	*14
Estimated Glomerular Filter Rate [L]	49 ml/min	>60	*15

Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient.

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National Kidney Foundation Guidelines

GFR Result of 30-59 = Stage 3 Chronic Kidney Disease

GFR Result of 15-29 = Stage 4 Chronic Kidney Disease

GFR Result of <15 = Stage 5 Chronic Kidney Disease

Glucose	[H]	191 mg/dL	70-100	*16
! Calcium		9.9 mg/dL	8.6-10.0	*17

Tests: (3) Magnesium (MG)
Magnesium 1.6 mg/dL 1.6-2.4 *18

Tests: (4) FT4 (FT4)
Free T4 Free Thyroxine 1.50 ng/dL 0.93-1.70 *19
High doses of biotin may cause interference with this assay.

Tests: (5) TSH (TSH)
Thyroid Stimulating Hormone 2.700 uIU/mL 0.270-4.200 *20
High doses of biotin may cause interference with this assay.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 11/03/2023 3:29 PM

(1) Order result status: Final
Collection or observation date-time: 11/03/2023 14:12
Requested date-time:
Receipt date-time: 11/03/2023 14:12
Reported date-time: 11/03/2023 15:18
Referring Physician:
Ordering Physician: WILLIAM A HILL (east)
Specimen Source:
Source: ATLASDEV
Filler Order Number: ACARDCON0072761
Lab site:
Producer ID *1:RMC
Producer ID *2:RMC
Producer ID *3:RMC
Producer ID *4:RMC
Producer ID *5:RMC
Producer ID *6:RMC
Producer ID *7:RMC

(2) Order result status: Final
Collection or observation date-time: 11/03/2023 14:12
Requested date-time:

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Receipt date-time: 11/03/2023 14:12
Reported date-time: 11/03/2023 15:18
Referring Physician:
Ordering Physician: WILLIAM A HILL (east)
Specimen Source:
Source: ATLASDEV
Filler Order Number: ACARDCON0072761
Lab site:
Producer ID *8:RMC
Producer ID *9:RMC
Producer ID *10:RMC
Producer ID *11:RMC
Producer ID *12:RMC
Producer ID *13:RMC
Producer ID *14:RMC
Producer ID *15:RMC
Producer ID *16:RMC
Producer ID *17:RMC

(3) Order result status: Final
Collection or observation date-time: 11/03/2023 14:12
Requested date-time:
Receipt date-time: 11/03/2023 14:12
Reported date-time: 11/03/2023 15:18
Referring Physician:
Ordering Physician: WILLIAM A HILL (east)
Specimen Source:
Source: ATLASDEV
Filler Order Number: ACARDCON0072761
Lab site:
Producer ID *18:RMC

(4) Order result status: Final
Collection or observation date-time: 11/03/2023 14:12
Requested date-time:
Receipt date-time: 11/03/2023 14:12
Reported date-time: 11/03/2023 15:18
Referring Physician:
Ordering Physician: WILLIAM A HILL (east)
Specimen Source:
Source: ATLASDEV
Filler Order Number: ACARDCON0072761
Lab site:
Producer ID *19:RMC

(5) Order result status: Final
Collection or observation date-time: 11/03/2023 14:12
Requested date-time:
Receipt date-time: 11/03/2023 14:12
Reported date-time: 11/03/2023 15:18
Referring Physician:
Ordering Physician: WILLIAM A HILL (east)

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Specimen Source:
Source: ATLASDEV
Filler Order Number: ACARDCON0072761
Lab site:
Producer ID *20:RMC

The following results were not dispersed to the flowsheet:

Bilirubin, Total, 1.2 mg/dL, (F)
Bilirubin Direct, 0.3 mg/dL, (F)
Total Protein, 7.5 g/dL, (F)
Albumin Level, 5.0 g/dL, (F)
Carbon Dioxide, 24 mmol/L, (F)
Anion Gap, 16 mmol/L, (F)
Calcium, 9.9 mg/dL, (F)

Electronically signed by Heather Turner RN on 11/06/2023 at 5:38 PM
Electronically signed by William A Hill MD on 11/08/2023 at 7:32 AM

11/03/2023 - Office Visit: CCC Progress Note - Ov per phone note
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

This note is being completed by Greg Hamrick, CRNP for William A. Hill, M.D. Dr. Hill has reviewed and assessed all the data, including the history of the present illness, past history, family history, social history and the review of systems. Dr. Hill performed the complete physical exam and made recommendations regarding the patient's treatment.

Visit Type: Established
Referring Provider: Dr Ramona Peterson, MD
Cardiologist: William A Hill MD

History of Present Illness:
The patient is a delightful 57 year-old female with complex medical history, including diabetes, hypertension, fibromyalgia, GERD, and asthma. She was in DCH earlier this year with VT. Her Electrophysiology Study was negative. Her Nuclear stress at that time was negative. She had a loop recorder placed at that time. Was also started on Amiodarone by Dr. Shah. Has had a lot of stress due to her family. Tolerating her medications. Is on Adderall. Continues to complain of palpitations. Was unable to tolerate Flecainide. No chest pain, edema, or shortness of breath. Does not smoke.

Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Past Medical History:

Reviewed history from 01/06/2023 and no changes required:

- Anemia
- Asthma
- Arthritis
- Diabetes
- Gastroesophageal Reflux Disease
- Hypertension
- Bells Palsy
- Fibromyalgia
- Hyperlipidemia
- Sleep apnea
- Cellulitis
- Syncope
- Covid vaccine and 1 booster
- Ventricular Tachycardia

Past Surgical History:

Reviewed history from 01/06/2023 and no changes required:

- Appendectomy 1972
- Cholecystectomy 1972
- Hysterectomy 2006
- Right Knee surgery 1991
- Left breast biopsy
- Right leg muscle biopsy
- Lumbar Radiculopathy
- Tonsillectomy
- Vein stripping
- EGD
- Carpal Tunnel
- Loop recorder implant 01/03/2023 Dr. Shah

Family History Summary:

Family History Reviewed: 11/03/2023

- Family History of Hyperlipidemia for Mother - Entered On: 11/4/2016
- Family History of Hypertension for Mother - Entered On: 11/4/2016
- Family History of Asthma for Father - Entered On: 11/4/2016
- Family History of Hyperlipidemia for Father - Entered On: 11/4/2016
- Family History of Hypertension for Father - Entered On: 11/4/2016
- Family History of Hypertension for Maternal Grandmother - Entered On: 11/4/2016

Legacy Family History Notes: Mother is deceased, age 75. Father is deceased, age 69. Siblings: 3 living

Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
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Social History Summary:

Patient has never smoked.
Patient has never used smokeless tobacco.
Passive Smoke: Y
Alcohol Use: N
Drug Use: N
HIV/High Risk: N
Regular Exercise: Y

Social History Reviewed: 11/03/2023

Previous Social History:

Marital Status: Divorced
Children: 2
Occupation: Housekeeper
Patient does not drink diet drinks.
No barriers to communication noted.
Patient is not on a special diet.

Smoking History:

Patient has never smoked.

Risk Factors-CCC:

Smoked Tobacco Use: Never smoker
Smokeless Tobacco Use: Never
Passive Smoke Exposure: yes
HIV High Risk Behavior: no
Exercise: yes

Alcohol Use: no

Drug Use: no

Previous Tobacco Use: Signed On - 12/07/2022

Smoked Tobacco Use: Never smoker
Smokeless Tobacco Use: Never
Passive Smoke Exposure: yes
HIV High Risk Behavior: no
Caffeine Use: 2 drinks per day
Exercise: yes
Times/wk: 5
Type of Exercise: walking

Dietary Counseling: Yes - Overweight

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58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

Previous Alcohol Use: Signed On - 12/07/2022 Alcohol Use: no

Previous Drug Use: Signed On - 12/07/2022
Drug Use: no

Review of Systems

See HPI

CV

Complains of palpitations.

Denies chest pain, fainting and peripheral edema.

The review of systems is negative for General, Resp and Neuro.

ALLERGIES: HYDROCODONE BITARTRATE (HYDROCODONE BITARTRATE) (Critical)
REGLAN (METOCLOPRAMIDE HCL TABS) (Critical)
CEPHALEXIN (CEPHALEXIN CAPS) (Critical)
TEGRETOL (CARBAMAZEPINE SUSP) (Critical)
TRAZODONE HCL (TRAZODONE HCL TABS) (Critical)
POLYMYXIN B SULFATE (POLYMYXIN B SULFATE) (Critical)
TIZANIDINE HCL (TIZANIDINE HCL CAPS) (Critical)
SILVER NITRATE (SILVER NITRATE) (Critical)
KEPPRA (LEVETIRACETAM XR24H-TAB) (Critical)
* YELLOW DYE (Critical)
* LATEX (Critical)

Vital Signs:

Patient Profile: 57 Years Old Female
Height: 65 inches
Weight: 221.0 pounds
BMI: 36.77 kg/m²
BSA: 2.07
Pulse rate: 102 / minute
Pulse rhythm: regular
Resp: 16 per minute
BP Sitting: 112 / 72 (left arm)

Cuff size: large

Problems: Active problems were reviewed with the patient during this visit.

Medications: Medications were reviewed with the patient during this visit.

Allergies: Allergies were reviewed with the patient during this visit.

Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
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Physical Exam

General:

Alert, oriented and in no acute distress.

Eyes:

Extraocular movement intact. Conjunctiva and sclera clear.

Mouth:

Oropharynx and oral cavity are clear without erythema or exudates.

Neck:

Trachea is midline. No thyromegaly noted. No jugular venous distention noted.

Lungs:

Clear to auscultation bilaterally without rales, wheezes, or rhonchi.

Heart:

Regular rate and rhythm. No murmurs, gallops or rubs.

Abdomen:

Soft, non-tender, non-distended. Normal active bowel sounds are heard. No hepatomegaly or splenomegaly appreciated.

Msk:

Moves all extremities equally well.

Pulses:

Pulses normal in all four extremities.

Extremities:

Without clubbing, cyanosis, and edema.

Neurologic:

No focal deficits appreciated.

Skin:

No rashes, ulcers, or stasis dermatitis.

Psych:

Mood and affect are appropriate.

Reports Reviewed:

*Cardiology Test Review:

11/16/2022:

Event Monitor: End of Summary Report: Event Monitor

Date of Service: 10/13/22-11/2/22

Indications: Chest Pain

Summary: Sinus Rhythm with some Sinus Tachycardia and Premature Atrial and Ventricular Contractions and 18 beat run of ventricular tachycardia.

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Findings per Dr Hill

EP Study

Procedure date: 01/03/2023

Findings:

no inducible ventricular tachyarrhythmia with PES from RV apex and RV outflow tract or LV pacing .
no inducible SVT. successful IIR implantation.

Nuclear Test

Procedure date: 07/18/2023

Findings:

a medium sized, mild to moderate severity, fixed defect exists in the distal lateral and inferior segments and apex. suspect Left Anterior Descending artery infarction. LV myocardial perfusion was abnormal. LV myocardial perfusion was consistent with 1 vessel disease. Global stress LV function was mildly reduced. stress LV volume was mildly enlarged. stress LV regional wall motion was abnormal stress LV regional wall thickening was abnormal.% scan significance was abnormal and indicates a low risk for hard cardiac events medical therapy for secondary prevention LV dilation was normal.

Impression & Plan:

Problem # 1: Palpitations (ICD-785.1) (ICD10-R00.2)

Assessment: Unchanged

EKG ordered today and done to evaluate for coronary artery disease and/or arrhythmias.
SR, will download Loop recorder.

Problem # 2: Lipid abnormality, other hyperlipidemia (ICD10-E78.49)

Assessment: Unchanged

Discussed weight loss.

CURRENT MEDICATIONS:lisinopril 20 mg tablet (lisinopril) Take 1 tablet by mouth once a day
Trelegy Ellipta 100-62.5-25 mcg blister with device (fluticasone-umeclidin-vilanter) Inhale 1 puff as directed as directed

hydroxyzine HCl 50 mg tablet (hydroxyzine hcl) Take 1 tablet by mouth once a day
hydrocodone-acetaminophen 10-325 mg tablet (hydrocodone-acetaminophen) Take 1 tablet by mouth every six hours as needed

allopurinol 100 mg tablet (allopurinol) Take 1 tablet by mouth once a day
Cymbalta 30 mg capsule,delayed release(DR/EC) (duloxetine) Take 1 capsule by mouth once a day
Bayer Low Dose Aspirin 81 mg tablet,delayed release (DR/EC) (aspirin) Take 1 tablet by mouth once a day

* Mirapex 1.5 mg tablet (pramipexole) Take 1 tablet by mouth once a day
Humalog KwikPen Insulin 200 unit/mL (3 mL) insulin pen (insulin lispro) Inject pen injector subcutaneously twice a day
amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day

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magnesium oxide 500 mg capsule (magnesium oxide) Take 2 capsule by mouth once a day
dicyclomine 20 mg tablet (dicyclomine) Take 2 tablet by mouth twice a day
metformin 500 mg tablet extended release 24 hr (metformin) Take 2 tablet by mouth twice a day
Adderall 30 mg tablet (dextroamphetamine-amphetamine) Take 1 tablet by mouth twice a day
colchicine 0.6 mg tablet (colchicine) Take 1 tablet by mouth twice a day
Lasix 40 mg tablet (furosemide) 1 tablet once a day
Flonase Allergy Relief 50 mcg/actuation spray,suspension (fluticasone propionate) Spray 2 spray into both nostrils as directed
Protonix 40 mg tablet,delayed release (DR/EC) (pantoprazole) 1 tablet twice a day
Singulair 10 mg tablet (montelukast) 1 tablet once a day
nystatin 100,000 unit/gram ointment (nystatin) as directed
simvastatin 20 mg tablet (simvastatin) Take 1 tablet by mouth every night
Savella 50 mg tablet (milnacipran) Take 1 tablet by mouth twice a day
folic acid 1 mg tablet (folic acid) Take 1 tablet by mouth once a day
buspirone 7.5 mg tablet (buspirone) 1 twice a day
methocarbamol 750 mg tablet (methocarbamol) Take 1 tablet by mouth three times a day
meloxicam 15 mg tablet (meloxicam) 1 once a day
mupirocin 2% ointment (mupirocin) Apply as directed to affected area
promethazine 25 mg tablet (promethazine) Take 1 tablet by mouth three times a day
sertraline 50 mg tablet (sertraline) Take 1 tablet by mouth once a day
Vitamin D3 25 mcg (1,000 unit) tablet (cholecalciferol (vitamin d3)) once a month
Narcan 4 mg/actuation spray,non-aerosol (naloxone) as directed

The medication list and each individual medication was reviewed by the physician, on this visit and applicable changes made in meds accordingly as stated in this visit note.

CURRENT PROBLEMS: S/P Loop Recorder Implant (Carelink) 01/03/2023 Dr. Shah (ICD-V45.09)
(ICD10-Z95.818)
Other ventricular tachycardia (ICD10-I47.29)
Ferritin, elevated (ICD-790.6) (ICD10-R78.89)
Palpitations (ICD-785.1) (ICD10-R00.2)
Body mass index (BMI) 34.0-34.9, adult (ICD-V85.34) (ICD10-Z68.34)
Syncope (ICD-780.2) (ICD10-R55)
Lipid abnormality, other hyperlipidemia (ICD10-E78.49)
Lipid abnormality, pure hypercholesterolemia, unspecified (ICD10-E78.00)
High risk med, drug therapy (current) (ICD-V58.69) (ICD10-Z79.899)
Hypertension (ICD-401.9) (ICD10-I10)
GERD-Gastro-esophageal reflux disease (ICD-530.81) (ICD10-K21.9)
Diabetes Mellitus, Noninsulin dependent (ICD-250.00) (ICD10-E11.9)
Asthma, other unspecified (ICD-493.90) (ICD10-J45.909)
Anemia, unspecified (ICD-285.9) (ICD10-D64.9)
Exposure to second-hand smoke (ICD-V15.89) (ICD10-Z77.22)

The Current Problem list was reviewed by the physician, on this visit and applicable changes/upDATES made and were considered in the Medical Decision Making for this visit.

