

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

VA Blue Button® report

This report contains information from your VA medical records.

Note: This report doesn't include information you entered yourself. To find information you entered yourself, download a self-entered health information report.

Name: RONALD CLARK CAMPBELL

Date of birth: April 11, 1950

Last updated at 3:29 a.m. on March 4, 2026

Records in this report

Date range: January 1, 2012 to February 1, 2026

- Care summaries and notes
 - My HealtheVet account summary
-

Care summaries and notes

This report only includes care summaries and notes from 2013 and later.

For after-visit summaries, (summaries of your appointments with VA providers), go to your appointment records.

Showing 883 records from newest to oldest

LAB RESULTS (AUTO PRINT)

Details

Date entered: January 28, 2026

Location: LOUIS A. CONTER VA CLINIC

Written by: ESTHER HUI

Signed by: ESTHER HUI

Date signed: January 29, 2026

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)

STANDARD TITLE: LETTERS

DICT DATE: JAN 28, 2026@21:42:53 ENTRY DATE: JAN 28,
2026@21:42:54

DICTATED BY: HUI, ESTHER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

SUBJECT: LAB RESULTS - Single Note 13 lines - provider may edit or
comment

Dear Veteran: RONALD CLARK CAMPBELL

Thank you for choosing the Northern California VA Healthcare System as
your

health care provider. Below are your Jan 28 2026 test results. For any
questions, please contact your health care team by calling the VA Call
Center

at 800-382-8387 or send a secure message in MyHealtheVet.

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
HGBA1c & eAG			
HGBA1c	8.0 H	%	4.1 - 5.7
eAG	183 H	mg/dL	74 - 118

Your A1c remains elevated. Please cont to work w/ pharmacist to control your blood sugars as you are doing. You have a f/u appointment 2/4/26.

Sincerely,

/es/ Esther Hui, MD
Staff Physician, Primary Care

Patient Record Number 7468482

NEUROLOGY PHARMACY NOTE

Details

Date entered: January 27, 2026
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: January 27, 2026

Note

LOCAL TITLE: NEUROLOGY PHARMACY NOTE
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: JAN 27, 2026@12:32 ENTRY DATE: JAN 27, 2026@12:32:07
AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

*** NEUROLOGY PHARMACY NOTE Has ADDENDA ***

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 75yo WHITE MALE

[]Chart reviewed/[X]Phone encounter/[]Video encounter/[]Seen in Clinic
by/with neurology clinical pharmacist practitioner (neuroCPP)
for []initial visit/review / [X]follow-up regarding medication management.

The pt's identity was confirmed with the following two items: DOB, Name
Encounter conducted by synchronous telephone/telehealth.
Modality and limitations discussed. Verbal consent obtained.

Relevant Indication: cluster HA
Referred by: Dr. ZIMMERMAN; Informal consult.

Excerpt per 12/5/25 neuro note:

"

ASSESSMENT:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with CAD, OSA, HTN, AF
on
dabigatran, T2DM, HLD, prior diagnosis of cluster headache on 02 and
Galcanezumab.

In summary, continues to have daily headaches, with a cluster headaches.
They
respond to oxygen as needed. He is continued on Emgality monthly.
Remotely, he
tried lithium which he reports was effective although had intolerable
tremor.
He was amenable to retry lithium with low-dose and slow titration to goal
level
of 0.6-0.8. He has had benefit of steroids in the past, however patient
has had
elevated A1c and would be cautious. Will tag pharmacist to follow-up;
discussed
R/B/A of lithium.

PLAN:

- Likely PAVA COE not qualified as no TBI
- Lithium start, goal level 0.6-0.8:
 - Week 1: Lithium 150mg daily, obtain level
 - Week 2: Increase to 150 BID if level still lower than 0.6-0.8, obtain level
 - Further increase pending levels - increase by 150 or 300mg each time and check trough levels
- Continue Emgality 300 qMonthly
- Continue O2 PRN 10-15 at ~100% for ~10-20m
- "

PMH: Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013

24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, BISOPROLOL (bradycardia)

Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
=====		
===		
8) LITHIUM CARBONATE 150MG CAP Qty: 30 for 30 01/07/26 days Sig: TAKE ONE CAPSULE BY MOUTH EVERY 01/08/26 EVENING FOR CLUSTER HEADACHE 02/06/26 Indication: FOR CLUSTER HEADACHE	ACTIVE Refills: 0	Issue: Last : Expr :
5) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty: 01/02/25 9 for 90 days Sig: INJECT 300 MG (3 ML) 11/09/25 UNDER THE SKIN ONCE A MONTH FOR HEADACHE 01/03/26 PREVENTION Indication: FOR HEADACHE PREVENTION	EXPIRED Refills: 0	Issue: Last : Expr :

Active Outpatient Medications	Status
=====	
===	
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK	ACTIVE
2) ALCOHOL PREP PAD USE PAD TOPICALLY AS DIRECTED TWO TO THREE TIMES A WEEK	ACTIVE
3) CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE DECREASED DOSE	ACTIVE

Indication: FOR VITAMIN D SUPPLEMENT

4) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE. ACTIVE

5) EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES ACTIVE
(S)

Indication: FOR DIABETES

6) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL ACTIVE
(S)

Indication: FOR CHOLESTEROL

7) LANCET,SOFTCLIX USE LANCET AS DIRECTED ACTIVE

8) LITHIUM CARBONATE 150MG CAP TAKE ONE CAPSULE BY MOUTH EVERY EVENING FOR CLUSTER HEADACHE ACTIVE

Indication: FOR CLUSTER HEADACHE

9) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE ACTIVE

Indication: FOR BLOOD PRESSURE

10) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES ACTIVE

Indication: FOR DIABETES

11) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART ACTIVE

Indication: FOR HEART

12) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA ACTIVE

Indication: FOR ASTHMA

13) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID. ACTIVE
(S)

Indication: FOR STOMACH PROTECTION

14) PREDNISONE 10MG TAB TAKE FOUR TABLETS BY MOUTH ONCE DAILY FOR 3 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 3 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 3 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR 3 DAYS FOR CLUSTER HEADACHE ACTIVE

Indication: FOR CLUSTER HEADACHE

15) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE

- 16) SHARPS DISPOSAL CONTAINER 2 GALLON SIZE USE CONTAINER AS ACTIVE
DIRECTED FOR DISPOSAL OF NEEDLES OR SYRINGE.
Indication: FOR DISPOSAL OF NEEDLES OR SYRINGE.
- 17) TABLET CUTTER USE DEVICE AS DIRECTED FOR SPLITTING TABLETS. ACTIVE
Indication: FOR SPLITTING TABLETS.
- 18) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS ACTIVE
(5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT
TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Active Non-VA Medications

Status

- =====
- ===
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS ACTIVE
NEEDED

No Active Remote Medications for this patient

Pt in NAD today.

Since last neuro visit, pt/caregiver(CG) reports associated signs/symptoms are

mostly unchanged. Headaches are not well controlled, reports functioning generally on a "limited basis" d/t HA control, though was able to spend some

quality time with family and new grandbabies where had been able to function.

Reports currently on lithium 150mg BID, did not reduce dose of lithium since

last encounter. Reports has had some clear days, no more than 2 days in a row, with one or no HAs.

Endorses the following side effects of current medication regimen: none, no

dizziness, no falls, no tremor; more relaxed but no other mood/behavior changes,

pt appropriately coping with pain "handling it" per wife. Recall has been poor

d/t poor control of headaches--does not think is r/t side effects but thinks r/t
 blocking out pain with uncontrolled HA.no other neurologic/mentation changes;
 historically had tremor with high dose lithium.

Adherence: dose discrepancy noted; otherwise no missed doses
 [X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt/CG: pending community care consult to HA specialist
 with Sutter in Auburn.

O:

Vitals - most recent BMI: 27.2

Height: 69 in [175.3 cm] (03/25/2024 10:22)

Weight: 184 lb [83.46 kg] (08/29/2025 14:37)

Pulse: 83 (08/29/2025 14:37)

BP: 138/60 (08/29/2025 14:37)

Pertinent Labs:

Collection DT	Spec	WBC	RBC	HGB	HCT	MCV	PLT
12/26/2024 13:22	BLOOD	19.9 H	4.84	13.9 L	43.8	90.5	314
05/01/2024 07:51	BLOOD	6.9	4.82	14.0	43.8	90.9	217

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
07/22/2025 07:41	PLASM	141	3.9	108	25	16	0.7
02/06/2025 08:21	PLASM	136	3.8	101	27	18	0.77

Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-T0
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7
02/06/2025 08:21	PLASM	36	37	69	4.0	0.5

Calculated Creatinine Clearance: CrCl=91.2 mL/min (JUL 22, 2025)

Drug Level Monitoring:

01/06/2026	LITHIUM	1.2
12/22/2025	LITHIUM	<0.1 L
08/26/2019	LITHIUM	0.40 L
09/18/2019	LITHIUM	0.90

A/P: 75 yo MALE with h/o cluster HAs with emgality (galcanezumab) and recent daily HAs, referred for medication management with retrieval of lithium, currently on low dose 150mg BID; did not trial dose reduction since level 1.2 above goal 0.6-0.8. Reporting has had with some/albeit infrequent HA free days but overall ongoing poor HA control, now pending community care consult to see HA specialist. Reports feeling "fuzzy" about details, attributed by pt to poor pain control, but may be multifactorial, will monitor. No other intolerances reported.

Historically had cluster headache remission 6/3/2012-7/5/2013 when on lithium and was also prescribed primidone d/t tremors suspected d/t lithium. Last had been retrialed up to 900mg/d in 2019 and was tapered off d/t inefficacy and also had experienced tremor which resolved off lithium; this was shortly prior to approval of emgality. Last BP appropriate on antiCGRP. Last renal fcn wnl, will monitor lithium drug level closely. Re: DDI, appears losartan and empagliflozin are stable doses for months, would recommend monitoring lithium level closely if any future dose changes.

Pt/CG and provider involved in shared decision making for the following plan:

Medication therapy:

☒ Continue current:

galcanezumab 300mg subq monthly

lithium 150mg BID unchanged for now; repeat level now

☐ Counseled on medication changes:

☐ Counseled on NEW medication(s):

Pt education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed for pertinent meds today.

Pt has good knowledge of their medications and good adherence.

Reviewed all pertinent medications, including indication for use, possible adverse effects (including, but not limited to, those seen commonly and those that are more rare but may require intervention), and appropriate administration. Reviewed medication expectations including time to therapeutic effects, and counseled on importance of taking medications as prescribed with good adherence.

Lab results were discussed with pt/CG during visit today.

Reviewed role of neuroCPP as part of pt's health care team.

Additional consults placed: n/a

Encouraged lifestyle modifications, including the following:

Maintaining a detailed headache diary in order to identify triggers and patterns, as well as to document frequency and severity

Fall precautions

Pt's specific goals prior to next visit:

lab test

Follow up:

[X] TBD/1week neuroCPP phone appt [X]w/labs

[X] with Neurologist/NP as ordered/scheduled

[X] other/prn - pt/CG or provider may request sooner appt if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care.

Veteran/caregiver informed of resources including crisis services, triage clinic, Emergency Department, VA Hotline and 911. Veteran/caregiver instructed

to contact VetsCONNECT or the PACT care team for any future routine issues/concerns. Veteran/caregiver advised to call 911 or go to Emergency Department for any potentially life threatening problems/conditions.

Veteran/caregiver verbalized understanding of how to access services and willingness to utilize urgent/crisis services if needed.

Opportunity provided for questions; has/given clinic phone number for questions.

Time spent with pt/CG: 18min.

PHARMACIST INTERVENTIONS:

HEADACHE/MIGRAINE

Medication Intervention(s)

Prevent or manage an adverse drug reaction or event

Medication monitoring, no dosage change required, continue to monitor
and

assess

Address adherence

FALLS PREVENTION

Medication monitoring, no dosage change required, continue to monitor and
assess

/es/ Charisse May C. Vivar, Pharm.D.

Neurology Clinical Pharmacy Specialist

Signed: 01/27/2026 15:08

01/28/2026 ADDENDUM

STATUS: COMPLETED

Date:

Result:

Lithium dose:

01/28/2026 LITHIUM

0.40 L

150mg BID

01/06/2026 LITHIUM

1.2

150mg BID

12/22/2025 LITHIUM

<0.1 L

150mg once a day

Pt completed repeat lab, with result decreased and slightly subtherapeutic
for

goal 0.6-0.8, had prev been suprathapeutic on same dose. Marginal
efficacy

endorsed by pt (still overall poor control but with some recent HA free
time)

and pending appt with Sutter HA specialist through community care. Have
advised

pt to continue present dose for now; will request neurologist to please
comment/advise if change/increase to dose recommended.

/es/ Charisse May C. Vivar, Pharm.D.

Neurology Clinical Pharmacy Specialist

Signed: 01/28/2026 13:08

Receipt Acknowledged By:

01/29/2026 08:06 /es/ CHRISTOPHER ZIMMERMAN,
DO

Staff

Neurologist

Anticoag Telephone Note 60019

Details

Date entered: January 26, 2026

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JOLENE WAGNER

Signed by: JOLENE WAGNER

Date signed: January 26, 2026

Note

LOCAL TITLE: Anticoag Telephone Note 60019
STANDARD TITLE: PHARMACY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JAN 26, 2026@09:40 ENTRY DATE: JAN 26,
2026@09:40:19
AUTHOR: WAGNER, JOLENE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

SUBJECTIVE:

Drug: dabigatran (Pradaxa) 150mg bid

Indication:

Atrial Fibrillation/Flutter

CHADS2-VASc Score (range 0-9):

History of Venous Thromboembolism (VTE)

Anticipated duration of anticoagulant therapy:

Indefinite/extended (no anticipated stop date)

Patient identified as needing review for the following:

Monitoring overdue

Lab(s) overdue: Hgb/Hct, Plt

OBJECTIVE:

*** Active VA and non-VA medication lists, pertinent laboratory tests (i.e., H/H, Plts, SCr, LFTs, Anti-Xa, etc), recent progress notes, and other pertinent objective data were reviewed. ***

Height: 69 in [175.3 cm] (03/25/2024 10:22)

Weight: 184 lb [83.46 kg] (08/29/2025 14:37)

27.2

Outside hemoglobin

Lab result (g/dL): 14.7

Date: January 7, 2026

Location: Sutter Auburn Faith Hospital

Outside HCT

Lab result: 47.1

Date: January 7, 2026

Location: Sutter Auburn Faith Hospital

Outside platelet count

Lab result: 246

Date: January 7, 2026

Location: Sutter Auburn Faith Hospital

Outside creatinine (serum)

Lab result: 0.80

Date: January 7, 2026

Location: Sutter Auburn Faith Hospital

For ongoing monitoring, a population-based approach will be used to ensure safety, adherence to therapy, and appropriateness of prescribing. Periodic risk/benefit assessments will be performed as necessary.

/es/ JOLENE WAGNER
PHARMACY TECHNICIAN
Signed: 01/26/2026 09:42

Neurology Secure Messaging

Details

Date entered: January 22, 2026
Location: SACRAMENTO VA MEDICAL CENTER
Written by: RACHEAL MARIE HOLLIS
Signed by: RACHEAL MARIE HOLLIS
Date signed: January 22, 2026

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: JAN 22, 2026@11:59 ENTRY DATE: JAN 22,
2026@08:59:02
AUTHOR: HOLLIS,RACHEAL MARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 01/22/2026 10:17 AM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Appointment:Phone Appointment

Dr ZIMMERMAN

I have an urgent matter to discuss with you
It deals with the residual impact of the cluster headaches on my ability
to
remember and cope, and every day off activities

I don't wish to wear elaborate here but need to discuss with you as soon
as

possible. The issue that I'm facing.

Regards

Ron Campbell

-----Original Message-----

Sent: 01/22/2026 11:58 AM ET

From: HOLLIS, RACHEAL MARIE

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Phone Appointment

Good morning your provider has some video appointments open tomorrow. I have sent the schedulers a message to call you. However, should you miss their call please call them at 916-843-2732.