Patient Instructions:

Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

- 1) Patient was encouraged to lose weight for better health.
- 2) Continue activities as tolerated.
- 3) Continue same medications.
- 4) Follow-up will be in 3 months for an office visit.

Electronically signed by William A Hill MD on 11/08/2023 at 8:02 AM

11/03/2023 - Clinical Visit Summary: Clinical Visit Summary

Provider: April Skelton

Location of Care: Cardiology Consultants, P.C.

Cardiology Consultants, P.C. Clinical Summary

Patient	Cynthia Lambert		
Date of birth	March 2, 1966	Sex	Female
Race	White	Ethnicity	Not Hispanic or Latino
Contact info	Primary Home: 2519 21st St E Tuscaloosa, AL 35404 Tel: +1(659)-239-2406	Patient IDs	1551884290001830 1.2.840.1.113883.3.564.5076767381816317758.2.1.1.1 517094 1.2.840.1.113883.3.564.5076767381816317758.2.1.1
Preferred Language	English	Previous Address	Previous address not available
Previous Name	Previous name not available		
Document Id	2014638883326410 1.2.840.1.113883.3.564.5076767381816317758.5.3		
Document Created	November 3, 2023, 13:54:43		
Performer	William Hill, MD		
Performer	Charles Abney, MD		
Author	April Skelton, Cardiology Consultants, P.C. 701 University Blvd, East Suite 400 Tuscaloosa, AL 35401 Tel: +1(205)-752-0694		
Contact info			
Author	athenahealth R4 API Server		

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Contact info	701 University Blvd. East Suite 400 Tuscaloosa, AL 35401, USA Tel: +1(205)-752-0694
Encounter Id	Encounter/2014634508083870 1.2.840.1.113883.3.564.5076767381816317758.9
Encounter Date	From November 3, 2023, 12:41:37
Encounter Location	id: Organization/LO-5 1.2.840.1.113883.3.564.5076767381816317758.91780648394 2.16.840.1.113883.4.6630837257 2.16.840.1.113883.4.2
Responsible party	William Hill, MD 701 University Blvd. E. Suite 400
Contact info	Tuscaloosa, AL 35401 Tel: +1(205)-752-0694
Care giver	
Contact info	
Information recipient	April Skelton 701 University Blvd, East Suite 400 Tuscaloosa, AL 35401
Contact info	Tel: +1(205)-752-0694
Document maintained by	Cardiology Consultants, P.C. 701 University Blvd. East Suite 400
Contact info	Tuscaloosa, AL 35401, USA Tel: +1(205)-752-0694
Encounter Participant	William Hill, MD 701 University Blvd. E. Suite 400
Contact info	Tuscaloosa, AL 35401 Tel: +1(205)-752-0694

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Ins: Health Springs (Medicare) Grp: 80840

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PROBLEMS

Condition	Status	Date	Provider	Notes
S/P Loop Recorder Implant (Carelink) 01/03/2023 Dr. Shah	active	2023/01/06	Wes Phillips RN	
Other ventricular tachycardia	active	2022/12/27	Lauren Y Barger LPN, CPC	
Ferritin, elevated	active	2022/11/18	Jessica Edwards RN	
Palpitations	active	2022/10/13	Gregory G Hamrick CRNP	
Body mass index (BMI) 34.0-34.9, adult	active	2022/10/13	Jennifer McDaniel Clinical Tech	
Syncope	active	2022/10/12	Natalie Taylor Clinical Tech	
Lipid abnormality, other hyperlipidemia	active	2022/10/12	Natalie Taylor Clinical Tech	
High risk med, drug therapy (current)	active	2016/11/	Meredith Kirk RN	

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Lipid abnormality, pure hypercholesterolemia, unspecified	active	04 2016/11/ 04	Meredith Kirk RN	
Exposure to second-hand smoke	active	2016/11/ 04	Brittany E Bentley, RCS/RVS	
Hypertension	active	2016/11/ 04	Brittany E Bentley, RCS/RVS	
GERD-Gastro-esophageal reflux disease	active	2016/11/ 04	Brittany E Bentley, RCS/RVS	
Diabetes Mellitus, Noninsulin dependent	active	2016/11/ 04	Brittany E Bentley, RCS/RVS	
Asthma, other unspecified	active	2016/11/ 04	Brittany E Bentley, RCS/RVS	
Anemia, unspecified	active	2016/11/ 04	Brittany E Bentley, RCS/RVS	

ENCOUNTERS

Date	Type	Provider	Location	Encounter Diagnosis
2023/11/03	In-person encounter Office Visit	UNK	Cardiology Consultants, P.C.	

VITAL SIGNS

Date	Observation	Value	Provider
2023/11/03	Body Mass Index (Ratio)	36.77 kg/m2	Amy Banks Clinical Tech
2023/11/03	blood pressure, cuff size	large	Amy Banks Clinical Tech
2023/11/03	blood pressure, diastolic	72 mm[Hg]	Amy Banks Clinical Tech
2023/11/03	blood pressure, systolic	112 mm[Hg]	Amy Banks Clinical Tech
2023/11/03	respiratory rate E&M	16 /min	Amy Banks Clinical Tech
2023/11/03	pulse rate	102 /min	Amy Banks Clinical Tech
2023/11/03	weight E&M	221.0 [lb_av]	Amy Banks Clinical Tech
2023/11/03	height E&M	65 [in_i]	Amy Banks Clinical Tech

ALLERGIES

Allergy Name	Onset Date	Reaction	Criticality	Status
LATEX	2022/10/13		High Criticality	active
YELLOW DYE			High Criticality	active
KEPPRA			High Criticality	active
SILVER NITRATE			High Criticality	active
TIZANIDINE HCL			High Criticality	active
POLYMYXIN B SULFATE			High Criticality	active
TRAZODONE HCL			High Criticality	active
TEGRETOL			High Criticality	active
CEPHALEXIN			High Criticality	active

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REGLAN			High Criticality	active
HYDROCODONE BITARTRATE			High Criticality	active

REASON FOR REFERRAL

No Information Available

RESULTS

No Information Available

HISTORY OF IMMUNIZATIONS

No Information Available

HISTORY OF MEDICATION USE

Medication	Instructions	Status	Dates	Provider	Indications	Comments
Trelegy Ellipta 100-62.5-25 mcg blister with device	Inhale 1 puff as directed as directed	active		Amy Banks Clinical Tech		
hydroxyzine HCl 50 mg tablet	Take 1 tablet by mouth once a day	active		Amy Banks Clinical Tech		
hydrocodone-acetaminophen 10-325 mg tablet	Take 1 tablet by mouth every six hours as needed	active		Amy Banks Clinical Tech		
allopurinol 100 mg tablet	Take 1 tablet by mouth once a day	active		Amy Banks Clinical Tech		
Cymbalta 30 mg capsule,delayed release(DR/EC)	Take 1 capsule by mouth once a day	active		Amy Banks Clinical Tech		
Bayer Low Dose Aspirin 81 mg tablet,delayed release (DR/EC)	Take 1 tablet by mouth once a day	active		Amy Banks Clinical Tech		
	Take 1 tablet by mouth once a day	active		Amy Banks Clinical Tech		
Humalog KwikPen Insulin 200 unit/mL (3 mL) insulin pen	Inject pen injector	active		Amy Banks		

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	subcutaneously twice a day			Clinical Tech		
amiodarone 200 mg tablet	Take 1/2 tablet by mouth once a day	active	2023/02/27	Gerry Owens RN		
folic acid 1 mg tablet	Take 1 tablet by mouth once a day	active		Natalie Taylor Clinical Tech		
buspirone 7.5 mg tablet	1 twice a day	active		Natalie Taylor Clinical Tech		
dicyclomine 20 mg tablet	Take 2 tablet by mouth twice a day	active		Jennifer McDaniel Clinical Tech		
methocarbamol 750 mg tablet	Take 1 tablet by mouth three times a day	active		Natalie Taylor Clinical Tech		
meloxicam 15 mg tablet	1 once a day	active		Natalie Taylor Clinical Tech		
mupirocin 2% ointment	Apply as directed to affected area	active		Natalie Taylor Clinical Tech		
promethazine 25 mg tablet	Take 1 tablet by mouth three times a day	active		Natalie Taylor Clinical Tech		
sertraline 50 mg tablet	Take 1 tablet by mouth once a day	active		Natalie Taylor Clinical Tech		
Vitamin D3 25 mcg (1,000 unit) tablet	once a month	active		Natalie Taylor Clinical Tech		
Narcan 4 mg/actuation spray,non-aerosol	as directed	active		Natalie Taylor Clinical Tech		
magnesium oxide 500 mg	Take 2 capsule	active		Jennifer		

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capsule	by mouth once a day			McDaniel Clinical Tech		
Flonase Allergy Relief 50 mcg/actuation spray,suspension	Spray 2 spray into both nostrils as directed	active	2016/11/04	Natalie Taylor Clinical Tech		
Singulair 10 mg tablet	1 tablet once a day	active	2016/11/04	Natalie Taylor Clinical Tech		
Protonix 40 mg tablet,delayed release (DR/EC)	1 tablet twice a day	active	2016/11/04	Natalie Taylor Clinical Tech		
nystatin 100,000 unit/gram ointment	as directed	active	2016/11/04	Natalie Taylor Clinical Tech		
Adderall 30 mg tablet	Take 1 tablet by mouth twice a day	active	2016/11/04	Jennifer McDaniel Clinical Tech		
Lasix 40 mg tablet	1 tablet once a day	active	2016/11/04	Natalie Taylor Clinical Tech		
simvastatin 20 mg tablet	Take 1 tablet by mouth every night	active	2016/11/04	Natalie Taylor Clinical Tech		
lisinopril 20 mg tablet	Take 1 tablet by mouth once a day	active	2016/11/04	Amy Banks Clinical Tech		
metformin 500 mg tablet extended release 24 hr	Take 2 tablet by mouth twice a day	active	2016/11/04	Jennifer McDaniel Clinical Tech		
Savella 50 mg tablet	Take 1 tablet by mouth twice a day	active	2016/11/04	Natalie Taylor Clinical Tech		
colchicine 0.6 mg tablet	Take 1 tablet by mouth twice a day	active	2016/11/04	Natalie Taylor Clinical		

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			Tech		
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SOCIAL HISTORY

Date	Observation	Value	Provider
2023/11/03	drug use	no	Amy Banks Clinical Tech
2023/11/03	alcohol use	no	Amy Banks Clinical Tech
2023/11/03	passive cigarette smoke exposure	yes	Amy Banks Clinical Tech
2023/11/03	chewing tobacco use	Never	Amy Banks Clinical Tech
2023/11/03	smoking status	Never smoker	Amy Banks Clinical Tech
2023/11/03	social history reviewed E&M	reviewed - no changes required	Amy Banks Clinical Tech

FUNCTIONAL STATUS

No Information Available

MENTAL STATUS

No Information Available

MEDICAL EQUIPMENT

No Information Available

FAMILY HISTORY

Family Member	Condition
Maternal Grandmother	Family History of Hypertension
Father	Family History of Hypertension
Father	Family History of Hyperlipidemia
Father	Family History of Asthma
Mother	Family History of Hypertension
Mother	Family History of Hyperlipidemia

INSURANCE PROVIDERS

Payer name	Policy type / Coverage type	Covered party ID
Health Springs (Medicare)	Medicare	36702304

ADVANCE DIRECTIVES

Name	Date
DISCUSSED - NO DECISION MADE	2022/11/17
NO ADVANCE CARE PLAN	2016/11/04

TREATMENT PLAN

Date	Name	Performer
2023/11/03	Patient was encouraged to lose weight for better health. Continue activities as tolerated. Continue same medications. Follow-up will be in 3 months for an office visit.	Gregory G Hamrick CRNP

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2023/11/03	CCC Progress Note - Ov per phone note:Discussed weight loss.	Gregory G Hamrick CRNP		
2023/11/03	CCC Progress Note - Ov per phone note:EKG ordered today and done to evaluate for coronary artery disease and/or arrhythmias. SR, will download Loop recorder.	Gregory G Hamrick CRNP		
Type	Date	Performer	Location	Location Telecom
	2023/11/03 12:50pm	William A Hill MD		
	2023/12/01 10:00am	William A Hill MD		

HISTORY OF PROCEDURES

Procedure Date	Procedure Name	Provider	Procedure Notes	Status
2023/11/03	EKG	William A Hill MD		completed

GOALS

No Information Available

HEALTH CONCERNS

No Information Available

REASON FOR VISIT

No Information Available

11/14/2023 - Append: CCC Progress Note - Ov per phone note
Provider: Jan M Strickland
Location of Care: Cardiology Consultants, P.C.

Facsimile sent to PCP / js

Electronically signed by Jan M Strickland on 11/14/2023 at 11:06 AM

11/03/2023 - Office Procedure: EKG Report/tracing
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

EKG Report/tracing

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Ins: Health Springs (Medicare) Grp: 80840

Imported By: bjacobs on 11/27/2023 at 1:13 PM

External Attachment:

Type: Image
Comment: EKG Report/tracing

Signed before import by William A Hill MD
Filed automatically on 11/27/2023 at 1:14 PM

11/01/2023 - Phone Note: Re: SOB AT TIMES, FEELS LIKE SHE SUFFOCATING

Provider: William A Hill MD

Location of Care: Cardiology Consultants, P.C.

Phone Note: Call from Patient.

Cardiologist: Dr. William A. Hill/Dr. Shah.

Caller: Patient.

Call taken by: Tina Pearson, November 1, 2023 9:57 AM.

Reason for Call: Speak with nurse.

PT STATES THAT WHEN SHE LAYS DOWN SHE FEELS LIKE SHE IS SUFFOCATING AND HAS shortness of breath AT TIMES. PT SAW HER PCP AND WAS TOLD SHE HEARD A-FIB. PLEASE CALL 659-239-2406

Details of Action Taken: set up OV for Friday per patient requested; stated she has seen PCP and he wanted her to see DR.Hill. AS

Call completed: Called returned. Verbalized understanding.

Follow-up call made by: April Stripling RN, November 1, 2023 12:03 PM.

Electronically signed by April Stripling RN on 11/01/2023 at 12:03 PM

Electronically signed by William A Hill MD on 11/02/2023 at 10:01 AM

10/23/2023 - PaceArt: Scanned Image

Provider: William A Hill MD

Location of Care: Cardiology Consultants, P.C.

This document contains external references

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External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 10/25/2023 at 10:05 AM

10/23/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Electronically signed by Jessica McNutt RN on 10/23/2023 at 12:01 PM
Electronically signed by William A Hill MD on 10/25/2023 at 10:06 AM

10/09/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 10/10/2023 at 5:33 AM

10/09/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

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External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 10/10/2023 at 5:33 AM

09/20/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 09/24/2023 at 1:02 PM

09/20/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Jessica McNutt RN on 09/20/2023 at 10:29 AM
Electronically signed by William A Hill MD on 09/24/2023 at 1:02 PM

09/07/2023 - Rx Refill: [RxRsp]

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Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Electronically signed by Whittney Freeman RN on 09/07/2023 at 9:07 AM
Electronically signed by William A Hill MD on 09/07/2023 at 2:27 PM

09/07/2023 - Pharmacy Responses
Provider: System Maintenance
Location of Care: Cardiology Consultants, P.C.

Rx Pharmacy Responses

09/07/2023 at 9:07AM, flecainide 50 mg tablet, Denied. Denied reason: Patient should contact prescriber first. Renewal Request, Signed by Amit Shah MD

Imported Pharmacy Responses from Medication Management, on 09/07/2023 at 9:07AM

09/07/2023 - Registration Update: Patient Portal Reg
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

UPDATED "CLINMSG PAT" OBS Value to "1" (Portal Service)

Electronically signed by William A Hill MD on 09/07/2023 at 12:39 AM

09/07/2023 - Registration Update: Patient Portal Reg
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

UPDATED "PATPORTALPIN" OBS Value to "EZAccess" (Portal Service)

Electronically signed by William A Hill MD on 09/07/2023 at 12:39 AM

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08/15/2023 - Internal Other: Appointment No Show
Provider: Christopher Michael Morgan CRNP
Location of Care: Cardiology Consultants, P.C.

Appointment status changed to No Show by
Amanda Farr on 8/15/2023 1:27 PM

No Show Comments

Appointment Information

Appt Type : Established (30)
Date : 8/15/2023
Time : 10:45:00 AM
Made By : tellis
To Visit : Morgan CRNP, Mike
Notes : HFU---morgan,CRNP

Electronically signed by Christopher Michael Morgan CRNP on 09/08/2023 at 7:58 AM

07/31/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: Vishal Dahya MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Bridgette Jacobs Clinical Tech on 07/31/2023 at 2:46 PM
Electronically signed by Vishal Dahya MD on 07/31/2023 at 3:18 PM

07/31/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

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This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 08/02/2023 at 5:27 PM

06/29/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 07/01/2023 at 11:10 PM

06/29/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Wes Phillips RN on 06/29/2023 at 2:58 PM
Electronically signed by Amit K. Shah MD on 07/12/2023 at 10:33 AM

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05/24/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 05/25/2023 at 9:19 AM

05/22/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Bridgette Jacobs Clinical Tech on 05/24/2023 at 4:33 PM
Electronically signed by Amit K. Shah MD on 06/10/2023 at 12:00 PM

05/16/2023 - Internal Other: Appointment Canceled
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Appointment status changed to Canceled by
Amanda Farr on 5/16/2023 2:06 PM

Cancellation Comments

No transportation

Appointment Information

Cardiology Consultants, P.C.
701 University Blvd. East Suite 400 Tuscaloosa, AL 35401
(205) 752-0694 Fax: (205) 752-6244

July 17, 2024
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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Appt Type : Established
Date : 5/17/2023
Time : 9:50:00 AM
Made By : tpearson
To Visit : Shah MD, Amit K.
Notes : HFU 6-12 WKS DR S ADDED EKG PHONE NOTE / PER WENDY - CATH
LABTVX: Appt. Reminder (03/29/2023 06:32 PM) SMS - Message Delivered (J=Text
Msg Sent) TVX: Appt. Reminder (05/03/2023 06:32 PM) Phone Call - Responded
"Yes" (Y=Answered - Yes) TVX: Appt. Reminder (05/15/2023 06:33 PM) Phone Call -
Responded "No" (^=Answered - No)

Electronically signed by Amit K. Shah MD on 05/21/2023 at 2:35 PM

04/21/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Wes Phillips RN on 04/21/2023 at 9:58 AM
Electronically signed by William A Hill MD on 04/24/2023 at 6:57 AM

04/21/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 04/24/2023 at 6:57 AM

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

03/21/2023 - Rx Refill: REFILL
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Medications:

Changed medication from amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day to amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day ; Route: BY MOUTH - Signed
Rx of amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day ; #45 tablet x 3; Signed; Entered by: Gerry Owens RN; Authorized by: Amit K. Shah MD; Method used: Electronically to EXPRESS SCRIPTS HOME DELIVERY 4600 North Hanley Road, St. Louis, MO 63134, Ph: (888) 327-9791 Fax: (800) 837-0959,

Prescriptions:

amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day #45 tablet x 3
Entered by: Gerry Owens RN
Authorized by: Amit K. Shah MD
Electronically signed by: Gerry Owens RN on 03/21/2023
Method used: Electronically to
EXPRESS SCRIPTS HOME DELIVERY 4600 North Hanley Road, St. Louis, MO 63134, Ph: (888) 327-9791 Fax: (800) 837-0959
RxID: 1995012544079690

Electronically signed by Gerry Owens RN on 03/21/2023 at 10:09 AM
Electronically signed by Amit K. Shah MD on 03/23/2023 at 3:02 PM

03/20/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

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Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

Electronically signed by William A Hill MD on 03/21/2023 at 6:32 AM

03/10/2023 - Phone Note: Re: Body Tremors
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Phone Note: Call from Patient.

PCP: Charles E Abney, MD

Cardiologist: Dr. William A. Hill/Dr. Shah.

Caller: Patient.

Call taken by: Kimberly Snow, March 10, 2023 10:54 AM.

Reason for Call: Speak with nurse.

patient stated that she feels like she is having Tremors all over her body. She said even feels like her stomach is having Tremors. She went to ER Tues, and they did labs, and they told her they think its a Medication Issue
1-659-239-2406

Details of Action Taken: Dr. Hill reviewed and states to hold Amiodarone through the weekend. Restart Amiodarone 1/2 tablet daily on monday.

March 10, 2023 2:10 PM - Patient notified. -H. Turner, RN

Call completed: Called returned. Verbalized understanding.

Follow-up call made by: Heather Turner RN, March 10, 2023 2:12 PM.

New Medications:

amiodarone 200 mg tablet (amiodarone) Take 1/2 tablet by mouth once a day

Electronically signed by Heather Turner RN on 03/10/2023 at 2:12 PM
Electronically signed by William A Hill MD on 03/12/2023 at 11:07 AM

02/27/2023 - Phone Note: req med change
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Phone Note: Call from Other Clinic.

Cardiology Consultants, P.C.
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Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

PCP: Charles E Abney, MD
Cardiologist: Dr. William A. Hill/Dr. Shah.

Caller: Marshia / Cigna Medicare 1-866-913-0948

Call taken by: April Skelton, February 27, 2023 3:15 PM.

Multaq 400mg is not covered through the patients insurance and the patient is wanting to switch it to something else. Please call the patient if any changes are made.

Action Taken: Placed in MD box for review.

Dr Shah reviewed. Amiodarone 200mg by mouth daily. See me in 3-6 weeks.

February 27, 2023 4:54 PM Patient verbalized understanding. Prescription sent to pharmacy. Patient states also she has an appointment 3/31/2023 that she will keep. A. Fields, RN

New Medications:

amiodarone 200 mg tablet (amiodarone) Take 1 tablet by mouth once a day

Electronically signed by Amanda Fields RN on 02/27/2023 at 5:01 PM

Electronically signed by Amit K. Shah MD on 03/09/2023 at 10:37 PM

02/27/2023 - Phone Note: Re: LEGS CRAMPING & HEAVY

Provider: Amit K. Shah MD

Location of Care: Cardiology Consultants, P.C.

Phone Note: Call from Patient.

PCP: Charles E Abney, MD

Cardiologist: Dr. William A. Hill/Dr. Shah.

Caller: Patient.

Call taken by: Tina Pearson, February 27, 2023 8:28 AM.

Reason for Call: Speak with nurse.

PT TOOK 1 DOSE OF HER FLECAINIDE AND HER LEGS ARE CRAMPING & FEELS HEAVY.
PLEASE CALL 659-239-2406

Action Taken: Placed in MD box for review.

Details of Action Taken: Dr Shah reviewed. D/C Flecainide. Multaq 400mg by mouth twice a day.

February 27, 2023 1:24 PM Patient verbalized understanding. Prescription sent to pharmacy. A. Fields, RN

Cardiology Consultants, P.C.
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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

New Medications:
Multaq 400 mg tablet (dronedarone) Take 1 tablet by mouth twice a day

Electronically signed by Amanda Fields RN on 02/27/2023 at 1:25 PM
Electronically signed by Amit K. Shah MD on 03/09/2023 at 10:37 PM

02/21/2023 - Phone Note: rapid heart rate
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Phone Note: Call from Patient.

PCP: Charles E Abney, MD

Cardiologist: Dr. William A. Hill/Dr. Shah.

Caller: patient 659-239-2406.

Call taken by: April Skelton, February 21, 2023 4:09 PM.

Reason for Call: Speak with nurse.

The patient sent in a device transmission around 1-2 because her heart is racing. The patient recently had the loop recorded put in on 1/3/23.

Action Taken: Placed in MD box for review.

Details of Action Taken: February 21, 2023 4:20 PM talked with Wess and loop report showed sinus rhythm with premature ventricular contractions. I notified patient and told her we have placed in dr Shah's box for review. AS

Dr Shah reviewed. No afib. NSR with PVCs. Flecainide 50mg twice a day if still having symptoms and see me in 3 weeks with an EKG.

February 24, 2023 4:54 PM Spoke with patient. She reports still having symptoms. Prescription sent to pharmacy and will place in Chandra's box to schedule OV. A. Fields, RN

New Medications:
flecainide 50 mg tablet (flecainide) Take 1 tablet by mouth twice a day

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Electronically signed by Amanda Fields RN on 02/24/2023 at 4:55 PM
Electronically signed by Amit K. Shah MD on 03/09/2023 at 10:36 PM

02/20/2023 - Internal Other: Appointment Canceled
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Appointment status changed to Canceled by
Niki Wilson on 2/20/2023 10:35 AM

Cancellation Comments

Has appt with Dr. S in March

Appointment Information

Appt Type : Established
Date : 2/21/2023
Time : 9:20:00 AM
Made By : Ajones
To Visit : Hill MD, William A
Notes : 3 month fu dr. HTVX: Appt. Reminder (02/17/2023 06:31 PM) SMS -
Message Delivered (J=Text Msg Sent)

Electronically signed by William A Hill MD on 02/21/2023 at 7:14 AM

02/13/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Loop Recorder - remote 93298 [CPT-93298]

Electronically signed by Jessica Edwards RN on 02/13/2023 at 3:11 PM
Electronically signed by William A Hill MD on 02/14/2023 at 7:24 AM

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

02/13/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 02/13/2023 at 10:41 AM

01/18/2023 - Internal Correspondence: Patient Medication List
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.

CURRENT MEDICATIONS:

magnesium oxide 500 mg capsule (magnesium oxide) Take 2 capsule by mouth once a day
dicyclomine 20 mg tablet (dicyclomine) Take 2 tablet by mouth twice a day
metformin 500 mg tablet extended release 24 hr (metformin) Take 2 tablet by mouth twice a day
Adderall 30 mg tablet (dextroamphetamine-amphetamine) Take 1 tablet by mouth twice a day
* DICLOFENAC SODIUM 1 % TRANSDERMAL GEL Apply 2-4 gram four times a day
colchicine 0.6 mg tablet (colchicine) Take 1 tablet by mouth twice a day
Lasix 40 mg tablet (furosemide) 1 tablet once a day
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization (albuterol sulfate) Inhale 2 puff as directed three times a day as directed
Flonase Allergy Relief 50 mcg/actuation spray,suspension (fluticasone propionate) Spray 2 spray into both nostrils as directed
Protonix 40 mg tablet,delayed release (DR/EC) (pantoprazole) 1 tablet twice a day
Singulair 10 mg tablet (montelukast) 1 tablet once a day
nystatin 100,000 unit/gram ointment (nystatin) as directed
simvastatin 20 mg tablet (simvastatin) Take 1 tablet by mouth every night
Savella 50 mg tablet (milnacipran) Take 1 tablet by mouth twice a day
oxycodone 10 mg tablet (oxycodone) Take 1 tablet by mouth four times a day
ProAir HFA 90 mcg/actuation HFA aerosol inhaler (albuterol sulfate) 2 puff every four hours as needed
lisinopril 20 mg tablet (lisinopril) 1 tablet twice a day
Lyrica 100 mg capsule (pregabalin) Take 1 capsule by mouth three times a day
folic acid 1 mg tablet (folic acid) Take 1 tablet by mouth once a day
amitriptyline 25 mg tablet (amitriptyline) Take 1 at bedtime

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

buspirone 7.5 mg tablet (buspirone) 1 twice a day
methocarbamol 750 mg tablet (methocarbamol) Take 1 tablet by mouth three times a day
meloxicam 15 mg tablet (meloxicam) 1 once a day
mupirocin 2% ointment (mupirocin) Apply as directed to affected area
promethazine 25 mg tablet (promethazine) Take 1 tablet by mouth three times a day
sertraline 50 mg tablet (sertraline) Take 1 tablet by mouth once a day
Vitamin D3 25 mcg (1,000 unit) tablet (cholecalciferol (vitamin d3)) once a month
* lidocain-me.salicyl-caps-menth 0.5-20-0.035-5% adhesive patch,medicated (lidocain-me.salicyl-caps-menth) Apply 1 patch to skin every twelve hours
Narcan 4 mg/actuation spray,non-aerosol (naloxone) as directed

Electronically signed by Denise Knox on 01/18/2023 at 3:28 PM
Electronically signed by William A Hill MD on 01/18/2023 at 4:07 PM

01/18/2023 - PaceArt: Scanned Image
Provider: William A Hill MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 01/18/2023 at 2:02 PM

01/18/2023 - Letter: Return to work
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

CARDIOLOGY CONSULTANTS, P.C.
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(205) 752-0694 Fax: (205) 752-6244

01/18/2023

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

To Whom It May Concern:

RE: Cynthia P Lambert DOB: 03/02/1966

Cynthia P Lambert has been under my care for cardiac-related problems. She may return to work on 01/19/2023.

Amit Shah, MD

Electronically signed by Wes Phillips RN on 01/18/2023 at 9:50 AM
Electronically signed by Amit K. Shah MD on 01/20/2023 at 11:03 AM

01/18/2023 - Clinical Lists Update: ORDERS/CPOE
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Orders:
Site check/staple removal - global period (no charge) [CPT-00000]

Electronically signed by Wes Phillips RN on 01/18/2023 at 9:44 AM
Electronically signed by Amit K. Shah MD on 01/20/2023 at 11:04 AM

01/09/2023 - PaceArt: Scanned Image
Provider: William A Hill MD

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(205) 752-0694 Fax: (205) 752-6244

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Location of Care: Cardiology Consultants, P.C.
This document contains external references

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by William A Hill MD on 01/09/2023 at 2:50 PM

01/09/2023 - Letter: Out of Work
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

CARDIOLOGY CONSULTANTS, P.C.
701 University Blvd. East, Suite 400 Tuscaloosa, AL 35401
(205) 752-0694 Fax: (205) 752-6244

January 9, 2023

Employee: Cynthia P Lambert

To Whom It May Concern:

For Medical reasons, please excuse the above named employee from work for the following dates:

Start: 01/03/2023

End: After follow-up on 01/18/2023

If you need additional information, please feel free to contact our office.

Sincerely,

Device Nurse,
Jessica Edwards RN

Cardiology Consultants, P.C.
701 University Blvd. East Suite 400 Tuscaloosa, AL 35401
(205) 752-0694 Fax: (205) 752-6244

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Electronically signed by Jessica Edwards RN on 01/09/2023 at 12:35 PM
Electronically signed by Amit K. Shah MD on 01/13/2023 at 3:05 PM

01/09/2023 - Internal Other: Receipt Form for Device Follow Up Teaching Handouts

Provider: William A Hill MD

Location of Care: Cardiology Consultants, P.C.

This document contains external references

Receipt Form for Device Follow Up Teaching Handouts

Imported By: Chelsea Burchett Clinical Tech 1/13/2023 2:06:32 PM

External Attachment:

Type: Image

Comment: External Document

Signed before import by William A Hill MD
Filed automatically on 01/13/2023 at 2:07 PM

01/06/2023 - Internal Correspondence: Handout Printed - *Handout: Loop Recorder Instructions

Provider: Amit K. Shah MD

Location of Care: Cardiology Consultants, P.C.

Printed Handout: *Handout: Loop Recorder Instructions

Electronically signed by Wes Phillips RN on 01/06/2023 at 12:24 PM

Electronically signed by Amit K. Shah MD on 01/06/2023 at 4:27 PM

01/06/2023 - Internal Correspondence: Handout Printed - **Receipt Form for Device Follow Up Teachin...