Racheal H.
LVN, Neurology

/es/ RACHEAL MARIE HOLLIS
LVN Medical Specialty
Signed: 01/22/2026 08:59

Receipt Acknowledged By:
01/26/2026 16:57 /es/ CHRISTOPHER ZIMMERMAN,
DO

Staff

Neurologist

Gastroenterology Secure Messaging

Details

Date entered: January 16, 2026

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NINA LYNETTE AGUILAR

Signed by: NINA LYNETTE AGUILAR**Date signed:** January 16, 2026**Note**

LOCAL TITLE: Gastroenterology Secure Messaging
STANDARD TITLE: GASTROENTEROLOGY SECURE MESSAGING
DATE OF NOTE: JAN 16, 2026@13:13 ENTRY DATE: JAN 16,
2026@10:13:55
AUTHOR: AGUILAR,NINA LYNETT EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 01/16/2026 11:46 AM ET
From: CAMPBELL, RONALD CLARK
To: Gastroenterology - Mather.@
Subject: Appointment:Cancellation

Since 8/1/26 i've been suffering daily from chronic cluster headaches. Neurology has been working to find solutions. But nothing has helped. I was hopeful that the headache events were decrease however, they've increased to the highest level life I've ever experienced Even oxygen flow of 25 L per minute, no longer abate the events Last night for 2 1/2 hours, I struggled. And if the headache is not aborted within 15 minutes, the pain level is so severe I lose control and thrash about violently Again, I have no way to anticipate these events and will not be able to manage an attack or attacks on Wednesday

Please comforted erercseipt of this message

-----Original Message-----

Sent: 01/16/2026 01:13 PM ET

From: AGUILAR, NINA LYNETTE
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Cancellation

Good morning Mr. Campbell,

Thank you for reaching out today, and speaking with me on the phone.

As we discussed, I have cancelled the colonoscopy procedure for January 21, 2026. We will also cancel the consult.

When you are ready to schedule your colonoscopy, please reach out to your primary care provider for a new consult to GI.

Please reach out if you have any further questions or concerns.

Nina Aguilar, BSN RN
Patient Care Manager, GI

/es/ Nina Lynette Aguilar, RN BSN
Patient Care Manager, Gastroenterology SAC
Signed: 01/16/2026 10:13

Receipt Acknowledged By:

01/20/2026 07:50 /es/ Esther Hui,
MD

Staff Physician, Primary

Care

COMMUNITY CARE-REQUEST FOR SERVICE CONSULT

Details

Date entered: January 14, 2026

Location: MARTINEZ VA MEDICAL CENTER

Written by: DANA LESHAUN CHINIER

Date signed: None recorded

Note

LOCAL TITLE: COMMUNITY CARE-REQUEST FOR SERVICE CONSULT

STANDARD TITLE: NONVA CONSULT

DATE OF NOTE: JAN 14, 2026@12:00 ENTRY DATE: FEB 03,
2026@12:11:46

AUTHOR: CHINIER, DANA LESHOU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** COMMUNITY CARE-REQUEST FOR SERVICE CONSULT Has ADDENDA ***

VistA Imaging - Scanned Document

CAMPBELL2701-RFS-CC-CHIRO-14JAN2026-7209823

*** SCANNED DOCUMENT ***

SIGNATURE NOT REQUIRED

Electronically Filed: 02/03/2026

by: Dana Chinier LVN Community Care
Clinical Coordinator

02/03/2026 ADDENDUM

STATUS: COMPLETED

RFS-Request for Service 1

CPD-RFS date submitted by community provider: 01/14/2026

SUR-SAR/RFS Urgency: Routine

RRD-RFS details of what was requested:

Request for Service (RFS) received from a community provider requesting a new authorization. Please review the veteran's chart for the appropriateness of the request: Continuation of CHIROPRACTIC SERVICES.

Consult ID: 612_7209823

VA Referral #: VA0051345680

TW Referral #: 0030284313

Service Date:09/09/2025 ~ 12/09/2025

Service Requested by:

Larsen Chiropractic & Rehabilitation PC

Brian S. Larsen

212 Lincoln Way,

Auburn, CA 95603

Phone: 5308854447

Fax: 5308857586

NPI: 1386962108

Group NPI: 1770916009

Expiration of Current Authorization: 12/09/2025

ACTION NEEDED By VA Ordering Provider or DOA: Please review the RFS in Vista Imaging and add a comment with your decision and justification regarding the RFS.

If care is needed, please try to accommodate within the VA.

If unable to accommodate within the VA and the request meets Community Care Eligibility, please enter the requested consult/order.

RRD-----

Diagnosis: Other low back pain

ICD-10-CM: M54.59

SDR-RFS Sent for DOA Review: 02/03/2026

RFS-----

DOA Alerted to RFS request:

Dr. DEHN, Heather

Anna Farrell

/es/ Dana Chinier LVN Community Care

Clinical Coordinator

Signed: 02/03/2026 12:19

Receipt Acknowledged By:

02/04/2026 08:07 /es/ Heather Dehn,

DC

Chiropractor

02/03/2026 12:31 /es/ Anna M. Farrell, MSN,RN-
BC

CITC Care Coordinator/

SAC

02/03/2026 ADDENDUM

STATUS: COMPLETED

Dr. Dehn,

S:Veteran c/o LBP

B:Veteran had initial chiropractor auth.

A: Veteran completed 11/12 visits time ran out on getting last visit.

Initial

Short form 8 PROMIS 9/10/25 =40/40 and ending Short form 8 PROMIS 12/3/25
=18/40

R:Continuation of Initial? Please advise.

/es/ Anna M. Farrell, MSN,RN-BC

CITC Care Coordinator/SAC

Signed: 02/03/2026 12:39

Receipt Acknowledged By:

02/04/2026 08:07 /es/ Heather Dehn,
DC

Chiropractor

02/04/2026 ADDENDUM

STATUS: COMPLETED

Approved. Pain Management SEOC

/es/ Heather Dehn, DC

Chiropractor

Signed: 02/04/2026 08:08

Receipt Acknowledged By:

02/04/2026 10:05 /es/ Anna M. Farrell, MSN,RN-
BC

CITC Care Coordinator/

SAC

02/04/2026 ADDENDUM STATUS: COMPLETED
AWAITING FOR NEW ORDER (UNSIGNED)TO BE PROCESSED

02/04/2026 10:08 New Order entered by FARRELL,ANNA MARIA (NURSE)
Order Text: COMMUNITY CARE-CHIROPRACTIC Cons Consultant's
Choice
Nature of Order: ELECTRONICALLY ENTERED
Ordered by: HUI,ESTHER (PHYSICIAN)
Signature: NOT SIGNED

/es/ MARIA S.Y. RONDARES
COMMUNITY CARE LVN
Signed: 02/04/2026 13:19

02/06/2026 ADDENDUM STATUS: COMPLETED
New Consult dated: 2/5/2026
UCID: 612_7474795
COMMUNITY CARE-CHIROPRACTIC
AWAITING SCHEDULING

/es/ MARIA S.Y. RONDARES
COMMUNITY CARE LVN
Signed: 02/06/2026 08:32

PACT Telephone Note

Details

Date entered: January 14, 2026
Location: RICHARD A. PITTMAN VA CLINIC
Written by: GIHUN KIM
Signed by: GIHUN KIM
Date signed: January 14, 2026

Note

LOCAL TITLE: PACT Telephone Note
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JAN 14, 2026@10:30 ENTRY DATE: JAN 14,
2026@08:50:46

AUTHOR: KIM, GIHUN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of Visit: Telephone

Contact Information: (206) 295-2554

Primary Care Provider: HUI, ESTHER

Last PCP f/u: 6/25/25

This is a 75 year old MALE being followed by clinic for DM med optimization.

***** DIABETES *****
Reason for Referral: by PACT provider for elevated A1c (11/21/2025 HGBA1c 8.10 H)

At last Pharmcare Clinic f/u on 12/22/25, patient concerned with potential significant BG elevations with lithium start. Currently on moderate dose metformin and empagliflozin, but unable to assess recent glycemic control w/o SMBG. Restart SMBG by ordering glucometer and testing supplies, continued DM meds w/o changes for now, can consider increasing metformin and/or empagliflozin if SMBG above goal, even change to combination Synjardy to reduce pill burden. Can also consider GLP1a if A1c remains above goal after max dose metformin and SGLT2i, as patient has h/o ASCVD.

Called and spoke to patient for f/u. Verified ID x2.

=====
SUBJECTIVE

=====

Patient reports:

[-] Non-adherence with medications:

Current DM regimen:

- metformin 500mg BID
- empagliflozin 12.5mg daily

Previous DM medications:

- glipizide (2019-21)

[+] Non-adherence with SMBG: unable to check d/t being bedridden from HA's

[-] Hypoglycemia:

[-] Medication side effects:

[-] Changes to diet:

[-] Changes to exercise

[+] Other: has chronic cluster HA's requiring oxygen, frequently occurs early

afternoon.

Complications:

[-] Retinopathy: per last eye exam on 6/12/25

[?] Neuropathy: per last foot exam *

[-] Nephropathy: per last 11/21/2025 mAlb/Creat mg/g 9.00

[+] Macrovascular Disease: CAD s/p NSTEMI 2021

[+] Statin: rosuvastatin 40mg daily

SMBG home readings (1/14/26): none to report

SMBG home readings (12/22/25): none to report, not checking at this time

=====

OBJECTIVE

=====

ADVERSE REACTIONS: PENICILLIN, PREDNISONE, BISOPROLOL

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK	ACTIVE
2) CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE DECREASED DOSE Indication: FOR VITAMIN D SUPPLEMENT	ACTIVE
3) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY (S) MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
4) EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE (S) DAILY FOR DIABETES Indication: FOR DIABETES	ACTIVE
5) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR (S) CHOLESTEROL Indication: FOR CHOLESTEROL	ACTIVE
6) LITHIUM CARBONATE 150MG CAP TAKE ONE CAPSULE BY MOUTH EVERY EVENING FOR CLUSTER HEADACHE Indication: FOR CLUSTER HEADACHE	ACTIVE
7) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR (S) BLOOD PRESSURE Indication: FOR BLOOD PRESSURE	ACTIVE
8) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY (S) FOR DIABETES Indication: FOR DIABETES	ACTIVE
9) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY (S)	ACTIVE

MOUTH ONCE DAILY FOR HEART

Indication: FOR HEART

10) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR ASTHMA

Indication: FOR ASTHMA

11) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
(S)

DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.

Indication: FOR STOMACH PROTECTION

12) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME ACTIVE
(S)

- TO LOWER CHOLESTEROL.

13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS ACTIVE
(S)

(5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT
TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Active Non-VA Medications

Status

=====

1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS ACTIVE
NEEDED

14 Total Medications

No Active Remote Medications for this patient

LABS:

History of A1c:

Collection DT	Spec	HGBA1c
11/21/2025 13:36	BLOOD	8.1 H
07/22/2025 07:41	BLOOD	7.6 H
02/06/2025 08:21	BLOOD	9.5 H

Fructosamine:

Fructosamine in past 1 year

BMP:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							
07/22/2025 07:41	PLASMA	134 H	16	0.7	141	3.9	108
25							
02/06/2025 08:21	PLASMA	204 H	18	0.77	136	3.8	101
27							

eGFR

Collection DT	Spec	eGFR CK	eGFR(MD
07/22/2025 07:41	PLASM	>90	
CrCl=91.2 mL/min (JUL 22, 2025)			

Microalbumin:

Collection DT	Spec	Alb/Cr	ALB-UR	Ur. Cr.
11/21/2025 10:40	URINE	9	5.3	56
10/05/2023 09:41	URINE	3.5	0.40	115.9

Lipid Panel:

Collection DT	Spec	CHOL	TRIGLYC	Trig NF	HDL	LDL-CAL
02/06/2025 08:21	PLASM	133		88	58	58
12/26/2024 13:22	PLASM	135		152 H	60	45

LDL DIRECT	6/20/19 09:28	139

Liver Function:

Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-T0
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7
02/06/2025 08:21	PLASM	36	37	69	4.0	0.5

B12:

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

VITALS:

Height: 69 in [175.3 cm] (03/25/2024 10:22)

Weight: 184 lb [83.46 kg] (08/29/2025 14:37)

BMI: 27.2

Blood Pressure: 138/60 (08/29/2025 14:37)

=====

ASSESSMENT

=====

Patient is a 75 year old MALE with PMH significant for T2DM, HTN, HLD, CAD s/p NSTEMI 2021, Afib, h/o PE, COPD, OSA, HA, GERD, back pain, h/o prostate CA, depression.

DM:

Target A1c goal: A1c 7-8% per VA DoD Guidelines

Most recent A1c trended up and now just above goal. Unable to assess recent

glycemic control w/o SMBG as patient unable to check d/t being bedridden by

severe headaches recently for cough, Rx'ed short course prednisone and azithromycin. Patient feeling better now, will start SMBG, thus will continue DM

meds w/o changes for now (eGFR >45, AST and B12 acceptable), can consider increasing metformin and/or empagliflozin if SMBG above goal, even change to

combination Synjardy to reduce pill burden. Can also consider GLP1a if A1c remains above goal after max dose metformin and SGLT2i, as patient has h/o ASCVD.

Will f/u closely in 3 weeks.

====

PLAN

====

Medications:

DM:

- continue metformin 500mg BID
- continue empagliflozin 12.5mg daily

Monitoring:

- SMBG 2-3x/wk AM

LABS: none

OTHERS: none

FOLLOW-UP APPOINTMENTS:

Pharmcare	2/4/26 @ 1100 (telephone)
	- prefers Wednesday AM after 9am
PACT	6/25/26

Verbal education was given to patient who demonstrated satisfactory understanding.

Total time spent with patient: 11 minutes

PHARMACIST INTERVENTIONS:

TYPE 2 DIABETES MELLITUS

Medication monitoring, no dosage change required, continue to monitor and

assess

Medication monitoring or diagnostic evaluation (e.g., other labs, EKG)

Medication reconciliation (changes to active VA and non-VA medication lists to reconcile differences)

No changes to medication lists made (medication review completed, no

discrepancies identified)

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Gihun Kim, PharmD

Clinical Pharmacy Practitioner

Signed: 01/14/2026 10:49

POST DISCHARGE CONTACT

Details

Date entered: January 9, 2026

Location: LOUIS A. CONTER VA CLINIC

Written by: DEBORAH ANNE LARSON

Signed by: DEBORAH ANNE LARSON

Date signed: January 9, 2026

Note

LOCAL TITLE: POST DISCHARGE CONTACT

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: JAN 09, 2026@14:57 ENTRY DATE: JAN 09,
2026@14:58:01

AUTHOR: LARSON, DEBORAH ANNE EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Location of Discharge: Emergency Department/Urgent Care

Contact attempt: 1st

Veteran identified by the following:

Full Name

Full Social Security Number (SSN)

Date of Birth

Contact made through telephone call

Reason for hospitalization/Emergency Department/Urgent Care visit:

Cough x5 days

Veteran/Caregiver states condition has improved.

Symptoms to monitor for health maintenance:

Fever; SOB/Dyspnea

Confirmed the below changes to medications, equipment or supplies:

Prednisone and Zithromax

Medications, equipment or supplies were obtained/purchased.

Primary Diagnosis at Discharge: Chronic Obstructive Pulmonary Disease (COPD)

Reviewed signs that Veteran is stable: usual activity level; usual amounts of cough, phlegm/mucus; sleeps well at night; appetite is good.

Reviewed early warning signs and when to call Designated Medical Provider: more shortness of breath than usual; less energy; increased thicker phlegm/mucus; using rescue inhalers more often than usual; medication not helping; poor sleep.

Instructed Veteran to go to the Emergency Room or call 911 for severe shortness of breath even at rest; unable to do activity; fever or chills; feeling confused or drowsy; chest pain; coughing up blood.