Provider: Amit K. Shah MD

Location of Care: Cardiology Consultants, P.C.

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Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

Printed Handout: **Receipt Form for Device Follow Up Teaching Handouts

Electronically signed by Wes Phillips RN on 01/06/2023 at 12:24 PM
Electronically signed by Amit K. Shah MD on 01/06/2023 at 4:26 PM

01/06/2023 - Internal Other: CCC Preload - PFSRx/Risk Factors/Report

Provider: Wes Phillips RN

Location of Care: Cardiology Consultants, P.C.

Past Medical History:

Reviewed and updated today:

- Anemia
- Asthma
- Arthritis
- Diabetes
- Gastroesophageal Reflux Disease
- Hypertension
- Bells Palsy
- Fibromyalgia
- Hyperlipidemia
- Sleep apnea
- Cellulitis
- Syncope
- Covid vaccine and 1 booster
- Ventricular Tachycardia

Past Surgical History:

Reviewed and updated today:

- Appendectomy 1972
- Cholecystectomy 1972
- Hysterectomy 2006
- Right Knee surgery 1991
- Left breast biopsy
- Right leg muscle biopsy
- Lumbar Radiculopathy
- Tonsillectomy
- Vein stripping
- EGD
- Carpal Tunnel

Loop recorder implant 01/03/2023 Dr. Shah

Cardiology Consultants, P.C.
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(205) 752-0694 Fax: (205) 752-6244

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Electronically signed by Wes Phillips RN on 01/06/2023 at 12:24 PM

01/04/2023 - Chart Maintenance
Provider: Lauren Y Barger LPN, CPC
Location of Care: Cardiology Consultants, P.C.

Clinical Lists Changes

Problems:

Changed problem from Ventricular tachycardia (ICD-427.1) (ICD10-I47.2) to Other ventricular tachycardia (ICD10-I47.29)

Electronically signed by Lauren Y Barger LPN, CPC on 01/04/2023 at 10:17 AM

01/03/2023 - Lab Report: Glucose Strip - Profile
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Patient: CYNTHIA P LAMBERT
ID: ATLASDEV M002048900
Note: All result statuses are Final unless otherwise noted.

Tests: (1) Glucose Strip - Profile (GLU-POCP)
! Glucose-Strip [H] 163 mg/dL 70-100 *1

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 01/03/2023 1:46 PM

(1) Order result status: Final
Collection or observation date-time: 01/03/2023 13:39
Requested date-time:
Receipt date-time: 01/03/2023 13:43
Reported date-time: 01/03/2023 13:43
Referring Physician:
Ordering Physician: AMIT SHAH (west)

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Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

Specimen Source:
Source: ATLASDEV
Filler Order Number:
Lab site:
Producer ID *1:RMC

The following results were not dispersed to the flowsheet:

Glucose-Strip, 163 mg/dL, (F)

Electronically signed by Jennifer Wright RN on 01/03/2023 at 2:21 PM
Electronically signed by Amit K. Shah MD on 01/06/2023 at 4:26 PM

01/03/2023 - Internal Other: CCC Preload - PFSRx/Risk Factors/Report
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Past Medical History:

Reviewed history from 01/06/2023 and no changes required:

Anemia
Asthma
Arthritis
Diabetes
Gastroesophageal Reflux Disease
Hypertension
Bells Palsy
Fibromyalgia
Hyperlipidemia
Sleep apnea
Cellulitis
Syncope
Covid vaccine and 1 booster
Ventricular Tachycardia

Past Surgical History:

Reviewed and updated today:

Appendectomy 1972
Cholecystectomy 1972
Hysterectomy 2006
Right Knee surgery 1991

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Cynthia P Lambert
58 Years Old Female DOB: 03/02/1966 517094 Home: (205) 539-2045
Ins: Health Springs (Medicare) Grp: 80840

Left breast biopsy
Right leg muscle biopsy
Lumbar Radiculopathy
Tonsillectomy
Vein stripping
EGD
Carpal Tunnel
Loop recorder implant 01/03/2023 Dr. Shah
Ventricular Tachycardia Ablation/ EP STudy 1/3/23 Dr. A Shah

Electronically signed by Betty Hollis LPN on 02/28/2023 at 8:32 AM
Electronically signed by Amit K. Shah MD on 03/09/2023 at 10:39 PM

01/03/2023 - Diagnostic Report Other: CCC Report Results- EP Study/ Loop Recorder Implant
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

EP Study

Procedure date: 01/01/2023

Findings:

No inducible ventricular tachyarrhythmia with PES from RV apex and RV outflow tract or LV pacing. No inducible SVT. Successful ILR implantation.

Electronically signed by Betty Hollis LPN on 02/28/2023 at 8:02 AM
Electronically signed by Amit K. Shah MD on 03/09/2023 at 10:39 PM

01/03/2023 - Lab Report: Glucose Strip - Profile
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.

Patient: CYNTHIA P LAMBERT
ID: ATLASDEV M002048900
Note: All result statuses are Final unless otherwise noted.

Tests: (1) Glucose Strip - Profile (GLU-POCP)

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(205) 752-0694 Fax: (205) 752-6244

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Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

! Glucose-Strip [H] 148 mg/dL 70-100 *1

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 01/04/2023 5:15 AM

(1) Order result status: Final
Collection or observation date-time: 01/03/2023 07:51
Requested date-time:
Receipt date-time: 01/04/2023 05:13
Reported date-time: 01/04/2023 05:14
Referring Physician:
Ordering Physician: AMIT SHAH (west)
Specimen Source:
Source: ATLASDEV
Filler Order Number:
Lab site:
Producer ID *1:RMC

The following results were not dispersed to the flowsheet:

Glucose-Strip, 148 mg/dL, (F)

Electronically signed by Jennifer Wright RN on 01/04/2023 at 7:46 AM
Electronically signed by Amit K. Shah MD on 01/06/2023 at 4:26 PM

01/03/2023 - Hospital Admission: Orders (Pre-admit checklist)
Provider: Amit K. Shah MD
Location of Care: Cardiology Consultants, P.C.
This document contains external references

Orders (Pre-admit checklist)

Imported By: Amy Banks Clinical Tech 1/20/2023 1:43:14 PM

External Attachment:

Type: Image

Cardiology Consultants, P.C.
701 University Blvd. East Suite 400 Tuscaloosa, AL 35401
(205) 752-0694 Fax: (205) 752-6244

July 17, 2024
Page 62
Append

Cynthia P Lambert Home: (205) 539-2045
58 Years Old Female DOB: 03/02/1966 517094 Ins: Health Springs (Medicare) Grp: 80840

Comment: External Document

Signed before import by Amit K. Shah MD
Filed automatically on 01/20/2023 at 1:43 PM

01/03/2023 - Append: CCC Progress Note - Consult
Provider: Denise Knox
Location of Care: Cardiology Consultants, P.C.

Facsimile sent to PCP / kdk

Electronically signed by Denise Knox on 01/03/2023 at 11:56 AM



Cynthia Lambert

MRN: 517094

DOB: 03/2/1966 (57 years)

Sex: female

Height: 5 ft 5 in

Weight: 238.00

BSA: 2.130

Exam Date: 2/14/2024

BP: 130/78

Ordering Provider: William Hill, MD

Interpreting Physician: William Hill, M.D.

Sonographer: Rebekah Gregson, RDCS

Report finalized

Transthoracic Echocardiography

Indication Shortness of Breath

Procedure/ View: The image quality was adequate

Study Quality

- Conclusion**
1. Left Ventricle: The left ventricular cavity size is normal. There is mild concentric left ventricular hypertrophy.
 2. Left Ventricle: Global systolic function: Systolic function is mildly decreased with an EF between 41-53% .
 3. Left Ventricle: Regional systolic function: Wall motion: There is generalized hypokinesis of the left ventricle.
 4. Left Ventricle: Diastolic function: Diastolic dysfunction grade I.
 5. Right Ventricle: Normal right ventricular size and systolic function.
 6. Left Atrium: The left atrium is markedly dilated. Left atrium is severely dilated by volume.
 7. Right Atrium: The right atrial size is normal.
 8. Mitral Valve: The mitral valve annulus is calcified. Mild-to-moderate mitral insufficiency is present.
 9. Aortic Valve: The aortic valve appears normal. No clinically significant aortic insufficiency.
 10. Tricuspid Valve: The tricuspid valve is structurally normal. No clinically significant tricuspid insufficiency.
 11. Pulmonic Valve: Pulmonic valve appears structurally normal. No clinically significant pulmonic insufficiency.
 12. Pericardium: There is no pericardial effusion.

Measure

M mode	LA Diam LA / Ao	4.8 cm 1.48	AV Cusp Ao Root Diam	2.2 cm 3.3 cm	TAPSE	2.6 cm [>=1.7]
2D mode	IVSd LVIDd LVIDd Index LVIDs	1.1 cm 5.6 cm [3.8-5.2] 2.61 cm/m ² [2.3-3.15] 4.0 cm [2.2-3.5]	LVIDs Index LVPWd LVRWT LVRWT (BSE)	1.87 cm/m ² [1.3-2.15] 1.2 cm 0.42 0.41	LVEF (MOD BIP) RVIDd LAESV (A-L BIP) LVOT Diam	52 % [54-74] 3.2 cm 73.6 ml 2.2 cm
Doppler	MV E Velocity MV A Velocity MV E / A MV Dec. Time	0.80 m/s 1.05 m/s 0.76 [0.78-1.78] 273 ms	LVOT Vmean LVOT max PG LVOT mean PG LVOT VTI LVOT SV	0.50 m/s 2.02 mmHg 1.11 mmHg 16.6 cm 64.2 ml	AV mean PG AV VTI AVA (Vmax) AVA (VTI) AVAI (VTI)	5.51 mmHg 35.9 cm 1.8 cm ² 1.8 cm ² 0.8 cm ² /m ²

MV PHT	[143-219]	LVOT SVI	30.1 ml/m ²	PV Vmax	0.89 m/s
MVA PHT	79 ms	AV Vmax	1.49 m/s	PV max PG	3.15 mmHg
MV Dec. Slope	2.8 cm ²	Dimensionless Index	0.48	PR Vmax	1.29 m/s
MR Vmax	2.94 m/s ²	AV max PG	8.83 mmHg	PR max PG	6.63 mmHg
MR max PG	5.14 m/s	AV Vmean	1.14 m/s		
LVOT Vmax	105.30 mmHg				
	0.71 m/s				
TDI					
MV E'	4.6 cm/s	MV E / E'	17.45		

Left Ventricle

The left ventricular cavity size is normal.
 There is mild concentric left ventricular hypertrophy.
 Global systolic function:
 Systolic function is mildly decreased with an EF between 41-53% .
 Regional systolic function:
 Wall motion: There is generalized hypokinesis of the left ventricle.
 Diastolic function:
 Diastolic dysfunction grade I.

Right Ventricle

Normal right ventricular size and systolic function.

Left Atrium

The left atrium is markedly dilated. Left atrium is severely dilated by volume.

Right Atrium

The right atrial size is normal.

Aorta/Aortic root

The aortic root is normal in size.

Mitral Valve

The mitral valve annulus is calcified. Mild-to-moderate mitral insufficiency is present.

Aortic Valve

The aortic valve appears normal. No clinically significant aortic insufficiency.

Tricuspid Valve

The tricuspid valve is structurally normal. No clinically significant tricuspid insufficiency.

Pulmonic Valve

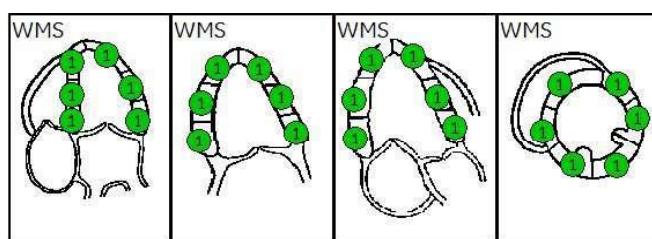
Pulmonic valve appears structurally normal. No clinically significant pulmonic insufficiency.

Pericardium

There is no pericardial effusion.

IVC/Hepatic Veins

Normal inferior vena cava.



X Unable to interpret (-)

4 Dyskinetic (4.0)

1 Normal (1.0)

5 Aneurysmal (5.0)

2 Hypokinetic (2.0)

6 Akinetic w/scar (3.0)

3 Akinesic (3.0)

7 Dyskinetic w/scar (4.0)

William Hill, M.D
 Reading physician

Rebekah Gregson, RDCS
 Sonographer

Electronically signed by William Hill, M.D at 1:28 PM on 2/15/2024



Nuclear Medicine Myocardial Perfusion

Patient Name:	LAMBERT CYNTHIA L	Study Date:	07/18/2023
Patient ID:	M002048900	Referring Physician:	SHAH
Age/Sex:	57 yo / Female	Reporting Physician:	AMIT SHAH, MD

INDICATIONS: Chest pain; Dyspnea

STRESS PROTOCOL: Pharmacologic

The patient was infused intravenously with regadenoson at 0.08 mg/ml for a total duration of 10 seconds. A total regadenoson dose of 0.4 mg was injected intravenously. Pharmacologic stress was discontinued due to end of protocol. The patient's heart rate increased from 73 bpm at rest to 78 bpm at peak stress. The patient's blood pressure at rest was 116/67 mmHg and decreased to 111/74 mmHg at peak stress. Blood pressure response was normal. Other symptoms that occurred included dyspnea.

STRESS TEST FINDINGS: Adequacy of Stress: Adequate

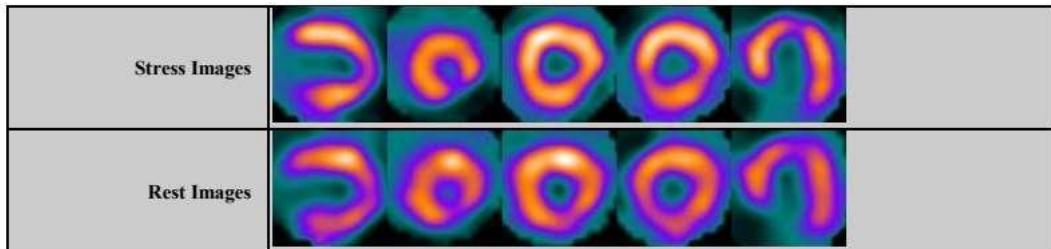
	STRESS EKG Data	REST EKG Data
Test Status	Normal	Normal
Rhythm	normal sinus rhythm	
Arrhythmias	none	none
ST Response		

IMAGING PROTOCOL: Gated Stress Tc-99m Sestamibi / Static Rest Tc-99m Sestamibi

Rest imaging was performed with the patient in the supine position approximately 27 minutes following the intravenous injection of 10.6 mCi of Tc-99m Sestamibi. Stress imaging was performed; 30.7 mCi of Tc-99m Sestamibi were injected intravenously after the termination of regadenoson infusion. The heart was imaged with the patient in the supine position approximately 33 minutes post-injection.

	STRESS Study	REST Study
Date	07/18/2023	07/18/2023
Radiopharmaceutical	Tc-99m Sestamibi	Tc-99m Sestamibi
Tracer Activity (mCi)	30.7	10.6
Injection Time	10:23:00	09:40:00
Imaging Time	10:56:30	10:07:52

PERFUSION FINDINGS



Overall Study Quality: Fair

LV Myocardial Perfusion Defects:

(1) A medium sized, mild to moderate severity, fixed defect exists in the distal lateral and inferior segments and apex. suspect LAD infarction.

Scan Significance: Scan significance was abnormal and indicates a low risk for hard cardiac events. Medical therapy for secondary prevention

Stress/Rest LV Volume Ratio: 1.02, Normal

LV PERFUSION QUANTITATIVE RESULTS

Coronary Territory	Stress Extent	Rest Extent	Ischemic Extent
LAD	2%	13%	0%
LCx	5%	43%	0%
RCA	3%	9%	0%
% of LV	6%	22%	1%

LV FUNCTION FINDINGS AND INTERPRETATION

	Stress
Ejection Fraction	45%
ED Volume, EDv Index	130 ml, 62.5 ml/m ²
ES Volume, ESv Index	71 ml, 34.1 ml/m ²

LV Global Function: Mildly reduced

LV Volume: Mildly enlarged

LV Regional Function: LV wall motion is abnormal. There is akinesis in the proximal inferior and inferoseptal segments. There is hypokinesis in the proximal to distal anterior, lateral, inferior, and septal segments and apex.

SUMMARY

(1) A medium sized, mild to moderate severity, fixed defect exists in the distal lateral and inferior segments and apex. suspect LAD infarction.

LV myocardial perfusion was abnormal. LV myocardial perfusion was consistent with 1 vessel disease. Global Stress LV function was mildly reduced. Stress LV volume was mildly enlarged. Stress LV regional wall motion was abnormal. Stress LV regional wall thickening was abnormal. .45%, 1.02,

Scan significance was abnormal and indicates a low risk for hard cardiac events. Medical therapy for secondary prevention LV dilation was normal.

REPORTING

The study interpretation occurred on 07/18/2023 14:59:59.

Status of the report is Finalized.

Reporting Physician: AMIT SHAH, MD

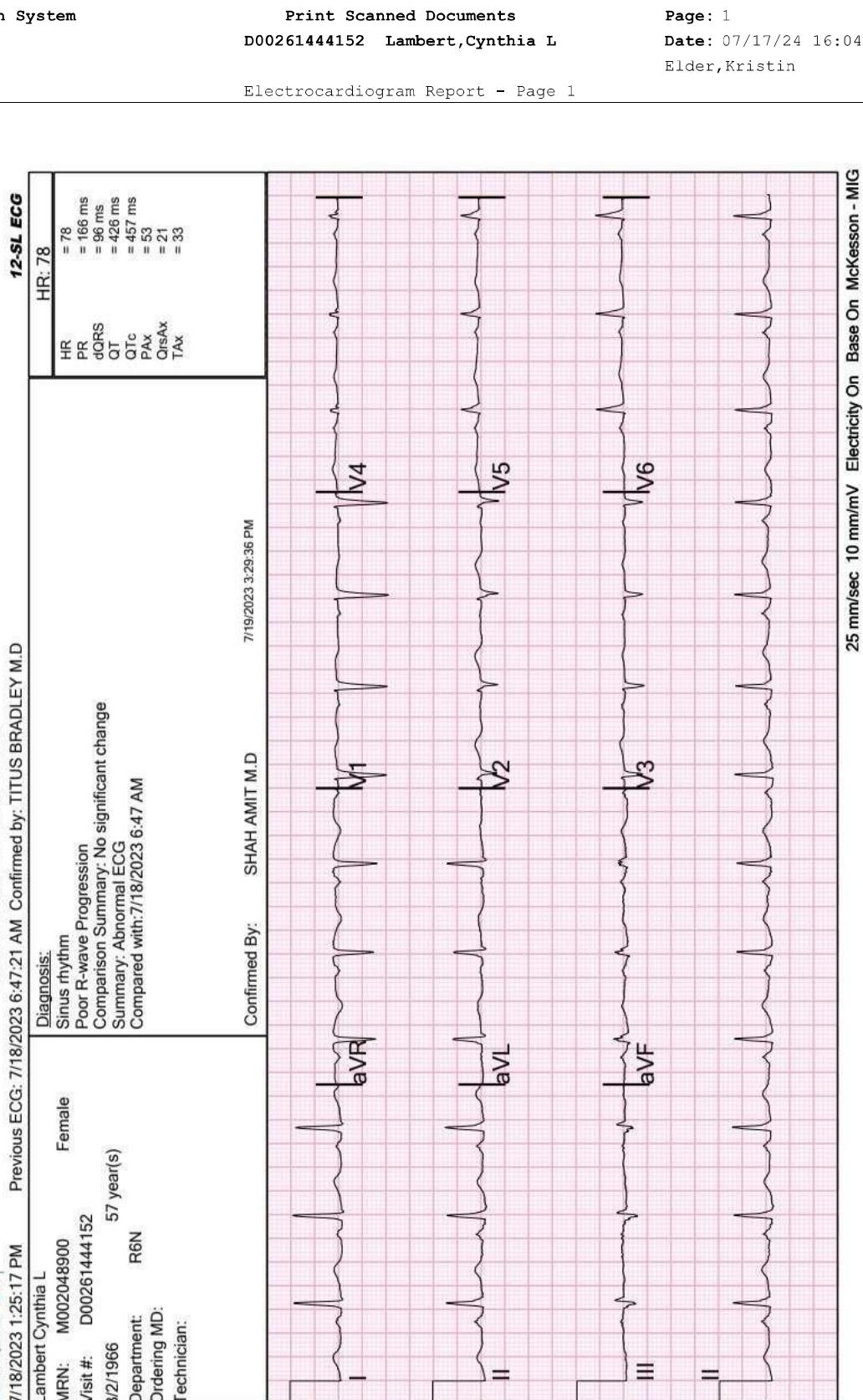


DCH Regional Medical Center
 809 University Boulevard East
 Tuscaloosa, Alabama 35401

Previous ECG: 7/18/2023 6:47:21 AM Confirmed by: TITUS BRADLEY M.D

7/18/2023 1:25:17 PM

Confirmed



25 mm/sec 10 mm/mV Electricity On Base On McKesson - MG

DCH HEALTH SYSTEM

DCH Regional Medical Center

809 University Boulevard East
Tuscaloosa, AL 35401-2029
Phone: (205) 759-7111

Document Status: Signed

Patient Name:	Lambert,Cynthia L	Medical Record:	M002048900
Date of Birth:	03/02/1966	Account/Visit:	D00261444152
Sex/Age:	F 57	Account Status:	DIS INO
Location/Room:	R6N 679-01	Registration Date:	07/18/23
Ordering Provider:	David M Smith MD	Service Date:	07/18/23

Procedure/Exam: A0000795249 EKG/EKG 12 Lead Adult

Please see the PDF interpretation by AMIT SHAH, M.D.

Copies: *

DCH HEALTH SYSTEM
DCH Regional Medical Center

809 University Boulevard East
Tuscaloosa, AL 35401-2029
Phone: (205) 759-7111

Cardiology - Consult Note
Signed

Patient Name:	Lambert,Cynthia L	Medical Record:	M002048900
Date of Birth:	03/02/1966	Account/Visit:	D00261444152
Sex/Age:	F 57	Registration Date:	07/18/23
Location/Room:	R6N 679-01	Report ID:	0718-00430
Attending Provider:	Smith,David M MD		
Performing Site:	DCH Regional Medical Center		

cc: Morgan,Mike CRNP; Shah,Amit MD*

History of Present Illness

History of Present Illness

Chief complaint: chest pain

Narrative:

57 y/o female with a PMH of HTN, HLD, and T2DM that presented to the ED with c/o substernal chest pressure with no radiation that started on Friday. She states that the symptoms have been worsening since Friday she felt like she got dehydrated helping someone move.

Review of Systems

Status of ROS: Reports: 10 or more systems reviewed and unremarkable except as noted in History and below

Cardiovascular: Reports: chest pain and peripheral edema

PFSH

PFSH

Medical History (Reviewed 07/18/23 @ 09:08 by Mike Morgan, CRNP)

ADD (attention deficit disorder)
Anemia
Anxiety
Asthma
Bell's palsy
Cellulitis
Degenerative disc disease
Depression
Fibromyalgia
Gastritis
Gastroparesis
GERD (gastroesophageal reflux disease)
Gout
HTN (hypertension)
Hyperlipidemia
Irritable bowel
Lumbar radiculopathy

Motor nerve conduction block
 Near syncope
 Peripheral neuropathy
 Restless leg syndrome
 Sciatica
 Sleep apnea
 Type 2 diabetes mellitus

Surgical History (Reviewed 07/18/23 @ 09:08 by Mike Morgan, CRNP)

H/O knee surgery
 H/O left breast biopsy
 H/O tubal ligation
 H/O vein stripping
 H/O: hysterectomy
 History of biopsy
 History of carpal tunnel surgery of right wrist
 History of colonoscopy with polypectomy
 History of esophagogastroduodenoscopy (EGD)
 History of tonsillectomy
 Hx of appendectomy
 Hx of cholecystectomy

Family History (Reviewed 07/18/23 @ 09:08 by Mike Morgan, CRNP)

Other

No pertinent family history

Social History (Reviewed 07/18/23 @ 09:08 by Mike Morgan, CRNP)

Smoking Status: Never Smoker

Alcohol Use: No

Non Prescribed Substance Use: Denies Use

Meds

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
cetirizine 10 mg tablet (Zyrtec)	10 mg PO BEDTIME PRN Allergy Symptoms	03/30/22	07/18/23	History
folic acid 1 mg tablet	1 mg PO DAILY	03/30/22	07/18/23	History
albuterol sulfate 90 mcg/ actuation aerosol inhaler (ProAir HFA)	2 puff inhalation QID PRN Shortness Of Breath	06/23/22	07/18/23	History

albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	1 vial inhalation Q4H PRN Shortness Of Breath	12/30/22	07/18/23	History
allopurinol 100 mg tablet	100 mg PO DAILY	12/30/22	07/18/23	History
amitriptyline 25 mg tablet	25 mg PO BEDTIME	12/30/22	07/18/23	History
buspirone 7.5 mg tablet	7.5 mg PO DAILY	12/30/22	07/18/23	History
colchicine 0.6 mg capsule	0.6 mg PO BID PRN GOUT	12/30/22	07/18/23	History
dextroamphetamine-amphetamine 30 mg tablet	1 tab PO BID	12/30/22	07/18/23	History
dicyclomine 20 mg tablet	40 mg PO BID	12/30/22	07/18/23	History
fluticasone propionate 50 mcg/actuation nasal spray,suspension	2 spray intranasal DAILY	12/30/22	07/18/23	History
furosemide 40 mg tablet	40 mg PO DAILY	12/30/22	07/18/23	History
hydroxyzine HCl 50 mg tablet	50 mg PO BEDTIME PRN Sleep	12/30/22	07/18/23	History
lidocaine 5 % topical patch	1 patch topical DAILY	12/30/22	07/18/23	History
lisinopril 20 mg tablet	20 mg PO DAILY	12/30/22	07/18/23	History
meloxicam 15 mg tablet	15 mg PO BID PRN Pain	12/30/22	07/18/23	History
metformin 500 mg tablet	1,000 mg PO BID	12/30/22	07/18/23	History
montelukast 10 mg tablet	10 mg PO DAILY	12/30/22	07/18/23	History
oxycodone 10 mg tablet	10 mg PO QID PRN Pain	12/30/22	07/18/23	History
pantoprazole 40 mg tablet,delayed release	40 mg PO BID	12/30/22	07/18/23	History
sertraline 50 mg tablet	50 mg PO DAILY	12/30/22	07/18/23	History
simvastatin 20 mg tablet	20 mg PO DAILY	12/30/22	07/18/23	History
milnacipran 50 mg tablet (Savella)	50 mg PO BID	01/03/23	07/18/23	History
pramipexole 1.5 mg tablet (Mirapex)	1.5 mg PO DAILY	01/03/23	07/18/23	History
pregabalin 100 mg capsule (Lyrica)	100 mg PO TID	01/03/23	07/18/23	History
amiodarone 200 mg tablet	100 mg PO DAILY	03/19/23	07/18/23	History
magnesium oxide 500 mg capsule	1,000 mg PO DAILY	03/19/23	07/18/23	History
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) tablet (Vitamin D3)	25 mcg PO DAILY	07/18/23	07/18/23	History
methocarbamol 750 mg tablet	750 mg PO Q8H PRN Muscle Spasm	07/18/23	07/18/23	History
promethazine 25 mg tablet	25 mg PO TID PRN nausea	07/18/23	07/18/23	History

Current Medications:

Current Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
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Acetaminophen Acetaminophen 325 Mg Tablet	650 mg PO Q4H PRN Pain 1-3/Temp 100.4 Or Higher	07/18/23 04:56	
Albuterol Sulfate Albuterol Nebule 2.5 Mg/3 MI Vial.Neb	2.5 mg INHALATION Q4H PRN Shortness Of Breath	07/18/23 05:27	
Allopurinol Allopurinol 100 Mg Tablet	100 mg PO DAILY SCH	07/18/23 09:00	
Amiodarone HCl Amiodarone 100 Mg Tablet	100 mg PO DAILY SCH	07/18/23 09:00	
Amitriptyline HCl Amitriptyline 25 Mg Tablet	25 mg PO DAILY SCH	07/18/23 09:00	
Aspirin Aspirin Chew 81 Mg Tab.CheW	81 mg PO DAILY SCH	07/18/23 09:00	
Buspirone HCl Buspirone 15 Mg Tablet	7.5 mg PO DAILY SCH	07/18/23 09:00	
Dextrose D50w 50 MI Syringe	50 ml IV Q10M PRN See Label Comments	07/18/23 04:56	
Enoxaparin Sodium Enoxaparin 40 Mg/0.4 MI Syringe	40 mg SUBCUT DAILY SCH	07/18/23 09:00	
Folic Acid Folic Acid 1 Mg Tablet	1 mg PO DAILY SCH	07/18/23 09:00	
Glucagon Glucagon 1 Mg/MI Vial	1 mg IM Q10M PRN See Label Comments	07/18/23 04:56	

Insulin Human Lispro Insulin Lispro 300 Unit/3 MI Vial	2 - 14 unit SUBCUT AC SCH Protocol	07/18/23 06:00	07/18/23 06:29 Not Given
Magnesium Oxide Magnesium Oxide 400 Mg Tablet	1,200 mg PO BID SCH	07/18/23 09:00	
Montelukast Sodium Montelukast 10 Mg Tablet	10 mg PO DAILY SCH	07/18/23 09:00	
Morphine Sulfate Morphine 2 Mg/MI Syringe	2 mg IV Q2H PRN Severe (Score 8-10) Pain	07/18/23 04:56	07/18/23 05:35 2 mg Administration
Nitroglycerin Nitroglycerin 0.4 Mg Tab.Subl 25 Tab Bottle	0.4 mg SUBLINGUAL Q5M PRN Chest Pain	07/18/23 04:56	
Non-Formulary Medication Milnacipran [Savella]	1 tab PO BID SCH	07/18/23 09:00	
Ondansetron HCl Ondansetron 4 Mg/2 MI Vial	4 mg IV Q8H PRN Nausea	07/18/23 04:56	
Pantoprazole Sodium Pantoprazole 40 Mg Tablet.Dr	40 mg PO BID SCH	07/18/23 09:00	
Pharmacy Consult Pharmacy Notification 1 Each Each	1 each MISC PROFILE SCH	07/18/23 08:15	
Pramipexole Dihydrochloride Pramipexole 1.5 Mg Tablet	1.5 mg PO DAILY SCH	07/18/23 09:00	
Pregabalin Pregabalin 50 Mg Capsule	100 mg PO TID SCH	07/18/23 09:00	

Sertraline HCl Sertraline 50 Mg Tablet	50 mg PO DAILY SCH	07/18/23 09:00	
Simvastatin Simvastatin 20 Mg Tablet	20 mg PO BEDTIME SCH	07/18/23 21:00	
Sodium Chloride Ns Flush 0.9% 10 MI Syringe	3 ml IV FLUSH PRN Flush	07/17/23 23:20	