Follow up Service Referrals:

No follow up service needs identified at this time

Future Appointments:

Informed, discussed and confirmed next scheduled appointments

Education Provided:

Length of time spent: 10 minutes

/es/ Deborah A. Larson, RN

Primary Care RN Care Manager

Signed: 01/09/2026 15:04

Gastroenterology Secure Messaging

Details

Date entered: January 8, 2026

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NINA LYNETTE AGUILAR

Signed by: NINA LYNETTE AGUILAR

Date signed: January 8, 2026

Note

LOCAL TITLE: Gastroenterology Secure Messaging

STANDARD TITLE: GASTROENTEROLOGY SECURE MESSAGING

DATE OF NOTE: JAN 08, 2026@12:21 ENTRY DATE: JAN 08,
2026@09:21:43

AUTHOR: AGUILAR, NINA LYNETT EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Gastroenterology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 01/07/2026 10:32 PM ET
From: CAMPBELL, RONALD CLARK
To: Gastroenterology - Mather.@
Subject: Appointment:Colonoscopy scheduled

I have an upcoming colonoscopy scheduled for 8 AM on January 21, 2026

I suffer from chronic cluster headaches. In the last six weeks, the attacks have been frequent, causing extreme pain without warning.

No medication is effective against these attacks.

Only a high flow of 15 to 25 liters per minute of oxygen has a 70% chance of boarding the event within 15 to 20 minutes

I'm concerned that an event occurring anytime before during or after this procedure may not give me access to the needed oxygen, which must be accessed in a 4 to 5 minute. In order to be effective.

Currently, the frequency and intensity of these events has increased to its highest level experienced over the last 20 years

today for example as of 7:30 PM tonight I have already experienced four events

My concern is having access to this high flow of oxygen within minutes

Or have any event occur and interfering with the planned procedure

Please advise your recommendations based on these facts

Regards

Ron Campbell

-----Original Message-----

Sent: 01/08/2026 12:21 PM ET
From: AGUILAR, NINA LYNETTE
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Colonoscopy scheduled

Good morning Mr. Campbell,

Thank you for reaching out today with your questions/concerns.

The GI provider scheduled to complete your colonoscopy will be alerted to your questions/concerns, requesting high flow O2 to be readily available.

I will reach out to your Neurology provider (Dr. Zimmerman) to provide clearance if they feel you can complete the prep and procedure, from their perspective.

In the meantime, if your symptoms become worse and uncontrolled, please do not hesitate to go to the ER for evaluation.

Nina Aguilar, BSN RN
Patient Care Manager, GI

/es/ Nina Lynette Aguilar, RN BSN
Patient Care Manager, Gastroenterology SAC
Signed: 01/08/2026 09:21

Receipt Acknowledged By:
01/12/2026 12:29 /es/ Marmy J. Shah,
MD

Physician,

Gastroenterology
01/08/2026 10:07 /es/ CHRISTOPHER ZIMMERMAN,
DO

Staff

Neurologist

01/12/2026 ADDENDUM

STATUS: COMPLETED

Hello Mr. Campbell,
We have high flow oxygen in our unit, and will be happy to provide immediate access as needed. Please feel free to alert our staff when you arrive and we can make accommodations during your visit. Thank you!

/es/ Marmy J. Shah, MD
Physician, Gastroenterology
Signed: 01/12/2026 10:49

Receipt Acknowledged By:

01/12/2026 11:04

/es/ Nina Lynette Aguilar, RN

BSN

Patient Care Manager, Gastroenterology

SAC

NEUROLOGY PHARMACY NOTE

Details

Date entered: January 7, 2026**Location:** MCCLELLAN VA CLINIC**Written by:** CHARISSE MAY C VIVAR**Signed by:** CHARISSE MAY C VIVAR**Date signed:** January 7, 2026

Note

LOCAL TITLE: NEUROLOGY PHARMACY NOTE

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: JAN 07, 2026@15:05

ENTRY DATE: JAN 07,

2026@15:05:19

AUTHOR: VIVAR, CHARISSE MAY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 75yo WHITE MALE

[]Chart reviewed/[X]Phone encounter/[]Video encounter/[]Seen in Clinic
by/with neurology clinical pharmacist practitioner (neuroCPP)
for []initial visit/review / [X]follow-up regarding medication management.

The pt's identity was confirmed with the following two items: DOB, Name
Encounter conducted by synchronous telephone/telehealth.
Modality and limitations discussed. Verbal consent obtained.

Relevant Indication: cluster HA

Referred by: Dr. ZIMMERMAN; Informal consult.

Excerpt per 12/5/25 neuro note:

"

ASSESSMENT:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with CAD, OSA, HTN, AF
on
dabigatran, T2DM, HLD, prior diagnosis of cluster headache on 02 and
Galcanezumab.

In summary, continues to have daily headaches, with a cluster headaches.
They

respond to oxygen as needed. He is continued on Emgality monthly.

Remotely, he

tried lithium which he reports was effective although had intolerable
tremor.

He was amenable to retry lithium with low-dose and slow titration to goal
level

of 0.6-0.8. He has had benefit of steroids in the past, however patient
has had

elevated A1c and would be cautious. Will tag pharmacist to follow-up;
discussed

R/B/A of lithium.

PLAN:

- Likely PAVA COE not qualified as no TBI

- Lithium start, goal level 0.6-0.8:
 - Week 1: Lithium 150mg daily, obtain level
 - Week 2: Increase to 150 BID if level still lower than 0.6-0.8, obtain level
 - Further increase pending levels - increase by 150 or 300mg each time and check trough levels
- Continue Emgality 300 qMonthly
- Continue O2 PRN 10-15 at ~100% for ~10-20m

 PMH: Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013

26. Vitamin D deficiency (SNOMED CT 34713006)

11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no
reaction
with dexamethasone, BISOPROLOL (bradycardia)

	Status	Issue Date
	Last Fill	
PERTINENT Outpatient Medications	Refills	Expiration
=====		
===		
8) LITHIUM CARBONATE 300MG CAP Qty: 60 for 30	ACTIVE	Issue:
12/23/25		
days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A	Refills: 0	Last :
12/24/25		
DAY FOR CLUSTER HEADACHE START AFTER WEEK ON		Expr :
01/22/26		
150MG TWICE A DAY AND CLEARANCE BY PHYSICIAN		
Indication: FOR CLUSTER HEADACHE		
--current dose 150mg BID		
5) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty:	EXPIRED	Issue:
01/02/25		
9 for 90 days Sig: INJECT 300 MG (3 ML)	Refills: 0	Last :
11/09/25		
UNDER THE SKIN ONCE A MONTH FOR HEADACHE		Expr :
01/03/26		
PREVENTION		
Indication: FOR HEADACHE PREVENTION		

Active Outpatient Medications

=====

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1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED	ACTIVE
TWO TO THREE TIMES A WEEK	
2) ALCOHOL PREP PAD USE PAD TOPICALLY AS DIRECTED TWO TO THREE	ACTIVE
TIMES A WEEK	
3) CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY MOUTH	ACTIVE
ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE DECREASED DOSE	

Indication: FOR VITAMIN D SUPPLEMENT

- 4) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE. ACTIVE
(S)

- 5) EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES ACTIVE
(S)

Indication: FOR DIABETES

- 6) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL ACTIVE
(S)

Indication: FOR CHOLESTEROL

- 7) LANCET, SOFTCLIX USE LANCET AS DIRECTED ACTIVE

- 8) LITHIUM CARBONATE 300MG CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CLUSTER HEADACHE START AFTER WEEK ON 150MG TWICE A DAY AND CLEARANCE BY PHYSICIAN ACTIVE

Indication: FOR CLUSTER HEADACHE

- 9) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE ACTIVE
(S)

Indication: FOR BLOOD PRESSURE

- 10) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES ACTIVE
(S)

Indication: FOR DIABETES

- 11) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART ACTIVE
(S)

Indication: FOR HEART

- 12) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA ACTIVE

Indication: FOR ASTHMA

- 13) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID. ACTIVE
(S)

Indication: FOR STOMACH PROTECTION

- 14) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME ACTIVE
(S)

- TO LOWER CHOLESTEROL.

- 15) SHARPS DISPOSAL CONTAINER 2 GALLON SIZE USE CONTAINER AS ACTIVE
DIRECTED FOR DISPOSAL OF NEEDLES OR SYRINGE.

Indication: FOR DISPOSAL OF NEEDLES OR SYRINGE.

- 16) TABLET CUTTER USE DEVICE AS DIRECTED FOR SPLITTING TABLETS. ACTIVE

Indication: FOR SPLITTING TABLETS.

- 17) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS ACTIVE
(S)

(5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT
TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Active Non-VA Medications

Status

=====

- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS ACTIVE
NEEDED

No Active Remote Medications for this patient

Pt in NAD today.

Since last neuro visit, pt/caregiver(CG) reports associated signs/symptoms
are seem to be worsened. Currently on lithium 150mg BID, and HAs have
seemed to

have increased up to 5-8 per day, prev 4 HAs qday, using O2 prn, abated
within

15-20 min with O2. no tremors, disorientation, cognitive changes. Has COPD,
had

started to develop a bad dry cough over the past week, been using a lot
more O2

and currently being seen at Sutter UC, and reportedly will be prescribed
abx/steroid course.

Endorses the following side effects of current medication regimen: none,
no

dizziness, no falls, no tremor, no other neurologic/mentation changes;
historically had tremor with high dose lithium.

Adherence: did not take dose this AM, otherwise no missed doses, usually
dose at

7am/8pm dose discrepancy
[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt/CG: No other new complaints.

O:
Vitals - most recent BMI: 27.2
 Height: 69 in [175.3 cm] (03/25/2024 10:22)
 Weight: 184 lb [83.46 kg] (08/29/2025 14:37)
 Pulse: 83 (08/29/2025 14:37)
 BP: 138/60 (08/29/2025 14:37)

Pertinent Labs:								
Collection DT	Spec	WBC	RBC	HGB	HCT	MCV	PLT	
12/26/2024 13:22	BLOOD	19.9 H	4.84	13.9 L	43.8	90.5	314	
05/01/2024 07:51	BLOOD	6.9	4.82	14.0	43.8	90.9	217	
Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT	
07/22/2025 07:41	PLASM	141	3.9	108	25	16	0.7	
02/06/2025 08:21	PLASM	136	3.8	101	27	18	0.77	
Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-T0		
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7		
02/06/2025 08:21	PLASM	36	37	69	4.0	0.5		

Calculated Creatinine Clearance: CrCl=91.2 mL/min (JUL 22, 2025)

Drug Level Monitoring:
01/06/2026 LITHIUM 1.2
12/22/2025 LITHIUM <0.1 L
08/26/2019 LITHIUM 0.40 L
09/18/2019 LITHIUM 0.90

A/P: 75 yo MALE with h/o cluster HAs with emgality (galcanezumab) and recent daily HAs, referred for medication management with retrieval of lithium, currently on low dose 150mg BID; level was 1.2 yesterday (not a true trough as pt

took 7AM

dose and was drawn at 13:49) above goal 0.6-0.8. Reporting increased HA frequency where needing more O2, no other neurologic sx, currently being eval at

Sutter UC for COPD/URI/cough, unlikely that the cough is related to lithium

toxicity given recent level and pt pt has no other CNS sx or mentation changes.

Possible that HA worsening related to illness/URI. No other intolerances reported.

Historically had cluster headache remission 6/3/2012-7/5/2013 when on lithium and

was also prescribed primidone d/t tremors suspected d/t lithium. Last had been

retrialed up to 900mg/d in 2019 and was tapered off d/t inefficacy and also had

experienced tremor which resolved off lithium; this was shortly prior to approval of emgality. Last BP appropriate on antiCGRP. Last renal fcn wnl, will

monitor lithium drug level closely. Re: DDI, appears losartan and empagliflozin

are stable doses for months, would recommend monitoring lithium level closely if

any future dose changes.

Pt/CG and provider involved in shared decision making for the following plan:

Medication therapy:

☒ Continue current:

galcanezumab 300mg subq monthly

☒ Counseled on medication changes:

reduce lithium 150mg qpm, obtain level within 2wks

☐ Counseled on NEW medication(s):

Plan discussed/reviewed electronically via Teams with neurologist Dr. Zimmerman

Pt education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed for pertinent meds today. Pt has good knowledge of their medications and good adherence. Reviewed all pertinent medications, including indication for use, possible adverse effects (including, but not limited to, those seen commonly and those that are more rare but may require intervention), and appropriate administration. Reviewed medication expectations including time to therapeutic effects, and counseled on importance of taking medications as prescribed with good adherence. Lab results were discussed with pt/CG during visit today. Reviewed role of neuroCPP as part of pt's health care team. Additional consults placed: n/a Encouraged lifestyle modifications, including the following: Maintaining a detailed headache diary in order to identify triggers and patterns, as well as to document frequency and severity Fall precautions

Pt's specific goals prior to next visit:
Implement medication changes
lab test

Follow up:

- ☒ 2week neuroCPP phone appt ☒w/labs
- ☒ with Neurologist/NP as ordered/scheduled
- ☒ other/prn - pt/CG or provider may request sooner appt if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver informed of resources including crisis services, triage clinic, Emergency Department, VA Hotline and 911. Veteran/caregiver instructed to contact VetsCONNECT or the PACT care team for any future routine issues/concerns. Veteran/caregiver advised to call 911 or go to Emergency Department for any potentially life threatening problems/conditions. Veteran/caregiver verbalized understanding of how to access services and willingness to utilize urgent/crisis services if needed. Opportunity provided for questions; has/given clinic phone number for questions.

Time spent with pt/CG: 23min.

Clinical Reminders:**Medication Reconciliation:****Med Rec performed with patient/caregiver:**

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PHARMACIST INTERVENTIONS:**HEADACHE/MIGRAINE****Medication Intervention(s)**

Adjust dose or frequency of current medication

Prevent or manage an adverse drug reaction or event

Address adherence

Care coordination

/es/ Charisse May C. Vivar, Pharm.D.

Neurology Clinical Pharmacy Specialist

Signed: 01/07/2026 16:44

CCC: CLINICAL TRIAGE**Details**

Date entered: January 7, 2026

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CYNTHIA LAFAYE SWIFT

Signed by: CYNTHIA LAFAYE SWIFT

Date signed: January 7, 2026

Note

LOCAL TITLE: CCC: CLINICAL TRIAGE
STANDARD TITLE: RN PROGRESS NOTE
DATE OF NOTE: JAN 07, 2026@09:03:57 ENTRY DATE: JAN 07,
2026@09:03:57
AUTHOR: SWIFT,CYNTHIA LAFAY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Caller Verification

Current Location: 1521 Whitehorse Rd Meadow Vista, CA 95722
Call Back Number: 2062952554
Caller/Recipient Relation to Patient: Self
Caller Name: RONALD CAMPBELL

Triage Summary

Conducted triage/discussed symptoms
Pain Score: 4
Utilized the Triage Tool: Yes
Chief Complaint: Cough - Acute Non-Productive
Nurse's Recommendation / WHEN: Within 4 Hours
Nurse's Recommendation / WHERE: ED VA
Nurse's Other / WHERE: Mission Act, Tele-EC

Patient Disposition

Patient/Caregiver agrees to plan of care: Yes
Patient WHERE: Urgent Care non-VA
Patient WHEN: Within 4 Hours
Patient is Urgent or Emergent

Nursing Plan and Disposition

Referred patient to higher level of care
Instructed to go to Urgent Care (UC)
Provided location of Urgent Care Center
Other course(s) of action

Generated msg to PACT/Provider

Provided guidance for worsening symptoms: *Caller/Patient* advised to call facilities VA Clinical Contact Center or seek immediate medical attention for new or worsening symptoms

Clinical Contact Center Codes

Clinic/Location: V21 NCAL PHONE CCC RN

Decision Support System Output:

Triage Complete

Triage Date: 01/07/2026, 12:02 PM

Triage Note:

Decision Support Tool Used: ClearTriage

S: Cough worsening x3 days

B: COPD

A: Veteran states ''I've had a cough for a while with the bad weather recently

but in the last 3 days the cough has substantially changed.'' Veteran reports

taking Lithium and attributes the cough to the amount of medication per day he

is currently taking. States per the internet/literature Lithium at 300MG a day

can cause Lithium toxicity. Denies nausea, vomiting, abdominal pain or bloating, tremors, muscle twitches, slurred speech, confusion, hallucinations,

nystagmus. Veteran reports having a hx ''cluster headaches where I feel like I

was having a convulsion but I was able to do some deep breathing and bring myself out of it.''

R: Clear Triage 4 hours

Veteran/caller was advised to seek urgent care or the Emergency Room for worsening symptoms via Mission ACT or to present to VA ER for fast-track evaluation. The eligibility number for the Mission Act, 866-620-2071 was provided.

Mission Act Location Provided

Sutter Valley Medical Foundation
5.7 miles
11795 Education St Ste 201
Auburn, CA 95602

CVS
5.6 miles
2700 BELL RD
AUBURN, CA 95603

Protocol Used: Cough - Acute Non-Productive
Protocol-Based Disposition: See Provider within 4 Hours

Positive Triage Question:

* [1] MILD difficulty breathing (e.g., minimal/no SOB at rest, SOB with walking, pulse < 100) AND [2] still present when not coughing

Negative Triage Questions:

- * SEVERE difficulty breathing (e.g., struggling for each breath, speaks in single words)
- * Bluish (or gray) lips or face now
- * [1] Rapid onset of cough AND [2] has hives
- * Coughing started suddenly after medicine, an allergic food or bee sting
- * [1] Difficulty breathing AND [2] exposure to flames, smoke, or fumes
- * [1] Stridor AND [2] difficulty breathing
- * Sounds like a life-threatening emergency to the triager
- * [1] MODERATE difficulty breathing (e.g., speaks in phrases, SOB even at rest, pulse 100-120) AND [2] still present when not coughing
- * Chest pain (Exception: MILD central chest pain, present only when coughing.)
- * Patient sounds very sick or weak to the triager

IMPORTANT: This note was created by VA Health Connect Clinical Contact Center

staff. Please do not alert the staff member by adding them as a signer for future communications. Alerts are not monitored by this user.

/es/ Cynthia Swift BSN,RN,AMB-BC
V21 VA Health Connect Clinical Triage Nurse
Signed: 01/07/2026 09:04

Receipt Acknowledged By:

01/07/2026 09:56 /es/ Esther Hui,
MD

Staff Physician, Primary

Care

01/09/2026 14:50 /es/ Deborah A. Larson,
RN

Primary Care RN Care

Manager

01/08/2026 10:04 /es/ CHRISTOPHER ZIMMERMAN,
DO

Staff

Neurologist

Letter to Patient

Details

Date entered: January 6, 2026

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MICHELLE L RAND

Signed by: MICHELLE L RAND

Date signed: January 6, 2026

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: JAN 06, 2026@13:25 ENTRY DATE: JAN 06,
2026@13:25:26

AUTHOR: RAND, MICHELLE L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:

10535 Hospital Way, Mather, CA 95655-1200

JAN 06, 2026

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The anticoagulation clinic received notification that you will be scheduled for an upcoming procedure. For your procedure you will need to hold your blood thinner medication according to the directions below.

Type of procedure: colonoscopy

Procedure date: 01/21/2026

Anticoagulant and dose: dabigatran

Directions for holding your anticoagulant:

Jan 18,2026 hold PM dose only (take AM dose)

Jan 19,2026 hold dose

Jan 20,2026 hold dose

Jan 21,2026 (day of procedure) hold dose

Jan 22,2026 hold dose

Jan 23,2026 hold AM dose, restart PM dose unless otherwise instructed by physician

Please call the anticoagulation clinic at (916) 843-7209 if you have any questions.

Thank you.

Sincerely,

/es/ Michelle L. Rand, Pharm. D.
Anticoagulation Clinical Pharmacy Specialist

Patient Record Number 7468482

NEUROLOGY PHARMACY NOTE

Details

Date entered: December 31, 2025

Location: MCCLELLAN VA CLINIC

Written by: CHARISSE MAY C VIVAR

Signed by: CHARISSE MAY C VIVAR

Date signed: January 5, 2026

Note

LOCAL TITLE: NEUROLOGY PHARMACY NOTE

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: DEC 31, 2025@16:32 ENTRY DATE: DEC 31,
2025@16:32:15

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 75yo WHITE MALE

[]Chart reviewed/[X]Phone encounter/[]Video encounter/[]Seen in Clinic
by/with neurology clinical pharmacist practitioner (neuroCPP)
for []initial visit/review / [X]follow-up regarding medication management.

The pt's identity was confirmed with the following two items: DOB, Name
Encounter conducted by synchronous telephone/telehealth.
Modality and limitations discussed. Verbal consent obtained.

Relevant Indication: cluster HA
Referred by: Dr. ZIMMERMAN; Informal consult.

Excerpt per 12/5/25 neuro note:

"

ASSESSMENT:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with CAD, OSA, HTN, AF
on
dabigatran, T2DM, HLD, prior diagnosis of cluster headache on O2 and
Galcanezumab.

In summary, continues to have daily headaches, with a cluster headaches.
They
respond to oxygen as needed. He is continued on Emgality monthly.
Remotely, he
tried lithium which he reports was effective although had intolerable
tremor.
He was amenable to retry lithium with low-dose and slow titration to goal
level
of 0.6-0.8. He has had benefit of steroids in the past, however patient
has had
elevated A1c and would be cautious. Will tag pharmacist to follow-up;
discussed
R/B/A of lithium.

PLAN:

- Likely PAVA COE not qualified as no TBI
- Lithium start, goal level 0.6-0.8:
 - Week 1: Lithium 150mg daily, obtain level
 - Week 2: Increase to 150 BID if level still lower than 0.6-0.8,
obtain

level

- Further increase pending levels - increase by 150 or 300mg each time

and check trough levels

- Continue Emgality 300 qMonthly

- Continue O2 PRN 10-15 at ~100% for ~10-20m

"

PMH: Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction

with dexamethasone, BISOPROLOL (bradycardia)

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-----
                                     Status      Issue Date
                                     Refills     Last Fill
*PERTINENT* Outpatient Medications
=====
===
7)  GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty:  ACTIVE      Issue:
01/02/25
      9 for 90 days Sig: INJECT 300 MG (3 ML)      Refills: 0    Last :
11/09/25
      UNDER THE SKIN ONCE A MONTH FOR HEADACHE      Expr :
01/03/26
      PREVENTION
      Indication: FOR HEADACHE PREVENTION
10) LITHIUM CARBONATE 300MG CAP Qty: 60 for 30  ACTIVE      Issue:
12/23/25
      days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A  Refills: 0    Last :
12/24/25
      DAY FOR CLUSTER HEADACHE START AFTER WEEK ON      Expr :
01/22/26
      150MG TWICE A DAY AND CLEARANCE BY PHYSICIAN
      Indication: FOR CLUSTER HEADACHE
--taking 2/d, missed one day of medication

```