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
cephalexin [From Keflex]	Allergy	Severe	Itching, Hypertension, Had Rocephin NP	Verified	01/03/23 07:49
levetiracetam [From KEPPRA]	Allergy	Severe	Itching, Hypertension	Verified	01/03/23 07:49
metoclopramide [From Reglan]	Allergy	Severe	Itching, Hypertension	Verified	01/03/23 07:49
yellow dye [YELLOW DYE]	Allergy	Severe	Itching In Private Parts	Verified	01/03/23 07:49
flecainide	Allergy		Joint Pain	Verified	03/19/23 07:49
red dye	Allergy		Itching	Verified	03/19/23 07:49
carbamazepine [From Tegretol]	AdvReac	Severe	Blood Pressure Problems	Verified	01/03/23 07:49
hydrocodone	AdvReac	Severe	Itching	Verified	01/03/23 07:49
latex	AdvReac	Severe	REDNESS TO HANDS FROM WEARING GLOVES	Verified	12/30/22 10:54
NSAIDS (Non-Steroidal Anti-Inflamma	AdvReac	Severe	BLOATING, CRAMPING	Verified	12/30/22 10:55
polymyxin B [POLYMYXIN B]	AdvReac	Severe	Eye Swelling, Redness	Verified	01/03/23 07:49
silver nitrate	AdvReac	Severe	Edema To Leg	Verified	01/03/23 07:49
tizanidine [TIZANIDINE]	AdvReac	Severe	Hypotension	Verified	01/03/23 07:49
trazodone	AdvReac	Severe	Hypotension	Verified	01/03/23 07:49

Exam

Narrative

Exam Narrative:

PHYSICAL EXAM:

GENERAL: No acute distress, conversant

HEENT: EOM intact, moist mucous membranes

CHEST: Clear to auscultation bilaterally, normal work of breathing

CV: Regular rate with regular rhythm, without murmur. No JVD

ABD: Normoactive bowel sounds. Non-tender

NEURO: Alert and oriented x3 without any gross neurological deficits

EXT: No edema

Integumentary: Warm, Dry, and Intact

Constitutional

Vital Signs, click to edit/add:

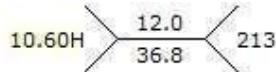
Vital Signs

	Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
07/18/23 04:11						Room Air
07/18/23 06:00						Room Air
07/18/23 04:11						Room Air
07/18/23 07:00	97.7 F	73	21 H	133/86	98	
07/18/23 03:59	98.2 F	82	20	129/80	97	
07/18/23 03:28	98.1 F	90	18	135/81		
07/17/23 22:05	98.8 F	72	17	121/73	99	Room Air

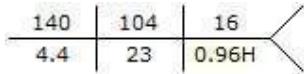
Results

Labs I&Os

07/17/23 23:25



07/17/23 23:25



Cardiac Enzymes

	07/17/23 23:25	07/18/23 06:08	Range/Units
AST	30		(0-32) IU/L
CK-MB (CK-2)	6.0 H	4.7	(0.0-5.3) ng/mL
Troponin T	29 H	32 H	(<14) ng/L

CBC

	07/17/23 23:25	Range/Units

WBC	10.60 H	(4.00-10.00) X10^3/uL
RBC	4.06	(3.93-5.22) X10^6/uL
Hgb	12.0	(11.2-15.7) g/dL
Hct	36.8	(34.1-44.9) %
Plt Count	213	(182-369) X10^3/uL
Neut # (Auto)	6.76 H	(1.56-6.13) x10^3/uL
Lymph # (Auto)	2.89	(1.18-3.74) x10^3/uL
Mono # (Auto)	0.61	(0.24-0.86) x10^3/uL
Eos # (Auto)	0.26	(0.04-0.36) x10^3/uL
Baso # (Auto)	0.04	(0.01-0.08) x10^3/uL

Comprehensive Metabolic Panel

	07/17/23 23:25	Range/Units
Sodium	140	(136-145) mmol/L
Potassium	4.4	(3.4-5.1) mmol/L
Chloride	104	(98-107) mmol/L
Carbon Dioxide	23	(22-29) mmol/L
BUN	16	(6-20) mg/dL
Creatinine	0.96 H	(<0.90) mg/dL
Glucose	269 H	(70-100) mg/dL
Calcium	9.1	(8.6-10.0) mg/dL
AST	30	(0-32) IU/L
ALT	22	(<33) IU/L
Alkaline Phosphatase	91	(35-104) U/L
Total Protein	6.9	(6.4-8.3) g/dL
Albumin	4.3	(3.5-5.2) g/dL

Intake and Output

	07/17/23 22:59	07/18/23 06:59	07/18/23 14:59
Intake Total		0 / 0	
Balance		0 / 0	
Intake:			
Oral		0 / 0	
Other:			
Blood Pressure	121/73	129/80	133/86
Pulse	72	82	73
Respiratory Rate	17	20	21
Pulse Oximetry %	99	97	98
Temperature	98.8 F	98.2 F	97.7 F

Imaging

Radiologist's Impression:

Impressions

Chest X-Ray 07/17/23 23:20

FINDINGS:

An atrial clip has been placed. Heart size is upper limits of normal. There is mild uncoiling of the aorta. The lungs appear clear. No pneumothorax or pleural effusion is seen.

IMPRESSION:

Heart size is upper limits of normal, and an atrial clip has been placed.

2. No evidence of acute chest process.

Electronically Signed By: Elizabeth Caldwell, MD on 7/18/2023 12:29 AM

Venous Duplex 07/18/23 23:20**FINDINGS:**

The deep veins of the lower extremities are patent and compressible without DVT. The veins demonstrate normal color Doppler flow and spectral waveforms.

IMPRESSION:

No evidence of DVT.

Electronically Signed By: Elizabeth Caldwell, MD on 7/18/2023 3:24 AM

Assessment and Plan

Assessment and Plan

(1) Chest pain, rule out acute myocardial infarction:

Status: Acute

Collaborative Plan

Collaborative Plan:

- Non radiating chest pain with troponins that do not follow an ischemic trend. Will plan on a NM stress today and make patient NPO now. Patient has a ILR in place. No arrhythmia

- NM shows fixed defect without ischemia

OK to dC

Documented By:	Morgan,Mike CRNP	07/18/23 0904
Signed By:	<Electronically signed by Mike CRNP Morgan>	07/18/23 0911
	<Electronically signed by Amit Shah, MD>	07/18/23 1815



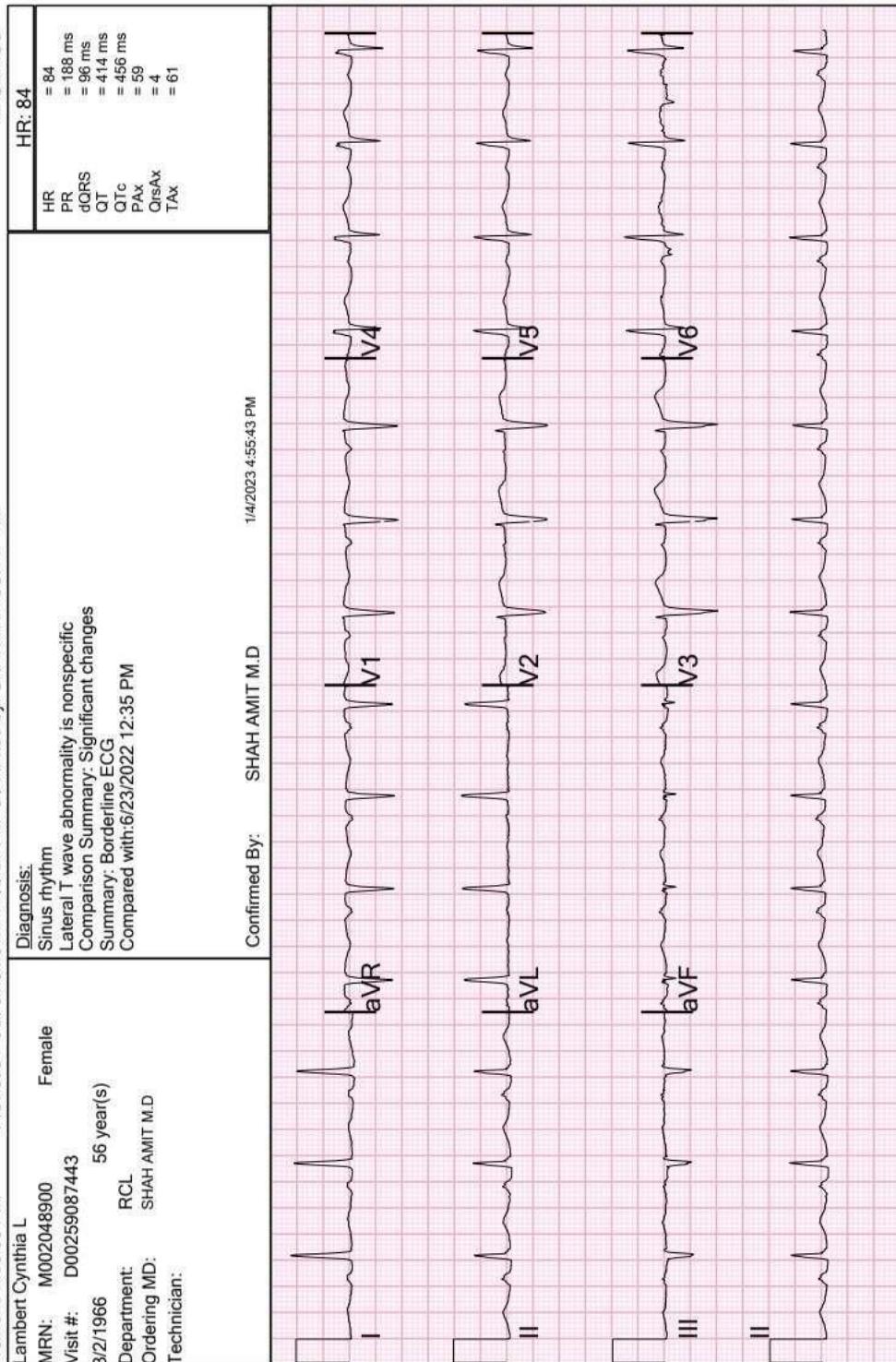
DCH Regional Medical Center
 809 University Boulevard East
 Tuscaloosa, Alabama 35401

Previous ECG: 6/23/2022 12:35:37 PM Confirmed by: CHANDRA SUNIL M.D

1/3/2023 2:53:00 PM

Confirmed

12-SL ECG



25 mm/sec 10 mm/mV Electricity On Base On McKesson - MG

DCH HEALTH SYSTEM

DCH Regional Medical Center

809 University Boulevard East
Tuscaloosa, AL 35401-2029
Phone: (205) 759-7111

Document Status: Signed

Patient Name:	Lambert,Cynthia L	Medical Record:	M002048900
Date of Birth:	03/02/1966	Account/Visit:	D00259087443
Sex/Age:	F 56	Account Status:	DEP SDC
Location/Room:	RCL	Registration Date:	01/03/23
Ordering Provider:	Amit Shah MD	Service Date:	01/03/23

Procedure/Exam: A0000597966 - EKG 12 Lead Adult

Please see the PDF interpretation by AMIT SHAH, M.D.

Copies: *



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 809 University Boulevard East
 Tuscaloosa, Alabama 35401

Report Status: Finalized

EP Study and Loop Recorder Implant Report

DEMOGRAPHICS

Patient Name	Lambert L Cynthia	Gender	Female
Medical Record Number	M002048900	Race	Caucasian
Account Number	D00259087443	Room Number	
Enterprise ID	E00185337	Height	65 inches
Accession Number	0000596819	Weight	214.95 pounds
Date of Birth	03/02/1966	BSA	2.04 m ²
Age	56 year(s)	BMI	35.77 kg/m ²
Ordering Physician	SHAH AMIT M.D	Date of Study	01/03/2023
Electrophysiologist	SHAH AMIT M.D	Performing Physician	SHAH AMIT M.D

ADMISSION DATA

Admission Date: 01/03/2023 Admission Time: 07:17

Arrival Date: 01/03/2023 Arrival Time: 07:40

Insurance Payors: Private health insurance.

Hospital Status: Outpatient.

MEDICAL HISTORY

History of Disease

- Hypertension was documented.
- High Cholesterol was documented.
- Diabetes was documented.
- Sleep apnea was documented.
- Asthma was documented.

Allergies

- Other allergy: (Hydrocodone, Reglan, Cephalexin, Carbamazepine, Trazodone, Ploymyxin, Tizanidine, Keppra, Yellow Dye, Latex, Silver Nitrate).

PROCEDURE

Procedure Type

EP Study: Bundle of His recording, Progr. stimulation & pacing after drug infusion, Comp. EP Eval w/ induction of arrhythmia, 3-D Mapping, Comp. EP Eval w/ left ventricular recordings, Comp. EP Eval without induction of arrhythmia

Loop Recorder: Loop Recorder Insertion

Indications

Ventricular tachycardia.

Procedure Description

After informed consent was obtained, the patient was taken to the EP lab in a fasting and post-absorptive state. The patient was prepped and draped in a sterile fashion. MAC anesthesia was used for sedation. One percent Lidocaine was given in the right groin. A 8 Fr and 2 6 Fr sheaths were placed in the right femoral vein using a needle. a 5 Fr sheath was placed in the right SFA. Through the 8 Fr sheath, a DecaNav catheter was advanced using 3d CARTO mapping to minimize fluoroscopy. The IVC was



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mapped and the RA was mapped with the CS and His labelled on the 3d map. A deflectable CS catheter and a quad polar catheter were advanced under CARTO guidance to the CS, His, and the ablation catheter was placed in the RA. RA pacing was performed and the mapping catheter was then advanced into the RV. Sinus node function was normal. RV pacing was performed with concentric, decremental conduction . CS pacing with atrial extrastimuli testing revealed no evidence of dual AV node physiology. With rapid atrial pacing PR>RR was seen.

The his catheter was advanced to the RV apex and the steerable quad was advanced to RVOT. EPS was undertaken with tightly coupled S3 from RVOT and RVapex and no VT could be induced. Isoprel was started @ 3-4 mcg/min and EPS was repeated. No VT could be induced.

The steerable catheter was then introduced retrograde across the Aortic Valve and LV pacing was performed with tightly coupled S3 and no Vt could be induced.
 ISoprel was stopped

After informed consent was obtained, the patient was brought to the cath lab . Using maximal sterile technique, the left anterior chest wall was prepped in the usual fashion. Local anesthesia with 1% Lidocaine was applied in the 3rd-4th intercostal space. A Subcutaneous incision was then done and a Medtronic Loop recorder was then inserted without difficulty or complication. Steri-strips were placed and the site was bandaged. Adequate hemostasis. EBL < 10 cc. No immediate complications.

The study was deemed complete. All catheters were removed and all sheaths were flushed. The patient was then transferred to recovery in stable condition to have sheaths removed with manual occlusive pressure. No immediate complications appreciated. A limited echocardiogram to evaluate for pericardial effusion has been ordered Routine post-procedural care has been initiated.

PROCEDURE DATA

Procedure Date: 01/03/2023 **Start:** 11:57

The procedure was explained in detail to the patient. Risks, complications and alternative treatments were reviewed. Written consent was obtained.

Estimated blood loss: 5 ml.

Procedure Medications

- Lidocaine to the table 30 ml.
- Heparinized Saline 2000units/1000mL to the table.
- Heparinized Saline 2000units/1000mL Flush.
- Isuprel I.V. drip 2 mg.
- Heparin I.V. bolus 4000 units.

Entry Locations

- Percutaneous access was performed through the right femoral artery. A 5 Fr sheath was inserted. This was exchanged for a a 6 Fr sheath.
- Percutaneous access was performed through the right femoral vein. A 8 Fr sheath was inserted.
- Percutaneous access was performed through the right femoral vein. A 6 Fr sheath was inserted.
- Percutaneous access was performed through the right femoral vein. A 6 Fr sheath was inserted.



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Catheters

Entry	Device name	Placement	Used for	Comments
Right femoral vein	CATH DECANAV F R7F282CT	CS	Recording, Pacing, Mapping	
Right femoral vein	ST. JUDE CATHETER INQUIRY 5F QUAD	His, RVA	Recording, Pacing	
Right femoral vein	BOSTON SCIENTIFIC WOVEN 5mm QUAD CATH REPO	RVOT, RV	Recording, Pacing	
Right femoral artery	BOSTON SCIENTIFIC WOVEN 5mm QUAD CATH REPO	LV	Recording, Pacing	



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Devices and Leads

Devices

Identification	Action	Location	Device name	Serial #	Implant date	Comments
New implant	Implanted	Left Prepectoral	MEDTRONIC ICM REVEAL LINQ II.	RLB378742G	01/03/2023	EXP 03/01/2024

Conclusions

EPS/Ablation Summary

Summary

No inducible ventricular tachyarrhythmia with PES from RV apex and RV outflow tract or LV pacing
 No inducible SVT.

Successful ILR implantation

Recommendations

The patient will be followed up for complications from the procedure, principally infection, bleeding, pericarditis, and recurrent atrial dysrhythmias. The patient will be discharged today and followed up on an outpatient basis. The patient will be continued on current regimen.

Keep incision clean and dry
 FU in PPM clinic in 1 week

Complications

No complications.

Signatures:

Electronically signed by SHAH AMIT M.D (Performing Physician) on 01/03/2023 at 13:13

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Pre,Intra and Post EP Report

Patient Data

Patient Demographics

Procedure consent was obtained

First Name:	Cynthia	Gender:	Female
Last Name:	Lambert	DOB:	3/2/1966
Middle Initial:	L	Age:	56 year(s)
Patient #:	M002048900	Race:	Caucasian
Visit #:	D00259087443		
SSN:	E00185337		
Accession #:	0000596819		
Additional ID:	E00185337		

Contact details

Address:	2519 21ST ST E	Phone:	(659)239-2406
State:	AL		
City:	TUSCALOOSA		
Zip code:	35404-5915		

Medical History

History of Disease

Diagnosis	Date	No. of episodes	Frequency	Comments
Hypertension				
High Cholesterol				
Diabetes				
Sleep apnea				
Asthma				

Allergies

Allergen	Reaction	Comments
Other allergy		Hydrocodone, Reglan, Cephalexin, Carbamazepine, Trazodone, Ploymyxin, Tizanidine, Keppra, Yellow Dye, Latex, Silver Nitrate

Admission

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Admission Data

Admission Date: 1/3/2023
Arrival Date: 1/3/2023
Hospital Status: Outpatient

Admission Time: 7:17
Arrival Time: 7:40
Insurance Payors: Private health insurance

Height (in.): 65
Height (cm.): 165.1
Weight (lbs.): 214.95
Weight (kg.): 97.5

BSA: 2.04 (m^2)
BMI: 35.77 (kg/m^2)

Lab Results

Lab Result Date: 12/30/2022

Lab Result Time: 11:45

Biochemistry

Name	Units	Result		Min	Max
BUN	mg/dl	11	--(---)---	6	20
Calcium	mg/dl	9.8	--(---)---	8.6	10
Chloride	mmol/l	100	--(---)---	98	107
Creatinine	mg/dl	0.6			0.9
Glucose	mg/dl	163	--(---)*	70	100
Potassium	mmol/l	3.5	--(---)---	3.4	5.1
Sodium	mmol/l	139	--(---)---	136	145

CBC

Name	Units	Result		Min	Max
Hematocrit	%	37.9	--(---)---	34.1	44.9
Hemoglobin	g/dl	12.2	--(---)---	11.2	15.7
MCHC	g/dl	32.2	--(---)---	32.2	35.5
MCV	fL	94.3	--(---)---	79.4	94.8
Platelets	$10^3/\mu l$	216	--(---)---	182	369
RBC	$10^6/\mu l$	4.02	--(---)---	3.93	5.22
WBC	$10^3/\mu l$	8.6	--(---)---	4	10

Procedure

Procedure Types

EP Procedure
 EP Study

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Comp. EP Eval w/ induction of arrhythmia
 Comp. EP Eval without induction of arrhythmia
 Comp. EP Eval w/ left ventricular recordings
 3-D Mapping
 Progr. stimulation & pacing after drug infusion
 Bundle of His recording
 Loop Recorder
 Loop Recorder Insertion

Procedure Description

Procedure Date

Procedure Date: 1/3/2023

Procedure Start Time: 11:57

Procedure End Time: 13:18

Procedure Staff

Name	Function
Jennifer Porter, ARRT	HA Staff
SHAH AMIT M.D	Performing Physician
SHAH AMIT M.D	Attending Physician
SHAH AMIT M.D	Ordering physician
Allison Hassell, RN	HA Staff
Emily Katherine Boman, RN	HA Staff
Stephanie Wyatt, RN	HA Staff
Leah Farley, RN	HA Staff
Lexi Mills, PCA	HA Staff
Michael Fike, RN	Nurse
Jannie Robertson, ARRT	Scrub
Craig Humber	Monitor
Kelli Allison, RN	Nurse
Cal McDonald, RN	Nurse
SHAH AMIT M.D	Electrophysiologist

Indication

Ventricular tachycardia

Procedure Data

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Fluoroscopy Time: 0:08 min

Fluoroscopy Dose: 36 mGy

Contrast Material

Contrast Material Type	Amount (ml)
No Contrast	0

Entry Location

Entry Location	Side	Size (Fr)	Upsize 1 (Fr)	Upsize 2 (Fr)	Closure Device	Hemostasis obtained with manual compression
Femoral artery	Right	5	6			✓
Femoral vein	Right	8				✓
Femoral vein	Right	6				✓
Femoral vein	Right	6				✓

Catheters

Catheter Name	Used For	Catheter Placement	Entry Location
CATH DECANAV F R7F282CT	Recording, Pacing, Mapping	CS	Right femoral vein
ST. JUDE CATHETER INQUIRY 5F E-HIS QUAD SOFT TIP			
ST. JUDE CATHETER INQUIRY 5F QUAD	Recording, Pacing	His, RVA	Right femoral vein
BOSTON SCIENTIFIC WOVEN 5mm QUAD CATH REPO	Recording, Pacing	RVOT, RV	Right femoral vein
BOSTON SCIENTIFIC WOVEN 5mm QUAD CATH REPO	Recording, Pacing	LV	Right femoral artery

Implants Data

Devices

Identification	Action	Location	Device Name	Serial #	Implant date
New implant	Implanted	Prepectoral	MEDTRONIC ICM REVEAL LINQ II.	RLB378742G	1/3/2023

Measurements and Functions

ECG and Basic Intervals

Rhythm: Normal sinus rhythm

QRS Morphology: Normal

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State	A-A (ms)	V-V (ms)	P-R (ms)	QRS (ms)	Q-T (ms)	Q-Tc (ms)	His duration (ms)	A-H (ms)	P-A (ms)	H-V (ms)	V-A (ms)
Baseline	730	730	180	99	410	480		111		56	
Post study	538	538	189	94	275	375		107		47	

Atrio-ventricular Evaluation

AV Node Dual Physiology: None
AV Node Antegrade Conduction: Normal

Conduction Blocks and Ref.Periods

State	Site	Pacing CL (ms)	Block Type
Baseline	CS	310	AV wenckebach
Baseline	RV apex	490	Retrograde Wenckebach
Post study	CS	280	AV wenckebach

State	Site	S1-S1 (ms)	Refractory Type	Refractory Period (ms)
Baseline	AV Nodal	500	ERP	
Baseline	Ventricular	450	ERP	
Baseline	Rvot	400	ERP	
Isoproterenol	Rvot	400	ERP	

Hemodynamics

Rest

BSA:2.04 (m²) **HGB:**12.2 (g/dl) **O₂ Consumption:** Estimated: 277.44 (ml/min) **O₂ Consumption indexed:** Estimated:136 (ml/min/m²)

Samples

Rest

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Pre Procedure	Intra Procedure	NCS	Post Procedure
---------------	-----------------	-----	----------------

Vital Signs

	Time	Heart Rate (bpm)	SPO2 (%)	NIBP (mmHg)	Confirmed
	7:46:32	87	98	139/83	

Medications

	Time	Medication	Route	Dose	Verified by	Delivered by	Reason	Notes	Effectiveness
	11:39:07	Lidocaine	to the table	30 ml	Jannie Robertson, ARRT	Cal McDonald, RN	per MD order		
	11:39:13	Heparinized Saline 2000units/1000mL	to the table		Jannie Robertson, ARRT	Cal McDonald, RN	per MD order		
	11:39:22	Heparinized Saline 2000units/1000mL	Flush		Jannie Robertson, ARRT	Cal McDonald, RN	per MD order		
	12:27:02	Isuprel	I.V. drip	2 mg	Michael Fike, RN	Kelli Allison, RN	per MD order		
	12:55:47	Heparin	I.V. bolus	4000 units	Michael Fike, RN	Kelli Allison, RN	for anticoagulation		

Procedure Log

	Time	Note
	7:42:34	The Pre Ep procedure started
	7:42:34	Vital chart was started
	7:42:37	Procedure consent signed and witnessed.
	7:44:04	Arrival Date: 1/3/2023 7:40:00 AM
	7:44:43	Patient received from Outpatient to Cath Lab Holding Room
	7:44:51	Patient identified by Name: Lambert, Cynthia and Visit Number: D00259087443. ID band verified as correct.
	7:44:53	Infection Prevention Education: Done
	7:44:54	Sedation Education: Done
	7:44:55	Procedure Education: Done
	7:45:00	H&P in chart, Labwork in chart
	7:45:08	Family Available in Waiting Room.
	7:45:10	Instructions Given to Patient . Verbalizes Understanding
	7:45:16	Pre- ECG: Sinus - Rhythm without ectopy. BPM = 87

	Time	Note
⌚	7:45:19	Pre-Procedure Blood Pressure: 139/83
⌚	7:45:26	Pre-Sedation Assessment; Activity: Able to move all extremities (2); Respiration: Able to deep breathe/cough (2); Circulation: BP +/- 20% pre-sedation level (2); Consciousness: Fully Alert, able to answer questions (2); O2 Sat: Sat. > 92% on room air (2); Score: 10.
⌚	7:45:28	Does patient have a history of sleep apnea Yes. If NO, proceed to the STOP/BANG assessment.
⌚	7:45:31	Patient Complaining of None. Patient identified pain level as 0/10
⌚	7:45:33	Neuro Status: Communication - Responds appropriately, Emotional - Calm/Relaxed, Mobility - Moves all extremities well
⌚	7:45:35	Integumentary: warm, dry
⌚	7:45:39	Patient Mobile: Yes; Skin Assessed: N/A.Pt denies complaints
⌚	7:45:41	O2 Therapy: Room Air
⌚	7:45:43	Respiratory Status: Pink
⌚	7:45:46	Breath Sounds: Not Assessed inNot Assessed; Rate = 16
⌚	7:45:51	Female Patients: Greater than 50 with no regular cycle Yes. Hysterectomy Yes. Tubal Ligation Yes. Order placed for pregnancy test N/A.
⌚	7:45:55	GU: Foley Present - No
⌚	7:45:58	Patient on Contact Isolation: No
⌚	7:46:04	Pre Cardiac Cath Flowsheet: Radial Right N/A, Radial Left N/A, Dorsalis Pedis Right +2- Slightly Diminished, Dorsalis Pedis Left +2- Slightly Diminished, Posterior Tibial Right Doppler, Posterior Tibial Left Doppler.
⌚	7:46:10	Pre Assessment: Absence of falls - Risk of falls will be minimized. Bed in low and locked position, Patient out of bed with assistance only, Nurse at bedside, Side rails up. Current Progress Adequate for Transition.
⌚	7:46:13	Pre Assessment: Body Temperature - Patient's temperature will be maintained. Warm blankets applied. Current Progress Adequate for Transition.
⌚	7:46:15	Pre Assessment: Circulatory Function WSP, Peripheral Tissue Perfusion - Patient will show no evidence of altered tissue perfusion. Capillary refill <3 seconds. Current Progress Adequate for Transition.
⌚	7:46:18	Pre Assessment: Experience Reduced Anxiety - Patient's anxiety will be minimized. Patient/Family kept informed, Procedure explained, Unit procedures explained. Current Progress Adequate for Transition.
⌚	7:46:20	Pre Assessment: Hemodynamically Stable - Patient's vital signs will be maintained to 20% of preprocedural status. Vital signs per policy. Current Progress Adequate for Transition.
⌚	7:46:24	Pre Assessment: Patient's Privacy Maintained - Patient's privacy will be maintained. Patient kept covered, Curtains pulled between patients, Patient medical record secured. Current Progress Adequate for Transition.
⌚	7:46:27	Pre Assessment: Report pain at tolerable level - Patient's pain will be minimized. Give pain meds as needed, Non pharmacological measures. Current Progress Adequate for Transition.
⌚	7:46:30	Pre Assessment: Understand Pre-procedure post care - Knowledge deficit. Pre-op teaching initiated, Patient/Family questions answered. Current Progress Adequate for Transition.
⌚	8:00:36	A 22 gauge IV was started in the right hand using aseptic technique per Leah Farley, RN.
⌚	8:00:44	A 22 gauge IV was started in the left hand using aseptic technique per Leah Farley, RN.
⌚	8:00:48	0.9% NS started at 30 ml/hr.

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	Time	Note
⌚	8:00:51	IV fluid volume at start of procedure: 1000 ml.
⌚	8:01:00	Bedside Testing: Glucose (reference range 70-100 mg/dl) = 148, by Leah Farley, RN
⌚	8:01:05	The patient's family was updated by Emily Katherine Boman, RN; Patient prepped and waiting in the holding room
⌚	8:01:09	Rounding Completed by Emily Katherine Boman, RN. Pain, Position, Perimeter and Potty assessed. 0/10
▶	11:20:29	Room CL 5 ready.
▶	11:24:00	Patient arrived to Cath Lab Procedure Room 5
▶	11:24:01	Patient arrived from CL Holding Room in supine position. Patient placed on cardiac /pulse monitors.
▶	11:27:13	Pads Applied: R2C Thru Pads
▶	11:38:45	Soft Restraints: Applied. Distal circulation checked with good capillary refill.
▶	11:38:49	Bilateral groins area was prepped with chloro-prep and draped in sterile fashion
▶	11:39:07	Lidocaine 30 ml to the table was given by Cal McDonald, RN per MD order;
▶	11:39:13	Heparinized Saline 2000units/1000mL to the table was given by Cal McDonald, RN per MD order;
▶	11:39:22	Heparinized Saline 2000units/1000mL Flush was given by Cal McDonald, RN per MD order;
▶	11:44:24	Physician arrived
▶	11:44:24	Verbally confirmed with the Physician that all pre-sedation assessments have been performed and documented.
▶	11:45:15	No changes noted from Physician's Pre-Assessment.
▶	11:45:37	uni view xray completed
▶	11:50:59	Intra Cardiac Cath Flowsheet: Femoral Right +2- Slightly Diminished, Femoral Left +2- Slightly Diminished.
▶	11:54:26	PROTECTOR ULNAR NERVE FOAM VM9500E ARM POSITIONER was used for procedure.
▶	11:54:26	WRIST RESTRAINTS 79-91510 was used for procedure.
▶	11:54:27	PHYSIO ELECTRODE EDGE RTS QUIK COMBO- MEDLINE was used for procedure.
▶	11:54:27	BSW REFERENCE PATCH CARTO was used for procedure.
▶	11:54:27	ABLATION PACK.... was used for procedure.
▶	11:54:28	MERIT EP FLUID MANAGEMENT KIT was used for procedure.
▶	11:54:28	BS TUBE CONNECTING 48 FLEXCIL. was used for procedure.
▶	11:54:29	TERUMO SHEATH INTRO PINNACLE 5F was used for procedure.
▶	11:54:29	TERUMO INTRODUCER SHEATH PINNACLE 6FR was used for procedure.
▶	11:54:30	TERUMO INTRODUCER SHEATH PINNACLE 6FR was used for procedure.
▶	11:54:30	TERUMO INTRODUCER SHEATH PINNACLE 8FR was used for procedure.
▶	11:57:34	Physician scrubbed in
▶	11:57:38	Procedure Site of incision above the xiphoid: 0 - N/A. Open Oxygen source (face mask/nasal cannula): 1 - Yes. Ignition source (cautery, laser, fiber optic light source): 1 - Yes. Total Fire Risk Score: 2 - Low Risk with potential to convert to High Risk.
▶	11:57:41	Time Out Performed. Patient Name verified: cynthia lambert. Procedure verified: ep study/possible ablation possible loop implant. Anticipated site: bilateral femoral vein. Antibiotic Given: N/A. Safety Needs Addressed: Yes. All documented procedure staff were in attendance.