```

Active Outpatient Medications      Status
=====
===
1)  ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED  ACTIVE
      TWO TO THREE TIMES A WEEK
2)  ALCOHOL PREP PAD USE PAD TOPICALLY AS DIRECTED TWO TO THREE  ACTIVE
      TIMES A WEEK
3)  CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY MOUTH  ACTIVE
      ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE DECREASED DOSE
      Indication: FOR VITAMIN D SUPPLEMENT
4)  DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY      ACTIVE
(S)
      MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL
      BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR

```

CHEW CAPSULE.

5) EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE ACTIVE
(S)

DAILY FOR DIABETES

Indication: FOR DIABETES

6) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ACTIVE
(S)

CHOLESTEROL

Indication: FOR CHOLESTEROL

7) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) ACTIVE
UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION
Indication: FOR HEADACHE PREVENTION

8) LANCET, SOFTCLIX USE LANCET AS DIRECTED ACTIVE

9) LITHIUM CARBONATE 150MG CAP TAKE ONE CAPSULE BY MOUTH ONCE ACTIVE
DAILY FOR 7 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR
CLUSTER HEADACHE

Indication: FOR CLUSTER HEADACHE

10) LITHIUM CARBONATE 300MG CAP TAKE ONE CAPSULE BY MOUTH TWICE ACTIVE
A DAY FOR CLUSTER HEADACHE START AFTER WEEK ON 150MG TWICE A
DAY AND CLEARANCE BY PHYSICIAN

Indication: FOR CLUSTER HEADACHE

11) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ACTIVE
(S)

BLOOD PRESSURE

Indication: FOR BLOOD PRESSURE

12) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ACTIVE
(S)

FOR DIABETES

Indication: FOR DIABETES

13) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY ACTIVE
(S)

MOUTH ONCE DAILY FOR HEART

Indication: FOR HEART

14) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR ASTHMA

Indication: FOR ASTHMA

15) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
(S)

DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.

Indication: FOR STOMACH PROTECTION

- 16) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME ACTIVE
(S)
- TO LOWER CHOLESTEROL.
- 17) SHARPS DISPOSAL CONTAINER 2 GALLON SIZE USE CONTAINER AS ACTIVE
DIRECTED FOR DISPOSAL OF NEEDLES OR SYRINGE.
Indication: FOR DISPOSAL OF NEEDLES OR SYRINGE.
- 18) TABLET CUTTER USE DEVICE AS DIRECTED FOR SPLITTING TABLETS. ACTIVE
Indication: FOR SPLITTING TABLETS.
- 19) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS ACTIVE
(S)
(5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT
TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Active Non-VA Medications

Status

- =====
- ===
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS ACTIVE
NEEDED

No Active Remote Medications for this patient

Pt in NAD today.

Since last neuro visit, pt/caregiver(CG) reports associated signs/symptoms are unchanged. Currently on lithium 2/d, acid reflux resolved with taking pantoprazole from PCP. HAs have not improved thus far, still 1-4 HAs qday, using
02 prn

Endorses the following side effects of current medication regimen: none; resolved reflux/GI upset; no dizziness, no falls, no tremor; historically had
tremor with high dose lithium.

Adherence: dose discrepancy with now taking higher dose, one day missed dose

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt/CG: No other new complaints.

0:

Vitals - most recent BMI: 27.2

Height: 69 in [175.3 cm] (03/25/2024 10:22)

Weight: 184 lb [83.46 kg] (08/29/2025 14:37)

Pulse: 83 (08/29/2025 14:37)

BP: 138/60 (08/29/2025 14:37)

Pertinent Labs:

Collection DT	Spec	WBC	RBC	HGB	HCT	MCV	PLT
12/26/2024 13:22	BLOOD	19.9 H	4.84	13.9 L	43.8	90.5	314
05/01/2024 07:51	BLOOD	6.9	4.82	14.0	43.8	90.9	217

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
07/22/2025 07:41	PLASM	141	3.9	108	25	16	0.7
02/06/2025 08:21	PLASM	136	3.8	101	27	18	0.77

Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-T0
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7
02/06/2025 08:21	PLASM	36	37	69	4.0	0.5

Calculated Creatinine Clearance: CrCl=91.2 mL/min (JUL 22, 2025)

Drug Level Monitoring:

12/22/2025	LITHIUM	<0.1 L
08/26/2019	LITHIUM	0.40 L
09/18/2019	LITHIUM	0.90

A/P: 75 yo MALE with h/o cluster HAs with emgality (galcanezumab) and recent daily HAs, referred for medication management with retrieval of lithium, currently on low dose although higher dose than intended, with no efficacy thus far and no intolerances, GI sx resolved with PPI per PCP. Historically had cluster headache remission 6/3/2012-7/5/2013 when on lithium and was also prescribed primidone d/t tremors suspected d/t lithium. Last had been retrialed up to 900mg/d in

2019 and

was tapered off d/t inefficacy and also had experienced tremor which resolved

off lithium; this was shortly prior to approval of emgality. Last BP appropriate

on antiCGRP. Also on 02 prn. Renal fcn wnl, will monitor lithium drug level

closely with new start, recent level on low dose low/subtherapeutic; goal level

0.6-0.8. Re: DDI, appears losartan and empagliflozin are stable doses for months, would recommend monitoring lithium level closely if any future dose changes.

Pt/CG and provider involved in shared decision making for the following plan:

Medication therapy:

☒ Continue current:

galcanezumab 300mg subq monthly

☒ Counseled on medication changes:

adjust lithium 150mg BID, obtain level

maintain 150mg BID until advised for dose incr/adjustment

☐ Counseled on NEW medication(s):

Pt education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed for pertinent meds today.

Pt has good knowledge of their medications and good adherence.

Reviewed all pertinent medications, including indication for use, possible adverse effects (including, but not limited to, those seen commonly and those that are more rare but may require intervention), and appropriate administration. Reviewed medication expectations including time to therapeutic effects, and counseled on importance of taking medications as prescribed with good adherence.

Lab results were discussed with pt/CG during visit today.

Reviewed role of neuroCPP as part of pt's health care team.

Additional consults placed: n/a

Encouraged lifestyle modifications, including the following:

Maintaining a detailed headache diary in order to identify triggers and patterns, as well as to document frequency and severity

Fall precautions

Pt's specific goals prior to next visit:

Implement medication changes

lab test

Follow up:

☒ 1week neuroCPP phone appt ☒w/labs

☒ with Neurologist/NP as ordered/scheduled

☒ other/prn - pt/CG or provider may request sooner appt if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care.

Veteran/caregiver informed of resources including crisis services, triage clinic, Emergency Department, VA Hotline and 911. Veteran/caregiver instructed

to contact VetsCONNECT or the PACT care team for any future routine issues/concerns. Veteran/caregiver advised to call 911 or go to Emergency Department for any potentially life threatening problems/conditions.

Veteran/caregiver verbalized understanding of how to access services and willingness to utilize urgent/crisis services if needed.

Opportunity provided for questions; has/given clinic phone number for questions.

Time spent with pt/CG: 15min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

-Home meds compared with CPRS meds

-Medication allergies (local and remote) reviewed

-Discrepancies, if any, discussed with patient/caregiver

-Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list

-Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)

-Education provided regarding managing personal medication
information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V12:

PHARMACIST INTERVENTIONS:

HEADACHE/MIGRAINE

Medication Intervention(s)

Adjust dose or frequency of current medication

Prevent or manage an adverse drug reaction or event

Address adherence

Care coordination

FALLS PREVENTION

Medication intervention

Adjust dose or frequency of a current medication

Prevent or manage an adverse drug reaction or event

Identify drug interaction

/es/ Charisse May C. Vivar, Pharm.D.

Neurology Clinical Pharmacy Specialist

Signed: 01/05/2026 12:21

Primary Care Secure Messaging

Details

Date entered: December 29, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: December 29, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 29, 2025@14:48 ENTRY DATE: DEC 29,
2025@11:48:51
AUTHOR: PRATZ-RODRIGUES, MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/29/2025 02:48 PM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: General:general

I attempted to call you but your voicemail is full.

I forwarded you lithium level request to Dr. Zimmerman who is ordering
that
medication.

Where did you get the CPAP machine?

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 12/29/2025 11:48

Primary Care Secure Messaging

Details

Date entered: December 29, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: December 29, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 29, 2025@10:40 ENTRY DATE: DEC 29,
2025@07:40:58
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/29/2025 10:05 AM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: General:CPAP
Attachments: IMG_5057.png (124.22 KB), IMG_4994.jpeg (2.31 MB)

I've been trying multiple times with no success to contact the mayor
asleep
department
My CPAP mask has been leaking air due to the straps being worn out
Today I found an online order process however, all of the products are
using
descriptions and numbers that I don't understand.
See attachment
I would like to know how to reach somebody who can fill me in on what
these
product codes are so I can order the right item in order to get an
airtight
seal

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 12/29/2025 07:40

Primary Care Secure Messaging

Details

Date entered: December 29, 2025**Location:** LOUIS A. CONTER VA CLINIC**Written by:** MICHELLE R PRATZ-RODRIGUES**Signed by:** MICHELLE R PRATZ-RODRIGUES**Date signed:** December 29, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 29, 2025@10:36 ENTRY DATE: DEC 29,
2025@07:36:09
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/27/2025 12:59 PM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: Medication:RX# 27131797 Loratadine

This was discontinued.
Leaf and other outdoor molds
are irritating my sinuses and lungs

Ron Campbell

-----Original Message-----

Sent: 12/29/2025 10:36 AM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK

Subject: Medication:RX# 27131797 Loratadine

All prescription issues need to go to the pharmacy. Call number on bottle select option 2 for a live person

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 12/29/2025 07:36

Primary Care Secure Messaging

Details

Date entered: December 29, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: December 29, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 29, 2025@10:36 ENTRY DATE: DEC 29,
2025@07:36:49
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/26/2025 08:28 PM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB

Subject: Medication:Pantoprazole

Received complete fill today 90 caps

Thanks

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 12/29/2025 07:36

V21 CCC PATIENT CONTACT NOTE

Details

Date entered: December 29, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: REY SHUNNDA HARRIS

Signed by: REY SHUNNDA HARRIS

Date signed: December 29, 2025

Note

LOCAL TITLE: V21 CCC PATIENT CONTACT NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: DEC 29, 2025@08:08:06 ENTRY DATE: DEC 29,
2025@08:08:06

AUTHOR: HARRIS, REY SHUNNDA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Caller Verification

Call Back Number: 2062952554

Caller/Recipient Relation to Patient: Self

Caller Name: RONALD CAMPBELL

Administrative

Administrative Note Reason: Other

Administrative Note Comments: Veteran is requesting for Pact Nurse to ordering labs for Lithium blood test. Veteran is requesting a call back regarding status of request.

IMPORTANT: This note was created by VA Health Connect Clinical Contact Center staff. Please do not alert the staff member by adding them as a signer for future communications. Alerts are not monitored by this user.

/es/ REY SHUNNDA HARRIS
AMSA
Signed: 12/29/2025 08:08

Receipt Acknowledged By:
12/29/2025 16:22 /es/ CHRISTOPHER ZIMMERMAN,
DO

Staff

Neurologist

Primary Care Secure Messaging

Details

Date entered: December 26, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: December 26, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 26, 2025@10:34 ENTRY DATE: DEC 26,
2025@07:34:05
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 12/24/2025 11:22 PM ET

From: CAMPBELL, RONALD CLARK

To: **Hui, E (AUB PACT 2) - AUB

Subject: Medication:Pantoprazole

Attachments: IMG_5028.png (148.39 KB)

My fill prior this recent one was for 90 tablets.

The fill received today only contained 10 tabs

I had been prescribed this medication some time ago as an ongoing necessity
dur

to acid reflux caused by other medications.

See attached info

-----Original Message-----

Sent: 12/26/2025 10:33 AM ET

From: PRATZ-RODRIGUES, MICHELLE R

To: CAMPBELL, RONALD CLARK

Subject: Medication:Pantoprazole

Please call the pharmacy number listed on the bottle, select option 2 to
speak

to live person

Micha Rodrigues

LVN

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 12/26/2025 07:34

Primary Care Secure Messaging

Details**Date entered:** December 22, 2025**Location:** LOUIS A. CONTER VA CLINIC**Written by:** MICHELLE R PRATZ-RODRIGUES**Signed by:** MICHELLE R PRATZ-RODRIGUES**Date signed:** December 22, 2025**Note**

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 22, 2025@13:31 ENTRY DATE: DEC 22,
2025@10:32

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/22/2025 01:24 PM ET

From: CAMPBELL, RONALD CLARK

To: **Hui, E (AUB PACT 2) - AUB

Subject: Appointment:Lithium Glucose blood draw

I'm getting a blood draw this morning ordered by neurology to check the impact of lithium a new prescribed medication.

Lithium also has a side effect of increase in glucose levels I wondered if an order could be added to the lithium blood draw to check my glucose level so we have a good starting point.

/es/ MICHELLE R PRATZ-RODRIGUES
LVN

Signed: 12/22/2025 10:32

Receipt Acknowledged By:

12/23/2025 12:34 /es/ CHRISTOPHER ZIMMERMAN,
DO

Staff

Neurologist

12/23/2025 ADDENDUM

STATUS: COMPLETED

Likely low-yield for a non-fasting glucose level to be drawn at same time.

/es/ CHRISTOPHER ZIMMERMAN, DO

Staff Neurologist

Signed: 12/23/2025 12:35

PACT Telephone Note

Details

Date entered: December 22, 2025

Location: RICHARD A. PITTMAN VA CLINIC

Written by: GIHUN KIM

Signed by: GIHUN KIM

Date signed: December 22, 2025

Note

LOCAL TITLE: PACT Telephone Note

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: DEC 22, 2025@10:30 ENTRY DATE: DEC 22,
2025@10:16:21

AUTHOR: KIM, GIHUN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of Visit: Telephone

Contact Information: (206) 295-2554

Primary Care Provider: HUI, ESTHER

Last PCP f/u: 6/25/25

This is a 75 year old MALE being followed by clinic for DM med optimization.

***** DIABETES *****
Reason for Referral: by PACT provider for elevated A1c (11/21/2025 HGBA1c 8.10 H)

Called and spoke to patient for initial visit. Verified ID x2.

=====
SUBJECTIVE
=====

Patient reports:

[-] Non-adherence with medications: verified dose and adherence

Current DM regimen:

- metformin 500mg BID
- empagliflozin 12.5mg daily

Previous DM medications:

- glipizide (2019-21)

[-] Non-adherence with SMBG: not checking at this time

[-] Hypoglycemia:

[-] Medication side effects:

[-] Changes to diet:

[-] Changes to exercise

[+] Other: has chronic cluster HA's requiring oxygen, frequently occurs early
afternoon.

Complications:

[-] Retinopathy: per last eye exam on 6/12/25

[?] Neuropathy: per last foot exam *

[-] Nephropathy: per last 11/21/2025 mAlb/Creat mg/g 9.00

[+] Macrovascular Disease: CAD s/p NSTEMI 2021

[+] Statin: rosuvastatin 40mg daily

SMBG home readings (12/22/25): none to report, not checking at this time

=====

OBJECTIVE

=====

ADVERSE REACTIONS: PENICILLIN, PREDNISONE, BISOPROLOL

ACTIVE MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
===	
1) CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE DECREASED DOSE Indication: FOR VITAMIN D SUPPLEMENT	ACTIVE
2) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY (S) MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
3) EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE (S) DAILY FOR DIABETES Indication: FOR DIABETES	ACTIVE
4) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR (S) CHOLESTEROL Indication: FOR CHOLESTEROL	ACTIVE

- 5) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) ACTIVE
UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION
Indication: FOR HEADACHE PREVENTION
- 6) LITHIUM CARBONATE 150MG CAP TAKE ONE CAPSULE BY MOUTH ONCE ACTIVE
DAILY FOR 7 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR
CLUSTER HEADACHE
Indication: FOR CLUSTER HEADACHE
- 7) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ACTIVE
(S)
BLOOD PRESSURE
Indication: FOR BLOOD PRESSURE
- 8) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ACTIVE
(S)
FOR DIABETES
Indication: FOR DIABETES
- 9) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY ACTIVE
(S)
MOUTH ONCE DAILY FOR HEART
Indication: FOR HEART
- 10) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR ASTHMA
Indication: FOR ASTHMA
- 11) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
(S)
DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.
Indication: FOR STOMACH PROTECTION
- 12) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME ACTIVE
(S)
- TO LOWER CHOLESTEROL.
- 13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS ACTIVE
(S)
(5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT
TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Active Non-VA Medications

Status

- =====
- ===
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS ACTIVE
NEEDED

14 Total Medications

No Active Remote Medications for this patient

LABS:

History of A1c:

Collection DT	Spec	HGBA1c
11/21/2025 13:36	BLOOD	8.1 H
07/22/2025 07:41	BLOOD	7.6 H
02/06/2025 08:21	BLOOD	9.5 H

Fructosamine:

Fructosamine in past 1 year

BMP:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							
07/22/2025 07:41	PLASMA	134 H	16	0.7	141	3.9	108
25							
02/06/2025 08:21	PLASMA	204 H	18	0.77	136	3.8	101
27							

eGFR

Collection DT	Spec	eGFR CK	eGFR(MD
07/22/2025 07:41	PLASM	>90	
CrCl=91.2 mL/min (JUL 22, 2025)			

Microalbumin:

Collection DT	Spec	Alb/Cr	ALB-UR	Ur. Cr.
11/21/2025 10:40	URINE	9	5.3	56
10/05/2023 09:41	URINE	3.5	0.40	115.9

Lipid Panel:

Collection DT	Spec	CHOL	TRIGLYC	Trig NF	HDL	LDL-CAL

02/06/2025 08:21	PLASM	133	88	58	58
12/26/2024 13:22	PLASM	135	152 H	60	45
LDL DIRECT		6/20/19 09:28	139		

Liver Function:

Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-T0
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7
02/06/2025 08:21	PLASM	36	37	69	4.0	0.5

B12:

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

VITALS:

Height: 69 in [175.3 cm] (03/25/2024 10:22)
Weight: 184 lb [83.46 kg] (08/29/2025 14:37)
BMI: 27.2
Blood Pressure: 138/60 (08/29/2025 14:37)

=====

ASSESSMENT

=====

Patient is a 75 year old MALE with PMH significant for T2DM, HTN, HLD, CAD s/p NSTEMI 2021, Afib, h/o PE, COPD, OSA, HA, GERD, back pain, h/o prostate CA, depression.

DM:

Target A1c goal: A1c 7-8% per VA DoD Guidelines

Most recent A1c trended up and now just above goal. Patient concerned with

potential significant BG elevations with lithium start. Currently on moderate dose metformin and empagliflozin, but unable to assess recent glycemic control w/o SMBG. Will restart SMBG by ordering glucometer and testing supplies, continue DM meds w/o changes for now (eGFR >45, AST and B12 acceptable), can consider increasing metformin and/or empagliflozin if SMBG above goal, even change to combination Synjardy to reduce pill burden. Can also consider GLP1a if A1c remains above goal after max dose metformin and SGLT2i, as patient has h/o ASCVD.

Will f/u closely in 3 weeks.

====

PLAN

====

Medications:

DM:

- continue metformin 500mg BID
- continue empagliflozin 12.5mg daily

Monitoring:

- SMBG 2-3x/wk AM

LABS: none

OTHERS: NEW Rx testing supplies

FOLLOW-UP APPOINTMENTS:

Pharmcare	1/14/26 @ 1000 (telephone)
	- prefers Wednesday AM after 9am
PACT	6/25/26

EDUCATION

Reviewed with patient:

- Medications: MOA and administration
- S/sx of hypoglycemia and how to treat
- FSBG, A1c goals
- Frequency of BG monitoring

Verbal education was given to patient who demonstrated satisfactory understanding.

Total time spent with patient: 20 minutes

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V12:

PHARMACIST INTERVENTIONS:

TYPE 2 DIABETES MELLITUS

Medication monitoring, no dosage change required, continue to monitor

and assess

Medication monitoring or diagnostic evaluation (e.g., other labs, EKG)

Medication reconciliation (changes to active VA and non-VA medication lists

to reconcile differences)

No changes to medication lists made (medication review completed, no discrepancies identified)

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list

- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Gihun Kim, PharmD
Clinical Pharmacy Practitioner
Signed: 12/22/2025 11:01

Gastroenterology Nurse Note

Details

Date entered: December 22, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: PAUL BARREDO
Signed by: PAUL BARREDO
Date signed: December 22, 2025

Note

LOCAL TITLE: Gastroenterology Nurse Note
STANDARD TITLE: GASTROENTEROLOGY NURSING NOTE
DATE OF NOTE: DEC 22, 2025@09:19 ENTRY DATE: DEC 22, 2025@09:20:03
AUTHOR: BARREDO, PAUL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

GI Pre-procedure Telephone Note

Patient was called (identified by full name, last four) to confirm date and time of upcoming GI procedure:01212026

- _x_ Spoke with patient and/or surrogate by telephone.
- Unable to reach patient, but voice message left for patient to call the GI clinic back.
- Unable to reach patient and unable to leave voice message.

Colonoscopy prep instructions: Via Telephone call

Colonoscopy prep instructions given. PREP ORDERS AND COLONOSCOPY will be COMPLETED at SAC

Location of Procedure: Sacramento OPC, bldg. 645, 1st floor

The patient was instructed on: 12222025

1. The colonoscopy procedure and what to expect
2. The preparation for the procedure including dietary changes, medications, and any changes to their standard medication schedule.
3. The possible outcomes of the procedures and the follow-up for the results of the procedure.
4. The need for someone to accompany the patient to the procedure or other arrangements that would need to be made.

If applicable the patient will be sent to the PCP to manage BLOOD THINNER issues.

7 DAYS BEFORE YOUR COLONOSCOPY:

STOP Iron (Ferrous Sulfate), fish oil and 325mg aspirin

2 DAYS BEFORE YOUR COLONOSCOPY:

HOLD anti-inflammatory medications

Low fiber Diet

Need to consume a low-residue diet 2 days prior to procedure.

A low-residue diet is low in fiber, and patients should be instructed to avoid foods that are high in fiber such as fruits, vegetables, and whole grains.

8pm Take 3 tablets of Bisacodyl

1 DAY PRIOR TO PROCEDURE:

Clear liquids all day/ NO solid food

Clear liquids include water, clear broth, coffee or tea (without milk), ices,

gelatin, and fruit juices such as apple, grapefruit, and lemonade. Liquids that are red can be mistaken for blood in the colon

Prep Meds: Times

8am Take 3 tablets of Bisacodyl
6:00pm-8:00pm drink 1/2 gallon GoLytely

Reviewed instructions for Golytely, advising they can add Crystal light lemonade and chill the mixed solution prior to administering. Drink 8 ounces at a time, no sooner than every 10 to 15 minutes.

DIABETIC PATIENT: 1/2 DOSE PM INSULIN
CANNABIS or MARIJUANA: HOLD any form for 12 hours prior to procedure

THE DAY OF YOUR COLONOSCOPY:

NO SOLID FOOD!!! WATER ONLY

Take necessary medications EXCEPT those listed in general instructions.
DIABETIC PATIENT: DO NOT take any diabetes pills or insulin

If your procedure is scheduled in the early morning, you'll need to get up in the early morning to take this dose of preparation. The correct timing of this dose is essential to an effective preparation.

Five (5) hrs before your appointment, TAKE two (80mg) Simethicone tablets (generic Gas-X) and then, START DRINKING the other ? gallon of Golytely following the same instructions that were followed for the 1st half and complete by 2 hours prior to procedure time.

Once Golytely is complete, TAKE two more (80mg) Simethicone tablets (generic

Gas-X) STOP ALL LIQUIDS 2 HOURS BEFORE APPOINTMENT. Failure to follow this instruction will lead to your procedure being cancelled or delayed.

NOTE: You must take ALL of the PREP solution, as directed to clean your bowel adequately.

STOP ALL LIQUIDS 2 HOURS BEFORE APPOINTMENT: This includes clear liquids, candy, and gum. Taking anything by mouth within 2hrs. of exam will cause a

cancellation of your procedure!

Bring your companion with you at check in if your receiving sedation.

ESCORT INFORMATION: MUST HAVE A DRIVER FOR SEDATION.

* The medicine given during the test can cause you to have memory changes

and impair your judgment. Do not drive a motorized vehicle or operate heavy

machinery. Do not sign any papers or make any legal decisions. No important

decisions you are under the influence of medication.

* You may experience drowsiness or forgetfulness.

* No strenuous activity.

* You may also notice altered bowel habits, excessive gas and belching

or

bloated feeling.

Veteran has the following:

_x__ prep meds on hand

_x__ prep instructions on hand

__x_ Escort day of the procedure

Veteran requesting the following:

___ prep meds

_x__ prep instructions (emailed at patient request) sent and received

Patient/caregiver verbalized understanding of information/plan

/es/ Paul Barredo, LVN

Nursing Service, GI

Signed: 12/22/2025 09:25

NEUROLOGY PHARMACY NOTE

Details

Date entered: December 22, 2025

Location: MCCLELLAN VA CLINIC

Written by: CHARISSE MAY C VIVAR

Signed by: CHARISSE MAY C VIVAR

Date signed: January 5, 2026

Note

LOCAL TITLE: NEUROLOGY PHARMACY NOTE

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: DEC 22, 2025@08:30 ENTRY DATE: DEC 22,
2025@08:30:27

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 75yo WHITE MALE

[]Chart reviewed/[X]Phone encounter/[]Video encounter/[]Seen in Clinic
by/with neurology clinical pharmacist practitioner (neuroCPP)
for []initial visit/review / [X]follow-up regarding medication management.

The pt's identity was confirmed with the following two items: DOB, Name
Encounter conducted by synchronous telephone/telehealth.
Modality and limitations discussed. Verbal consent obtained.

Relevant Indication: cluster HA

Referred by: Dr. ZIMMERMAN; Informal consult.

Excerpt per 12/5/25 neuro note:

"

ASSESSMENT:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with CAD, OSA, HTN, AF
on
dabigatran, T2DM, HLD, prior diagnosis of cluster headache on O2 and
Galcanezumab.

In summary, continues to have daily headaches, with a cluster headaches. They respond to oxygen as needed. He is continued on Emgality monthly. Remotely, he tried lithium which he reports was effective although had intolerable tremor. He was amenable to retry lithium with low-dose and slow titration to goal level of 0.6-0.8. He has had benefit of steroids in the past, however patient has had elevated A1c and would be cautious. Will tag pharmacist to follow-up; discussed R/B/A of lithium.

PLAN:

- Likely PAVA COE not qualified as no TBI
- Lithium start, goal level 0.6-0.8:
 - Week 1: Lithium 150mg daily, obtain level
 - Week 2: Increase to 150 BID if level still lower than 0.6-0.8, obtain level
 - Further increase pending levels - increase by 150 or 300mg each time and check trough levels