	Time	Note
▶	11:57:44	Procedure Started.
▶	11:57:46	The patient's family was updated by Kelli Allison, RN; Family updated during procedure talked with son
▶	11:58:31	Local anesthetic given to right groin region with 1% Lidocaine.
▶	11:58:35	Percutaneous access to RFV with guidewire to follow.
▶	11:59:17	Percutaneous access to RFV with guidewire to follow.
▶	12:00:19	Percutaneous access to RFV with guidewire to follow.
▶	12:00:41	Percutaneous access to RFA with guidewire to follow.
▶	12:01:31	A 5 FR sheath was inserted into the Right Femoral artery-successfully.
▶	12:01:43	A 8 FR sheath was inserted into the Right Femoral vein-successfully.
▶	12:02:01	A 6 FR sheath was inserted into the Right Femoral vein-successfully.
▶	12:02:07	A 6 FR sheath was inserted into the Right Femoral vein-successfully.
▶	12:03:02	Heparinized NS @ TKO to side port of sheaths: to both venous and arterial sheaths
▶	12:04:43	A CATH DECANAV F R7F282CT was inserted through the Right femoral vein placed in the CS and used for Recording, Pacing, Mapping
▶	12:04:58	RIGHT ATRIAL MAPPING
▶	12:10:40	A ST. JUDE CATHETER INQUIRY 5F E-HIS QUAD SOFT TIP was inserted through the placed in the and used for
▶	12:11:19	A ST. JUDE CATHETER INQUIRY 5F QUAD was inserted through the Right femoral vein placed in the His, RVA and used for Recording, Pacing
▶	12:11:56	A BOSTON SCIENTIFIC WOVEN 5mm QUAD CATH REPO was inserted through the Right femoral vein placed in the RVOT, RV and used for Recording, Pacing
▶	12:13:08	Pacing thresholds established.
▶	12:13:09	Conduction intervals obtained.
▶	12:13:09	Diagnostic electrophysiology study in progress.
▶	12:14:22	RETROGRADE STUDY IN PROGRESS
▶	12:27:02	Isuprel 2 mg I.V. drip was given by Kelli Allison, RN per MD order;
▶	12:27:02	Isuprel started at 2mcg/min.
▶	12:29:02	Isuprel increased to 3mcg/min.
▶	12:31:14	Isuprel increased to 4mcg/min.
▶	12:34:21	Isuprel decreased to 3 mcg/min.
▶	12:35:22	RVOT STUDY NOW IN PROGRESS
▶	12:37:13	ANTE GRADE STUDY IN PROGRESS
▶	12:48:21	TERUMO INTRODUCER SHEATH PINNACLE 6FR was used for procedure.
▶	12:48:42	Right Femoral artery sheath upsized to a 6 Fr.
▶	12:52:21	Isuprel decreased to 1 mcg/min.
▶	12:55:21	A BOSTON SCIENTIFIC WOVEN 5mm QUAD CATH REPO was inserted through the Right femoral artery placed in the LV and used for Recording, Pacing
▶	12:55:40	LV STUDY IN PROGRESS
▶	12:55:47	Heparin 4000 units I.V. bolus was given by Kelli Allison, RN for anticoagulation;
▶	12:57:24	ALL CATHETERS REMOVED FROM LV. NO INDUCTION NOTED

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	Time	Note
▶	12:57:41	WILL PROCEED TO LOOP IMPLANT
▶	12:58:00	All catheters have been removed.
▶	13:01:37	CARDIVA VASCADE MVP 6F-12F was used for procedure.
▶	13:05:02	Sheath removed from right femoral artery. Manual pressure held for 15 minutes.
▶	13:05:08	Sheath removed from right femoral vein. Manual pressure held for 10 minutes.
▶	13:06:33	FIRST VASCADE WOULD NOT DEPLOY AND DISCARDED. WILL MANUAL HOLD ALL SHEATH SITES
▶	13:07:49	Procedure type changed to EP Procedure, EP Study, Comp. EP Eval w/ induction of arrhythmia, Comp. EP Eval without induction of arrhythmia, Comp. EP Eval w/ left ventricular recordings, 3-D Mapping, Progr. stimulation & pacing after drug infusion, Bundle of His recording, Loop Recorder, Loop Recorder Insertion
▶	13:08:11	Nurse present during procedure: Kelli Allison, RN
▶	13:08:20	Local anesthetic given to left chest region with 1% Lidocaine.
▶	13:08:36	Medtronic representative present: TIM ARENDALE
▶	13:08:48	INCISON MADE TO LEFT CHEST
▶	13:09:32	Loop recorder inserted. SR# RLB 378742G
▶	13:10:05	A New implant of MEDTRONIC ICM REVEAL LINQ II., SN# RLB378742G, located on the Prepectoral area was Implanted
▶	13:10:30	SKIN CLOSED WITH3.0 VICRYL
▶	13:10:45	Dressing Applied: Octyl, Mediport, Steri strips to left Chest area.
▶	13:12:57	Physician scrubbed out
▶	13:14:40	Fluoroscopy time: 0:08 min
▶	13:14:44	Fluoroscopy dose: 36 mGy
▶	13:14:47	No Contrast 0ml used.
▶	13:14:48	Contrast amount wasted: 0ml.
▶	13:14:51	All medication waste has been documented in Accudose by Kelli Allison, RN.
▶	13:15:27	Manual compression was successfully used at the Right Femoral artery
▶	13:15:30	Manual compression was successfully used at the Right Femoral vein
▶	13:15:34	Manual compression was successfully used at the Right Femoral vein
▶	13:15:39	Manual compression was successfully used at the Right Femoral vein
▶	13:15:48	IV Post Status: Saline lock on discharge
▶	13:16:25	Dressing Applied: Opsite, Pressure Dressing, Quik Clot, 4x4 Gauze to right Femoral area.
▶	13:16:39	Post-Procedure Blood Pressure: 118/61
▶	13:16:55	Post- ECG: Sinus - Rhythm without ectopy at 91 bpm.
▶	13:17:12	The patient's family was updated by SHAH AMIT M.D; Procedure completed TALKED WITHSON TREY ON PHONE
▶	13:17:15	Discharge criteria met and assessed by: SHAH AMIT M.D.
▶	13:17:16	See physician's report for complete and final results.
▶	13:18:30	Output: 0cc
▶	13:18:35	IV volume infused = 900 ml.

	Time	Note
▶	13:18:44	Sheath Site Status: No bleeding, No hematoma, Hemostasis obtained to right femoral vein
▶	13:18:47	Procedure completed.
▶	13:18:52	Report received from anesthesia. Post-procedure care continued by Kelli Allison, RN.
▶	13:19:07	Patient Complaining of None. Patient identified pain level as 0/10
▶	13:19:20	Post-Sedation Assessment; Activity: Able to move all extremities (2); Respiration: Able to deep breathe/cough (2); Circulation BP +/- 20% pre-sedation level (2) ; Consciousness: Fully Alert, able to answer questions (2); O2 Sat: Sat. > 92% on room air (2); Score: 9 .
▶	13:19:22	Soft Restraints: Removed. Distal circulation checked with good capillary refill.
▶	13:20:00	Rhythm: Normal sinus rhythm
▶	13:20:01	QRS morphology: Normal
▶	13:20:06	Baseline intervals as follows: A-A: 730 ms, V-V: 730 ms, P-R: 180 ms, QRS: 99 ms, Q-T: 410 ms, Q-Tc: 480 ms, His dur: , A-H: 111 ms, P-A: , H-V: 56 ms, V-A:
▶	13:20:30	Post study intervals as follows: A-A: 538 ms, V-V: 538 ms, P-R: 189 ms, QRS: 94 ms, Q-T: 275 ms, Q-Tc: 375 ms, His dur: , A-H: 107 ms, P-A: , H-V: 47 ms, V-A:
▶	13:21:04	AV node None physiology was identified
▶	13:21:25	AV Wenckebach in the CS was identified when pacing at 310 ms.
▶	13:21:39	Retrograde Wenckebach in the RV apex was identified when pacing at 490 ms.
▶	13:22:01	AV Wenckebach in the CS was identified when pacing at 280 ms.
▶	13:22:13	AV Nodal ERP was when pacing at 500 ms
▶	13:22:27	Ventricular ERP was when pacing at 450 ms
▶	13:22:49	Rvot ERP was when pacing at 400 ms
▶	13:23:09	Rvot ERP was when pacing at 400 ms
▶	13:23:35	Post Cardiac Cath Flowsheet: Post Cath Instructions. Sheath Present Post Protocol: Every 30 minutes for 6 hours while sheath in place, then every hour until sheath removed. Post Sheath Removal: Every 15 minutes for 1 hour, then every 30 minutes for 2 hours, then routine or per physician order.
▶	13:23:46	Post Cardiac Cath Flowsheet: Radial Right +2- Slightly Diminished, Radial Left+2- Slightly Diminished, Femoral Right +2- Slightly Diminished, Femoral Left +2- Slightly Diminished, Dorsalis Pedis Right +2- Slightly Diminished, Dorsalis Pedis Left +2- Slightly Diminished, Posterior Tibial Right Doppler, Posterior Tibial Left Doppler.
▶	13:24:00	Post Assessment: Absence of active bleeding - Post operative bleeding will be minimal. Observe for bleeding, Reinforce/Change dressing as needed. Current Progress Met, Ongoing.
▶	13:24:04	Post Assessment: Absence of falls - Risk of falls will be minimized. Bed in low and locked position, Nurse at bedside, Side rails up. Current Progress Met, Ongoing.
▶	13:24:07	Post Assessment: Body Temperature - Patient's temperature will be maintained. Warm blankets applied. Current Progress Met, Ongoing.
▶	13:24:09	Post Assessment: Circulatory Function WSP, Peripheral Tissue Perfusion - Patient will show no evidence of altered tissue perfusion. Capillary refill <3 seconds. Current Progress Met, Ongoing.
▶	13:24:15	Post Assessment: Experience Reduced Anxiety - Patient's anxiety will be minimized. Patient/Family kept informed, Procedure explained, Unit procedures explained. Current Progress Met, Ongoing.
▶	13:24:18	Post Assessment: Hemodynamically Stable - Patient's vital signs will be maintained to 20% of preprocedural status. Vital signs per policy. Current Progress Met, Ongoing.

Generated on: 1/3/2023 13:36

	Time	Note
▶	13:24:22	Post Assessment: Patient's Privacy Maintained - Patient's privacy will be maintained. Patient kept covered, Curtains pulled between patients, Patient medical record secured. Current Progress Met, Ongoing.
▶	13:24:27	Post Assessment: Report pain at tolerable level - Patient's pain will be minimized. Non pharmacological measures. Current Progress Met, Ongoing.
▶	13:24:32	Post Assessment: Understand Pre-procedure post care - Knowledge deficit. Pre-op teaching initiated, Patient/Family questions answered. Current Progress Met, Ongoing.
▶	13:24:36	Rounding Completed by Kelli Allison, RN. Pain, Position, Perimeter and Potty assessed. 0/10
▶	13:30:18	Report given to we3ndy m cppuc1.
▶	13:30:21	Report received from Kelli Allison, RN.
▶	13:35:52	Patient transferred to CPPU CL 16 with Strecher.
▶	13:35:59	Patient transported by Jannie Robertson, ARRT, Kelli Allison, RN
▶	13:36:01	End Room Use.

Signature Audit Trail

Stage	Time	Signature	Unsigned
Intra-Procedure	1/3/2023 1:36:32 PM	Kelli Allison, RN	

Report generated by Kelli Allison, RN (Nurse) on 1/3/2023 1:36:37 PM

Date: 1/3/23 Arrival Time: 1337
 Diagnosis/Procedure: EP Study/loop

Blood Glucose on arrival: 163
 Diabetic: Yes No
 Sheath Size & Location:

Time:	Pre-Exam	Post-Exam	1337	1345	1400	1455	1455	1545	1615	1645	1710	1820
BP:			134/72	131/84	137/100	124/70	125/82	133/90	131/70	130/77	136/77	144/92
Pulses:												
Left Femoral	2	2	2	2	2	2	2	2	2	2	2	2
Left Posterior Tibial	D	D	2	2	2	2	2	2	2	2	2	2
Left Dorsalis Pedis	2	2	2	2	2	2	2	2	2	2	2	2
Right Femoral	2	2	2	2	2	2	2	2	2	2	2	2
Right Posterior Tibial	D	D	2	2	2	2	2	2	2	2	2	2
Right Dorsalis Pedis	2	2	2	2	2	2	2	2	2	2	2	2
Bleeding	0	0	0	0	0	0	0	0	0	0	0	0
Hematoma	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initials	JY	K	W	W	W	W	W	W	W	CG	CG	CG

Clear liquids ONLY while sheath is in place.

Instructions:

Sheath Present Post Protocol: Every 30 minutes for 6 hours while sheath in place. Then, every hour until sheath is removed.

Post Sheath Removal: Every 15 minutes for 1 hour. Then, every 30 minutes for 2 hours. Followed by every hour for 2 hours. Then finally, routine or per physician's order.

Date/Time:	Sign:	Closure Device/Hemostasis Patch:	PULSE SCALE:	HEMATOMA SCALE:
1/3/23 1337	W		0 Absent	
Date/Time: 1/3/23 1445 Sign: C. hewitt		Artifial Sheath Removed @	+1 Thready	
Date/Time: 1/3/23 1445 Sign: C. hewitt		Sandbag/Wedge Applied @	+2 Decreased	
Date/Time: 1/3/23 1445 Sign: C. hewitt		Sandbag/Wedge Removed @	+3 Normal	
Date/Time: 1/3/23 1445 Sign: C. hewitt		Estimated Rollover Time @	+4 Bounding	
Date/Time: 1/3/23 1445 Sign: C. hewitt		Complete Bedrest Until	1830	
		PT May Eat @		



Post Cardiac Catheterization/Angioplasty Pedal Pulse Flow Sheet



22.CAR.22.003

Lambert,Cynthia L
 01/03/23 03/02/1966 F 56
 D00259087443 M002048900
 Shah,Amit



Time:	Pre-Exam	Post-Exam
BP:		
Pulses:		
Left Femoral		
Left Posterior Tibial		
Left Dorsalis Pedis		
Right Femoral		
Right Posterior Tibial		
Right Dorsalis Pedis		
Bleeding		
Hematoma		
Nurse Initials		

Clear liquids ONLY while sheath is in place.

Instructions:

Sheath Present Post Protocol: Every 30 minutes for 6 hours while sheath in place. Then, every hour until sheath is removed.

Post Sheath Removal: Every 15 minutes for 1 hour. Then, every 30 minutes for 2 hours. Followed by every hour for 2 hours. Then finally, routine or per physician's order.



* C V W O R K *

Post Cardiac Catheterization/Angioplasty Pedal Pulse Flow Sheet

22.CAR.22.003
Page 2 of 2

Lambert,Cynthia L
01/03/23 03/02/1966 F 56
D00259087443 M002048900
Shah,Amit