- Continue Emgality 300 qMonthly
- Continue O2 PRN 10-15 at ~100% for ~10-20m

PMH: Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019

9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, BISOPROLOL (bradycardia)

Active Outpatient Medications	Status	Issue Date
	Refills	Last Fill Expiration
=====		
5) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty: 01/02/25	ACTIVE	Issue:
9 for 90 days Sig: INJECT 300 MG (3 ML)	Refills: 0	Last :
11/09/25		
UNDER THE SKIN ONCE A MONTH FOR HEADACHE		Expr :
01/03/26		
PREVENTION		
Indication: FOR HEADACHE PREVENTION		
--thinks on the 10th of Dec.		
6) LITHIUM CARBONATE 150MG CAP Qty: 53 for 30	ACTIVE	Issue:
12/05/25		

days Sig: TAKE ONE CAPSULE BY MOUTH ONCE Refills: 0 Last :
12/05/25
DAILY FOR 7 DAYS, THEN TAKE ONE CAPSULE Expr :
01/04/26
TWICE A DAY FOR CLUSTER HEADACHE
Indication: FOR CLUSTER HEADACHE
--1cap/d

No Active Remote Medications for this patient

Pt in NAD today.

Since last neuro visit, pt/caregiver(CG) reports associated signs/symptoms are unchanged. HAs have not improved thus far. On lithium now for 8 days, first

2 days was feeling tired and dizzy but now resolved, then 3rd day experienced

acid reflux (agreeable to avoid peptobismol with DOAC) awaiting Rx for pantoprazole from PCP. Continues galcanezumab monthly with 02 prn, has been

having 1-4 HAs qday. 02 has aborted the HA when used at onset, gets 02 qweekly,

has increased use this week. has been using along with CPAP. Has PACT CPP f/u to

review BG management for potential effects on BG, but no changes noted in BG

thus far.

Endorses the following side effects of current medication regimen: acid reflux

as above, no persistent dizziness/fatigue, no falls, no tremor; historically had

tremor with high dose lithium.

Adherence: one missed dose

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt/CG: No other new complaints.

0:

Vitals - most recent BMI: 27.2

Height: 69 in [175.3 cm] (03/25/2024 10:22)

Weight: 184 lb [83.46 kg] (08/29/2025 14:37)

Pulse: 83 (08/29/2025 14:37)

BP: 138/60 (08/29/2025 14:37)

Pertinent Labs:

Collection DT	Spec	WBC	RBC	HGB	HCT	MCV	PLT
12/26/2024 13:22	BLOOD	19.9 H	4.84	13.9 L	43.8	90.5	314
05/01/2024 07:51	BLOOD	6.9	4.82	14.0	43.8	90.9	217

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
07/22/2025 07:41	PLASM	141	3.9	108	25	16	0.7
02/06/2025 08:21	PLASM	136	3.8	101	27	18	0.77

Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-TO
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7
02/06/2025 08:21	PLASM	36	37	69	4.0	0.5

Calculated Creatinine Clearance: CrCl=91.2 mL/min (JUL 22, 2025)

Drug Level Monitoring:

08/26/2019 LITHIUM 0.40 L
09/18/2019 LITHIUM 0.90

A/P: 75 yo MALE with h/o cluster HAs with emgality (galcanezumab) and recent daily HAs, referred for medication management with retrial of lithium, currently on low dose with no efficacy thus far and mild side effects pending restart PPI per PCP. Historically had cluster headache remission 6/3/2012-7/5/2013 when on lithium and was also prescribed primidone d/t tremors suspected d/t lithium. Last had been retrialed up to 900mg/d in 2019 and was tapered off d/t inefficacy and also had experienced tremor which resolved off lithium; this was shortly

prior to approval of emgality. Last BP appropriate on antiCGRP. Also on 02 prn.

Renal fcn wnl, will monitor lithium drug level closely with new start, goal level 0.6-0.8. Re: DDI, appears losartan and empagliflozin are stable doses for months, would recommend monitoring lithium level closely if any future dose changes.

Pt/CG and provider involved in shared decision making for the following plan:

Medication therapy:

☒ Continue current:

galcanezumab 300mg subq monthly

lithium 150mg daily for now, obtain level *will f/u on

level and

tolerability prior to further titrating dose

☐ Counseled on medication changes:

☐ Counseled on NEW medication(s):

Pt education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed for pertinent meds today.

Pt has good knowledge of their medications and good adherence.

Reviewed all pertinent medications, including indication for use, possible adverse effects (including, but not limited to, those seen commonly and those that are more rare but may require intervention), and appropriate administration. Reviewed medication expectations including time to therapeutic effects, and counseled on importance of taking medications as prescribed with good adherence.

Lab results were discussed with pt/CG during visit today.

Reviewed role of neuroCPP as part of pt's health care team.

Additional consults placed: n/a

Encouraged lifestyle modifications, including the following:

Maintaining a detailed headache diary in order to identify triggers and patterns, as well as to document frequency and severity

Fall precautions

Pt's specific goals prior to next visit:

medication adherence

lab test

Follow up:

- [X] 1week neuroCPP phone appt [X]w/labs
- [X] with Neurologist/NP as ordered/scheduled
- [X] other/prn - pt/CG or provider may request sooner appt if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care.

Veteran/caregiver informed of resources including crisis services, triage clinic, Emergency Department, VA Hotline and 911. Veteran/caregiver instructed

to contact VetsCONNECT or the PACT care team for any future routine issues/concerns. Veteran/caregiver advised to call 911 or go to Emergency Department for any potentially life threatening problems/conditions. Veteran/caregiver verbalized understanding of how to access services and willingness to utilize urgent/crisis services if needed. Opportunity provided for questions; has/given clinic phone number for questions.

Time spent with pt/CG: 23 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V12:

PHARMACIST INTERVENTIONS:

HEADACHE/MIGRAINE

Medication Intervention(s)

Prevent or manage an adverse drug reaction or event

Medication monitoring, no dosage change required, continue to monitor

and assess

Address adherence

Care coordination

FALLS PREVENTION

Medication intervention

Prevent or manage an adverse drug reaction or event

Medication monitoring, no dosage change required, continue to monitor and

assess

Identify drug interaction

/es/ Charisse May C. Vivar, Pharm.D.

Neurology Clinical Pharmacy Specialist

Signed: 01/05/2026 12:00

Neurology Secure Messaging

Details

Date entered: December 19, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SIMONE N HODGES

Signed by: SIMONE N HODGES

Date signed: December 19, 2025

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: DEC 19, 2025@19:19 ENTRY DATE: DEC 19,
2025@16:19:54
AUTHOR: HODGES, SIMONE N EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/19/2025 02:44 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Medication:Oxygen prescription and service

I have a prescription for oxygen to treat cluster headaches

The provider, Apria, has created difficulties in scheduling deliveries to meet the need

For the last six weeks, the company has established a standing order of delivering 12 E tanks to be exchanged for empties

My weekly oxygen requirement varies, depending on the frequency and severity of the headaches. And I am unable to handle Storage of multiple deliveries of 12 tanks. When the need can be substantially less.

I'm attempting to contact the department that deals with the outside oxygen vendor Apria

Apria has promised each week that the standing weekly 12 tank order would be canceled. Yet it has continued week after week.

Additionally, I have had a need for replacement of a worn out, oxygen mask that I need addressed

Can you please let me know how I can contact the responsible department within

the VA to address these issues?

Regards

Ron Campbell

-----Original Message-----

Sent: 12/19/2025 07:19 PM ET

From: HODGES, SIMONE N

To: CAMPBELL, RONALD CLARK

Subject: Medication:Oxygen prescription and service

Dear Veteran,

As per our conversation today, efforts were made to contact Apria on your behalf but was not able to connect with a representative. Will follow up on next business day to assist. If you manage to reach out to them, can you have them calling us at 916-843-2629.

Thanks

Simone RN

/es/ Simone Hodges, MPH,BSN,RN
REGISTERED NURSE
Signed: 12/19/2025 16:19

Primary Care Secure Messaging

Details

Date entered: December 19, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES**Date signed:** December 19, 2025**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 19, 2025@17:43 ENTRY DATE: DEC 19,
2025@14:43:39
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/19/2025 04:43 PM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: General:Cpap mask unusable
Attachments: IMG_4994.jpeg (2.31 MB)

My CPAP mask has become unusable. The straps have failed and I'm left to trying to hold it by hand in place while I sleep. I've attached a picture of the mask

I was advised to contact my primary care provider in order to make arrangements for a replacement.

Please advise what actions I need to take to secure this piece of equipment as soon as possible, as I use it every night to treat COPD and chronic cluster headaches

Regards
Ron Campbell

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 12/19/2025 14:43

Receipt Acknowledged By:

12/30/2025 10:23 /es/ Skye

Laughridge

Health Tech - Sleep

Lab

12/30/2025 ADDENDUM

STATUS: COMPLETED

Order placed in ROES.

Patient: CAMPBELL, RONALD CLARK 2701

AMARA-VIEW-FITPACK-CUSHN-S/M/L Routine

2

Totals: 2

Deliver to:

Patient

1521 WHITEHORSE RD

MEADOW VISTA, CA 95722

/es/ Skye Laughridge

Health Tech - Sleep Lab

Signed: 12/30/2025 10:23

Primary Care Secure Messaging

Details

Date entered: December 18, 2025**Location:** LOUIS A. CONTER VA CLINIC**Written by:** MICHELLE R PRATZ-RODRIGUES**Signed by:** MICHELLE R PRATZ-RODRIGUES**Date signed:** December 18, 2025**Note**

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 18, 2025@11:53 ENTRY DATE: DEC 18,
2025@08:53:15

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 12/17/2025 09:43 PM ET

From: CAMPBELL, RONALD CLARK

To: **Hui, E (AUB PACT 2) - AUB

Subject: Medication:pantoprazole renewal

The new lithium prescription is creating some gastronomical issues.

I contacted pharmacy and requested a pantoprazole renewal

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 12/18/2025 08:53

Patient Scheduling Attempt Letter**Details****Date entered:** December 17, 2025**Location:** RICHARD A. PITTMAN VA CLINIC**Written by:** PERSIS C HOLLINGSHED CARTER**Signed by:** PERSIS C HOLLINGSHED CARTER

Date signed: December 17, 2025

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: DEC 17, 2025@15:20 ENTRY DATE: DEC 17,
2025@15:20:26

AUTHOR: HOLLINGSBED CARTER, EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

DEC 17, 2025

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and 2 again for Primary Care scheduling team, Monday- Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

Primary Care Clinic
Northern California Health Care System
Department of Veteran Affairs
6505 South Manthey Road
French Camp, CA 95231-9518

****TIME SENSITIVE PLEASE RESPOND****

****THIS IS NOT AN APPOINTMENT****

Scheduling Contact Note

Details

Date entered: December 17, 2025

Location: RICHARD A. PITTMAN VA CLINIC

Written by: PERSIS C HOLLINGSBED CARTER

Signed by: PERSIS C HOLLINGSBED CARTER

Date signed: December 17, 2025

Note

LOCAL TITLE: Scheduling Contact Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: DEC 17, 2025@15:16 ENTRY DATE: DEC 17,
2025@15:16:05

AUTHOR: HOLLINGSBED CARTER, EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

RTC Contact:

Contact:

Contact 1 - Dec 17,2025: Call

Contact 2 - Dec 17,2025: Left Voicemail

Contact 3 - Dec 17,2025: Letter mailed

Minimum scheduling effort in progress. Follow up still needed.

/es/ PERSIS C HOLLINGSBED CARTER

ADVANCED MEDICAL SUPPORT ASST

Signed: 12/17/2025 15:16

V21 PHARMACY CCC MEDICATION RENEWAL REFILL REQUEST NOTE

Details

Date entered: December 17, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MA BERNADETTE C MARCELINO

Signed by: MA BERNADETTE C MARCELINO

Date signed: December 17, 2025

Note

LOCAL TITLE: V21 PHARMACY CCC MEDICATION RENEWAL REFILL REQUEST

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: DEC 17, 2025@14:21 ENTRY DATE: DEC 17,
2025@14:21:53

AUTHOR: MARCELINO, MA BERNAD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Request received through Telephone

Requestor: Veteran

=====

Type of Request: (Please take action on the following)

-Veteran is requesting a RENEWAL

=====
Medication(s) requested:

PANTOPRAZOLE NA 40MG EC TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR
STOMACH ACID.

Rx# 26740729C Last Released: 7/8/25

Qty/Days Supply: 90/90

Rx Expiration Date: 4/18/26

Refills Remaining: 0

Indication: FOR STOMACH PROTECTION

=====
Veteran's requested method of pickup:

Mail

Mailing address & phone number confirmed with caller:

Yes

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Phone:(206) 295-2554

=====
Primary care provider/specialist added as additional signer to review
request

=====
IMPORTANT: This note was created by VA Health Connect Clinical Contact
Center

staff. Please do not alert the staff member by adding them as an
Additional

Signer for future communications. Alerts are not monitored by this user.

/es/ MA BERNADETTE C MARCELINO

V21 CCC PHARMACY TECHNICIAN

Signed: 12/17/2025 14:22

Receipt Acknowledged By:

12/18/2025 13:32 /es/ DAVID TRABAZO

D.O.

FAMILY MEDICINE

PHYSICIAN

for ESTHER

HUI

Chart Review

Details

Date entered: December 16, 2025

Location: RICHARD A. PITTMAN VA CLINIC

Written by: GIHUN KIM

Signed by: GIHUN KIM

Date signed: December 16, 2025

Note

LOCAL TITLE: Chart Review

STANDARD TITLE: TEAM NOTE

DATE OF NOTE: DEC 16, 2025@14:44 ENTRY DATE: DEC 16,
2025@14:44:31

AUTHOR: KIM, GIHUN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient is a 75 year old MALE who was referred by PCP as a Veteran who may benefit from PACT Clinical Pharmacy Practitioner intervention for:
Diabetes management

Last PCP f/u: 6/25/25

A chart review was performed.

***** DIABETES *****

Reason for Referral: by PACT provider for elevated A1c (11/21/2025 HGBA1c 8.10 H)

Current DM regimen:
- metformin 500mg BID
- empagliflozin 12.5mg daily

Previous DM medications:
- glipizide (2019-21)

Complications:
[-] Retinopathy: per last eye exam on 6/12/25
[?] Neuropathy: per last foot exam *
[-] Nephropathy: per last 11/21/2025 mAlb/Creat mg/g 9.00
[+] Macrovascular Disease: CAD s/p NSTEMI 2021
[+] Statin: rosuvastatin 40mg daily

=====

OBJECTIVE

=====

ADVERSE REACTIONS: PENICILLIN, PREDNISONE, BISOPROLOL

ACTIVE MEDICATIONS:
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
===		
1)	CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE DECREASED DOSE Indication: FOR VITAMIN D SUPPLEMENT	ACTIVE
2)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
3)	EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE	ACTIVE

DAILY FOR DIABETES

Indication: FOR DIABETES

- 4) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ACTIVE
CHOLESTEROL

Indication: FOR CHOLESTEROL

- 5) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) ACTIVE
UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION

Indication: FOR HEADACHE PREVENTION

- 6) LITHIUM CARBONATE 150MG CAP TAKE ONE CAPSULE BY MOUTH ONCE ACTIVE
DAILY FOR 7 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR
CLUSTER HEADACHE

Indication: FOR CLUSTER HEADACHE

- 7) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ACTIVE
BLOOD PRESSURE

Indication: FOR BLOOD PRESSURE

- 8) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ACTIVE
FOR DIABETES

Indication: FOR DIABETES

- 9) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH ONCE DAILY FOR HEART

Indication: FOR HEART

- 10) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.

Indication: FOR STOMACH PROTECTION

- 11) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME ACTIVE
- TO LOWER CHOLESTEROL.

- 12) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS ACTIVE
(5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT
TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Active Non-VA Medications

Status

=====

===

- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS ACTIVE
NEEDED

13 Total Medications

No Active Remote Medications for this patient

LABS:

History of A1c:

Collection DT	Spec	HGBA1c
11/21/2025 13:36	BLOOD	8.1 H
07/22/2025 07:41	BLOOD	7.6 H
02/06/2025 08:21	BLOOD	9.5 H

Fructosamine:

Fructosamine in past 1 year

BMP:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
07/22/2025 07:41	PLASMA	134 H	16	0.7	141	3.9	108
02/06/2025 08:21	PLASMA	204 H	18	0.77	136	3.8	101

eGFR

Collection DT	Spec	eGFR CK	eGFR(MD
07/22/2025 07:41	PLASM	>90	

CrCl=91.2 mL/min (JUL 22, 2025)

Microalbumin:

11/21/2025	Creatinine, Urine	56.00
11/21/2025	Albumin, Urine	5.30
11/21/2025	mAlb/Creat mg/g	9.00

Lipid Panel:

Collection DT	Spec	CHOL	TRIGLYC	Trig	NF	HDL	LDL-CAL
02/06/2025 08:21	PLASM	133		88		58	58
12/26/2024 13:22	PLASM	135		152 H		60	45

LDL DIRECT 6/20/19 09:28 139

Liver Function:

Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-T0
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7
02/06/2025 08:21	PLASM	36	37	69	4.0	0.5

B12:

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

VITALS:

Height: 69 in [175.3 cm] (03/25/2024 10:22)
Weight: 184 lb [83.46 kg] (08/29/2025 14:37)
BMI: 27.2
Blood Pressure: 138/60 (08/29/2025 14:37)

=====

ASSESSMENT

=====

Patient is a 75 year old MALE with PMH significant for T2DM, HTN, HLD, CAD s/p NSTEMI 2021, Afib, h/o PE, COPD, OSA, HA, GERD, back pain, h/o prostate CA, depression.

DM:

Target A1c goal: A1c 7-8% per VA DoD Guidelines

Most recent A1c trended up and now just above goal. A1c historically <7% prior to 2024 thus may be reasonable to target lower A1c goal. Currently on moderate

dose metformin and empagliflozin, can consider titration to max dose and changing to combination Synjardy to reduce pill burden, but assess SMBG and tolerability of higher metformin dose first. Can also consider GLP1a if A1c remains above goal after max dose metformin and SGLT2i, as patient has h/o ASCVD.

=====

PLAN/RECOMMENDATION:

=====

Medications:

DM:

- continue metformin 500mg BID
 - consider titration to 1000mg BID
- continue empagliflozin 12.5mg daily
 - consider titration to 25mg daily

Monitoring:

- SMBG 2-3x/wk AM

FOLLOW-UP APPOINTMENTS:

Pharmcare	RTC entered for f/u
PACT	recall date (last PCP 6/25/25)

Time spent: 25 minutes

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V12:

PHARMACIST INTERVENTIONS:

TYPE 2 DIABETES MELLITUS

Medication monitoring, no dosage change required, continue to monitor

and assess

/es/ Gihun Kim, PharmD

Clinical Pharmacy Practitioner

Signed: 12/16/2025 15:13

Primary Care Secure Messaging

Details

Date entered: December 16, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: December 16, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 16, 2025@10:32 ENTRY DATE: DEC 16,
2025@07:32:33

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/15/2025 10:38 PM ET

From: CAMPBELL, RONALD CLARK

To: **Hui, E (AUB PACT 2) - AUB

Subject: Medication:Lithium & A1c

I have been prescribed lithium through VA Neurology in an attempt to control,

chronic cluster headaches.

In the process of reading potential side effects I see a high propensity for

affecting blood sugar levels that could increase the dangerous levels

Therefore, I am open to medicating my sugar levels, especially since they have recently been higher than acceptable

Ron Campbell

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 12/16/2025 07:32

Receipt Acknowledged By:

12/16/2025 12:59 /es/ DAVID TRABAZO

D.O.

FAMILY MEDICINE

PHYSICIAN

for ESTHER

HUI

12/16/2025 ADDENDUM

STATUS: COMPLETED

Veteran has diabetes mellitus, hemoglobin A1c has been uncontrolled since February 2025. Veteran will need further titration of his diabetes medications, would recommend consultation with clinical pharmacist to help him manage his diabetes.

Ghiun, please consult Veteran on diabetes melitis, it appears A1c may have worsened since initiating lithium. Thank you.

----- HGBA1c -----

BLOOD	Nov 21 2025	Jul 22 2025	Feb 06 2025	Oct 05 2023	Reference
	13:36	07:41	08:21	09:41	Units Ranges

HGBA1c	8.1 H	7.6 H	9.5 H	6.5 H	%	4.1 -
5.7						
eAG	186 H	171 H	226 H	140 H	mg/dL	74 - 118

/es/ DAVID TRABAZO D.O.
FAMILY MEDICINE PHYSICIAN
Signed: 12/16/2025 13:04

Receipt Acknowledged By:
12/16/2025 14:40 /es/ Gihun Kim,
PharmD

Clinical Pharmacy
Practitioner
12/17/2025 07:45 /es/ MICHELLE R PRATZ-
RODRIGUES

LVN
12/17/2025 14:05 /es/ DAVID TRABAZO
D.O.

FAMILY MEDICINE
PHYSICIAN

for ESTHER
HUI
12/18/2025 11:16 /es/ Deborah A. Larson,
RN

Primary Care RN Care
Manager

Primary Care Secure Messaging

Details

Date entered: December 15, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: December 15, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 15, 2025@12:42 ENTRY DATE: DEC 15,
2025@09:42:09
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/14/2025 01:03 PM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: Medication:Dabigatran capsule confusion

I take a monthly inventory of my medication and look for anything that may not be in order

I noticed the difference in the appearance and designations on the capsules for dabigatran

initiallydrugs.com indicated the new capsule was a And had nothing to do with treatment for blood clots.

And the more I looked into it, the more confusing it became

I contacted the VA Advice nurse she looked into it didn't come up with an answer and advised me to call back in tomorrow and to travel to VA pharmacy to get to the bottom of it

Today on drugs.com after photographing the capsule and entering into the Google

app, the new capsule was identified as dabagatran etexilate.

I just thought your office might be getting notification of my
conversations
with the Advice nurse

I think everything is in order and that the new capsule is the correct
medication

Ron Campbell

-----Original Message-----

Sent: 12/15/2025 12:41 PM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: Medication:Dabigatran capsule confusion

You should speak to pharmacy regarding any medication questions
866-600-8279 select option 2 for live person

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 12/15/2025 09:42

Scheduling Contact Note

Details

Date entered: December 10, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JESSICA LYNN ESTRADA-MCGAVOCK

Signed by: JESSICA LYNN ESTRADA-MCGAVOCK

Date signed: December 10, 2025

Note

LOCAL TITLE: Scheduling Contact Note
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: DEC 10, 2025@11:14 ENTRY DATE: DEC 10,
2025@11:14:18
AUTHOR: ESTRADA-MCGAVOCK, JE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

RTC Contact: PID 03/06/26

TYPE OF CONTACT: Telephone attempted
Contact:

Contact 1 - Dec 10, 2025: Call

Contact 2 - Dec 10, 2025: Letter mailed, Left Voicemail

TYPE OF CONTACT: Letter Sent
Minimum scheduling effort in progress. Follow up still needed.
C1 LVM L1 EX 12/24/25 CALLED (206)295-2554

/es/ JESSICA LYNN ESTRADA-MCGAVOCK

Signed: 12/10/2025 11:15

Patient Scheduling Attempt Letter

Details

Date entered: December 10, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JESSICA LYNN ESTRADA-MCGAVOCK
Signed by: JESSICA LYNN ESTRADA-MCGAVOCK
Date signed: December 10, 2025

Note

LOCAL TITLE: Patient Scheduling Attempt Letter
STANDARD TITLE: LETTERS
DATE OF NOTE: DEC 10, 2025@11:13 ENTRY DATE: DEC 10,
2025@11:13:53
AUTHOR: ESTRADA-MCGAVOCK,JE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANHCSS)

DEC 10, 2025

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

TYPE OF CONTACT:Telephone attempted

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and then option 3 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

TYPE OF CONTACT:Letter Sent

If you have not contacted us within 14 days of the letter, the appointment

request will be cancelled and returned to the requesting provider,
requiring
you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

TYPE OF CONTACT:

Neurology Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

NEUROLOGY PHARMACY NOTE

Details

Date entered: December 9, 2025
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: December 9, 2025

Note

LOCAL TITLE: NEUROLOGY PHARMACY NOTE
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: DEC 09, 2025@14:26 ENTRY DATE: DEC 09,
2025@14:26:36
AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 75yo WHITE MALE

[]Chart reviewed/[X]Phone encounter/[]Video encounter/[]Seen in Clinic
by/with neurology clinical pharmacist practitioner (neuroCPP)
for []initial visit/review / [X]follow-up regarding medication management.
Abbreviated encounter to reestablish w/ neuroCPP; prev f/b neuroCPP (LS
10/2020)

The pt's identity was confirmed with the following two items: DOB, Name
Encounter conducted by synchronous telephone/telehealth.
Modality and limitations discussed. Verbal consent obtained.

Relevant Indication: cluster HA

Referred by: Dr. ZIMMERMAN; Informal consult.

Excerpt per 12/5/25 neuro note:

"

ASSESSMENT:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with CAD, OSA, HTN, AF
on
dabigatran, T2DM, HLD, prior diagnosis of cluster headache on O2 and
Galcanezumab.

In summary, continues to have daily headaches, with a cluster headaches.
They

respond to oxygen as needed. He is continued on Emgality monthly.

Remotely, he

tried lithium which he reports was effective although had intolerable
tremor.

He was amenable to retry lithium with low-dose and slow titration to goal
level

of 0.6-0.8. He has had benefit of steroids in the past, however patient
has had

elevated A1c and would be cautious. Will tag pharmacist to follow-up;
discussed

R/B/A of lithium.

PLAN:

- Likely PAVA COE not qualified as no TBI
- Lithium start, goal level 0.6-0.8:
 - Week 1: Lithium 150mg daily, obtain level
 - Week 2: Increase to 150 BID if level still lower than 0.6-0.8, obtain level
 - Further increase pending levels - increase by 150 or 300mg each time and check trough levels
- Continue Emgality 300 qMonthly
- Continue O2 PRN 10-15 at ~100% for ~10-20m
- "

 PMH: Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013

25. Impotence 11/26/2013
 26. Vitamin D deficiency (SNOMED CT 34713006) 11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
 with dexamethasone, BISOPROLOL (bradycardia)

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                                     Status      Issue Date
                                     Refills    Last Fill
*PERTINENT* Outpatient Medications
=====
5)  GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML  ACTIVE      Issu:01-02-25
    Qty: 9 for 90 days  Sig: INJECT 300 MG  Refills: 0    Last:11-09-25
    (3 ML) UNDER THE SKIN ONCE A MONTH FOR  Expr:01-03-26
    HEADACHE PREVENTION
6)  LITHIUM CARBONATE 150MG CAP  Qty: 53 for  ACTIVE      Issu:12-05-25
    30 days  Sig: TAKE ONE CAPSULE BY      Refills: 0    Last:12-05-25
    MOUTH ONCE DAILY FOR 7 DAYS, THEN TAKE  Expr:01-04-26
    ONE CAPSULE TWICE A DAY FOR CLUSTER
    HEADACHE
```

```
=====
Active Outpatient Medications                                     Status
=====
1)  CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY  ACTIVE
    MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE
    DECREASED DOSE
2)  DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE  ACTIVE
    BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP
    IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
    BOXES. DO NOT OPEN OR CHEW CAPSULE.
3)  EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH  ACTIVE
    ONCE DAILY FOR DIABETES
4)  EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT        ACTIVE
    BEDTIME FOR CHOLESTEROL
5)  GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG  ACTIVE
    (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE
    PREVENTION
6)  LITHIUM CARBONATE 150MG CAP TAKE ONE CAPSULE BY MOUTH  ACTIVE
```

- ONCE DAILY FOR 7 DAYS, THEN TAKE ONE CAPSULE TWICE
A DAY FOR CLUSTER HEADACHE
- 7) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR BLOOD PRESSURE
 - 8) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE
TWICE A DAY FOR DIABETES
 - 9) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET ACTIVE
BY MOUTH ONCE DAILY FOR HEART
 - 10) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH
ACID.
 - 11) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE
BEDTIME - TO LOWER CHOLESTEROL.
 - 12) TABLET CUTTER USE DEVICE AS DIRECTED FOR SPLITTING ACTIVE
TABLETS.
 - 13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

Active Non-VA Medications	Status
=====	
1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

No Active Remote Medications for this patient

Pt in NAD today.

Since last neuro visit, pt/caregiver(CG) reports associated signs/symptoms are unchanged. Qdaily HAs, continues galcanezumab monthly with 02 prn (prev reported has 02 "to abate them" within 5-15min). Awaiting receipt of lithium Rx.

Endorses the following side effects of current medication regimen: none current;
historically had tremor with high dose lithium

Adherence: denies missed doses, reports due for next emgality dose tomorrow;

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt/CG: No other new complaints.

O:

Vitals - most recent BMI: 27.2

Height: 69 in [175.3 cm] (03/25/2024 10:22)

Weight: 184 lb [83.46 kg] (08/29/2025 14:37)

Pulse: 83 (08/29/2025 14:37)

BP: 138/60 (08/29/2025 14:37)

Pertinent Labs:

Collection DT	Spec	WBC	RBC	HGB	HCT	MCV	PLT
12/26/2024 13:22	BLOOD	19.9 H	4.84	13.9 L	43.8	90.5	314
05/01/2024 07:51	BLOOD	6.9	4.82	14.0	43.8	90.9	217

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
07/22/2025 07:41	PLASM	141	3.9	108	25	16	0.7
02/06/2025 08:21	PLASM	136	3.8	101	27	18	0.77

Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-T0
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7
02/06/2025 08:21	PLASM	36	37	69	4.0	0.5

Calculated Creatinine Clearance: CrCl=91.2 mL/min (JUL 22, 2025)

Drug Level Monitoring:

08/26/2019 LITHIUM 0.40 L

09/18/2019 LITHIUM 0.90

A/P: 75 yo MALE with h/o cluster HAs with emgality (galcanezumab) and recent daily HAs, referred for medication management with retrieval of lithium, pending receipt (no tracking info available at this time). Historically had cluster headache remission 6/3/2012-7/5/2013 when on lithium and was also prescribed

primidone d/t tremors suspected d/t lithium. Last had been retriaded up to 900mg/d in 2019 and was tapered off d/t inefficacy and also had experienced

tremor which resolved off lithium; this was shortly prior to approval of emgality. No current intolerances, BP appropriate on antiCGRP. Also on 02 prn.

Renal fcn wnl, will monitor lithium drug level closely with new start, goal

level 0.6-0.8. Re: DDI, appears losartan and empagliflozin are stable doses for

months, would recommend monitoring lithium level closely if any future dose

changes.

Pt/CG and provider involved in shared decision making for the following plan:

Medication therapy:

☒ Continue current:

galcanezumab 300mg subq monthly

☐ Counseled on medication changes:

☒ Counseled on NEW medication(s):

lithium 150mg daily, obtain level after 1 wk,

maintain 150mg/d until advised for dose incr/adjustment

Pt education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed for pertinent meds today.

Pt has good knowledge of their medications and good adherence.

Reviewed all pertinent medications, including indication for use, possible adverse effects (including, but not limited to, those seen commonly and those that are more rare but may require intervention), and appropriate administration. Reviewed medication expectations including time to therapeutic effects, and counseled on importance of taking medications as prescribed with good adherence.

Lab results were discussed with pt/CG during visit today.

Reviewed role of neuroCPP as part of pt's health care team.

Additional consults placed: n/a

Encouraged lifestyle modifications, including the following:

Maintaining a detailed headache diary in order to identify triggers and patterns, as well as to document frequency and severity

Fall precautions

Pt's specific goals prior to next visit:

Implement medication changes

lab test

Follow up:

[X] 2week neuroCPP phone appt [X]w/labs

[X] with Neurologist/NP as ordered/scheduled

[X] other/prn - pt/CG or provider may request sooner appt if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care.

Veteran/caregiver informed of resources including crisis services, triage clinic, Emergency Department, VA Hotline and 911. Veteran/caregiver instructed

to contact VetsCONNECT or the PACT care team for any future routine issues/concerns. Veteran/caregiver advised to call 911 or go to Emergency Department for any potentially life threatening problems/conditions.

Veteran/caregiver verbalized understanding of how to access services and willingness to utilize urgent/crisis services if needed.

Opportunity provided for questions; has/given clinic phone number for questions.

Time spent with pt/CG: 10 min.

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V12:

PHARMACIST INTERVENTIONS:

HEADACHE/MIGRAINE

Medication Intervention(s)

Prevent or manage an adverse drug reaction or event

Medication monitoring, no dosage change required, continue to monitor

and assess

Address adherence

Care coordination

FALLS PREVENTION

Medication monitoring, no dosage change required, continue to monitor
and

assess

Identify drug interaction

/es/ Charisse May C. Vivar, Pharm.D.
Neurology Clinical Pharmacy Specialist
Signed: 12/09/2025 15:52

Neurology 11000

Details

Date entered: December 5, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CHRISTOPHER STEVEN ZIMMERMAN

Signed by: CHRISTOPHER STEVEN ZIMMERMAN

Date signed: December 5, 2025

Note

LOCAL TITLE: Neurology 11000
STANDARD TITLE: NEUROLOGY E & M NOTE
DATE OF NOTE: DEC 05, 2025@07:54 ENTRY DATE: DEC 05,
2025@07:54:13
AUTHOR: ZIMMERMAN,CHRISTOPH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology 11000 Has ADDENDA ***

Televisit:

>> Consent for tele-visit format previously obtained
>> Patient name, date of birth, address/location, phone contact
information
confirmed

NEUROLOGY NOTE (VVC)

DATE: 12/5/2025

PCP: HUI, ESTHER

HISTORY OF PRESENT ILLNESS:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with CAD, OSA, HTN, AF on dabigatran, T2DM, HLD, prior diagnosis of cluster headache on O2 and Galcanezumab.

He has a long history of cluster headache, starting ~1994, having tried multiple medications (see summary below). He had initial worsening of cluster headache in Aug-Sept 2025 after an extended period being mostly headache free (~early 2024-Summer 2025). He was placed on brief steroid burst in Sept 2025 (for ~12days) which moderately worked but continue to have headaches. He injured his back around this time as well, although not clearly correlated to headache worsening and takes 2000mg APAP / day for that pain, he continues on PRN O2 and emgality.

> Headache semiology

1st cluster event 1994. "Episodic" until 2014. Classified "Chronic" in 2015.

Description: "Shadow" (warning of headache) -> right side of head; excruciating right retroorbital pain -> lower face, constant ice pick pain in that region, "20/10", 45-90 minutes (without O2) and around 15-20 minutes with O2 15L (has had to increase recently). If not treated with O2, can develop into sweating, tearing, droopy eyelid remotely (doesn't clearly occur due to treatment)

Frequency: 4-5x/day

Chronic triggers:

Pain, bodily stress (eg, dental work), missed emgality doses

> Headache treatment history

Gabapentin - moderately effective at times during career

CBB:

- Verapamil 120mg - symptomatic bradycardia; ineffective

Indomethacin:

- Yes, tried; not effective

Steroids:

- Has worked in past, including 40mg/d x 1-3w +/- taper; but has

T2DM

(A1c ~8)

ASM:

- Topiramate - ineffective
- Does not appear to have tried VPA

Lithium:

- <1y effective, stopped due to tremors although reports being on too high a dose at that time

Triptan:

- Frovatriptan - stopped after MI in 3/2021
- Sumatriptan - effective abortive for ~18mo; ineffective subsequently
- Has not tried IN zolmitriptan or sq sumatriptan but contraindicated due to CAD

Ergot:

- DHE-45 IM - stopped after MI in 3/2021 (?or 2023); effective from Jan 2014-2023 as abortive

CGRP

- Galcanezumab 300mg/Qmonth (2022-current); most effective

Oxygen (2014-current)

- Uses as abortive, 15-20L; effective (ish)

>> PAST MEDICAL and SURGICAL HISTORY

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN, HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN, ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
7. Degenerative joint disease of knee (SCT	05/06/22	
ISLAM, PARVEZ S		
239873007)		
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004)	12/03/19	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/20	
NICKERSON, GASON		
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional	09/30/19	LWIN, HTWE H
Features (SCT 55668003)		
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003)	09/30/19	LWIN, HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
12. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
13. Dysthymia	02/08/16	

BAHTEN, REGINA S

14. Chronic pain syndrome 12/08/15

BAHTEN, REGINA S

15. Cervical radiculitis (SNOMED CT 11049006) 07/23/14 LEE, JEAN

16. Depressive Disorder NOS * 04/02/14

BAHTEN, REGINA S

17. Chronic cluster headache (SNOMED CT 230473009) 01/25/21

NICKERSON, GASON

18. Chronic obstructive lung disease 06/24/19

FIECHTNER, BRIDG

"severe" (nonVA)

19. Benign hypertension 11/26/13 CHANG, MYO S

20. Hyperlipidemia (SNOMED CT 55822004) 11/05/16

FIECHTNER, BRIDG

21. Type 2 diabetes mellitus (SNOMED CT 44054006) 11/05/16

FIECHTNER, BRIDG

22. Headache (SNOMED CT 25064002) 08/12/22

NICKERSON, GASON

23. Carcinoma, Prostate 11/26/13 CHANG, MYO S

24. Arthralgias NOS 11/26/13 CHANG, MYO S

25. Impotence 11/26/13 CHANG, MYO S

26. Vitamin D deficiency (SNOMED CT 34713006) 11/26/13 CHANG, MYO S

PAST SURGERIES:

No surgeries on file.

>> Medications

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE DECREASED DOSE	ACTIVE
2) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE	ACTIVE

BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP
IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
BOXES. DO NOT OPEN OR CHEW CAPSULE.

3)	EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES	ACTIVE
4)	EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
5)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE
6)	LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.	ACTIVE
7)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
8)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
9)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE
10)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
11)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
12)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications

Status

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

13 Total Medications

No Active Remote Medications for this patient

>> Allergies:

PENICILLIN, PREDNISONE, BISOPROLOL

>> Objective data

Vitals

No vitals taken due to VVC visit.

Exam

** Limited exam due to VVC format.

> Physical

General: NAD

Lung: Breathing on RA. No accessory muscle use

Ext/Skin: No rashes on exposed surfaces.

> Mental status

Pleasant, linaer, lucid.

> Cranial nerves

III, IV, VI: EOMI.

VII: Symmetric face and activation.

VIII: Hearing intact to conversation.

> Motor

Anti-gravity in visualized extremities

Other diagnostic workup:

Labs

Collection DT	Spec	WBC	RBC	HGB	HCT	MCV	MCH
12/26/2024 13:22	BLOOD	19.9 H	4.84	13.9 L	43.8	90.5	28.7
							31.7 L

SCL1 - BMP (max 1 occurrence)

Collection DT	Spec	CREAT	BUN	GLUCOSE	NA	K	CL
C02							

07/22/2025 07:41	PLASM	0.7	16	134 H	141	3.9	108
25							
Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-TO	PROTEIN
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7	6.7
11/21/2025	HGBA1c		8.10 H				
07/22/2025	HGBA1c		7.60 H				
02/06/2025	HGBA1c		9.50 H				
Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CAL	LDL Dir	
02/06/2025 08:21	PLASM	133		58	58		
12/26/2024 13:22	PLASM	135		60	45		
SCLU - B12 Last 2							
Collection DT	Spec	B12					
03/13/2018 08:41	SERUM	351					
05/19/2014 08:19	SERUM	417					
Vitamin D							
Collection DT	Specimen	Test Name		Result	Units		Ref
Range							
07/22/2025 07:41	PLASMA	25-OH-D		72 H	ng/mL		7 -
50							
Collection DT	Spec	TSH					
10/05/2023 09:41	SERUM	1.58					
SLT - Ferritin							
No data available for: FERRITIN							
ZZFERRITIN (OLD)							
SCLU - Rheumatology Labs							
No data available for: ZZRHEUMATOID FACTOR [Old 6/03]							
Rheumatiod Factor							
RHEUMATOID FACTOR							
ZZSED RATE (Mini-VES) [Old 2/07]							
ESR							
CRP HIGH SENSITIVITY							
ZZC-REACTIVE PROTEIN [OLD 6/03]							

ZZCRP [Old 8/04]
CK(CPK)
ZZCPK(CK) Oakland only (Old 6/03)
ZZTOTAL CPK (ELECTROPHORESIS) [Old 6/05]
HEPATITIS C AB (w/REFLEX to PCR)
URIC ACID
RPR
ZZTP-PA
ANA (VA-Lex)
ZZANA [Old 7/03]
ZZANA [Old 7/96]
ZZANA, IFA (OLD 3/98)
fANA
Ena Screen
anti-ENA
ZZanti-ENA w/RNase (Old 4/97)
ZZANTI-DSDNA Antibody (OLD 4/14/99)
ZZDS DNA ANTIBODY (OLD 7/03)
ANTI-DS DNA Ab (VA-Lex)
ZZanti-RNP [Old 7/03]
ZZanti-SMITH [Old 7/03]
ZZanti-DNA by C.lucilliae (Old 4/97)
ZZANTI-NRNP (U1 RNP) [OLD 10/96]
ZZANTI-CENTROMERE [OLD 3/98]
Ribosomal P Prot. Ab
ss-A/Ro
ss-B/La
Scl-70
PM-1
ANTI MITOCHONDRIAL Ab (VA-Lex)
ZZThy. Peroxidase Ab (old 4/97)
THYROID PEROXIDASE (TPO) AB
ANTI HU
PARIETAL CELL Ab (VA-Lex)
ANTI SMOOTH MUSCLE (VA-Lex)
ZZANTI-MYOCARDIAL AB (Old 4/97)
ZZANTI-RETICULIN AB (Old 10/97)
ANTI STRIATED MUSCLE
ZZCOMPLEMENT C3 [Old 3-05]
ZZCOMPLEMENT C4 [Old 3-05]

c-ANCA
p-ANCA
Atypical p-ANCA
ANTIPROTEINASE 3 (PR3) AB
GAD-65 AUTOANTIBODY
ZZANTICARDIOLIPIN IGG [Old 2/07]
ZZANTICARDIOLIPIN IGM [Old 2/07]
DILUTE RUSSELL VIPER VENOM*
PTT-LA

CSF:
Serum:

Imaging - CT/MRI

Date	Procedure	CPT	Status	Case #
02/03/2014	CT HEAD W/O	70450	Verified	602
No acute intracranial abnormality.				
No data available				

ASSESSMENT:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with CAD, OSA, HTN, AF on dabigatran, T2DM, HLD, prior diagnosis of cluster headache on 02 and Galcanezumab.

In summary, continues to have daily headaches, with a cluster headaches. They respond to oxygen as needed. He is continued on Emgality monthly. Remotely, he tried lithium which he reports was effective although had intolerable tremor. He was amenable to retry lithium with low-dose and slow titration to goal level of 0.6-0.8. He has had benefit of steroids in the past, however patient has had elevated A1c and would be cautious. Will tag pharmacist to follow-up; discussed R/B/A of lithium.

PLAN:

- Likely PAVA COE not qualified as no TBI
- Lithium start, goal level 0.6-0.8:
 - Week 1: Lithium 150mg daily, obtain level
 - Week 2: Increase to 150 BID if level still lower than 0.6-0.8, obtain level
 - Further increase pending levels - increase by 150 or 300mg each time and check trough levels
- Continue Emgality 300 qMonthly
- Continue O2 PRN 10-15 at ~100% for ~10-20m

Care plan goals discussed with the Veteran and the Veteran concurs with treatment plan.

Return to clinic: 3 months

SAC PHONE NEURO ZIMMERMAN

SAC VVC NEURO ZIMMERMAN

Total mins spent on date of encounter (excluding time spent on billable procedures) = 55 min which includes time spent counseling, chart review, obtaining history, examination, treatment planning, education, and documenting encounter in the electronic health record, which includes 40 minutes of medical discussion with the patient during this encounter.

/es/ CHRISTOPHER ZIMMERMAN, DO

Staff Neurologist

Signed: 12/05/2025 12:02

Receipt Acknowledged By:

12/09/2025 12:39 /es/ Charisse May C. Vivar,
Pharm.D.

Neurology Clinical Pharmacy

Specialist

12/09/2025 ADDENDUM

STATUS: COMPLETED

Neurology clinical pharmacist attempted to contact patient/caregiver at phone number(s) listed in CPRS per request for follow up by Dr. ZIMMERMAN for (re)start of lithium for cluster HA. No answer. LVM with generic discreet message and direct contact number; requested call back.

Noted that lithium released for mail out yesterday 12/8, and no tracking info yet available. Upon call back, would schedule for 30min phone appt in NSAC PHONE PHARM NEURO with target date for wk of approx 12/22/25 to allow time for pt to receive and start the medication, and get labs after one week of taking the starting dose of medication prior to appt.

/es/ Charisse May C. Vivar, Pharm.D.
Neurology Clinical Pharmacy Specialist
Signed: 12/09/2025 12:37

PACT Telephone Note

Details

Date entered: November 26, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: November 26, 2025

Note

LOCAL TITLE: PACT Telephone Note
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: NOV 26, 2025@13:01 ENTRY DATE: NOV 26, 2025@13:01:13
AUTHOR: PRATZ-RODRIGUES, MIC EXP COSIGNER:

STATUS:

Phone call to patient, two identifiers. Discussed increase in a1c, patient states that he was laid up with severe back pain for over a month and recently restarted gabapentin and is able to get around much better now. Would like to increase activity for now rather than increase medication

Receipt Acknowledged By:
11/26/2025 13:54 /es/ Esther Hui,
MD

Care

STATUS: COMPLETED

Thanks!

/es/ Esther Hui, MD
Staff Physician, Primary Care
Signed: 11/26/2025 13:55

Receipt Acknowledged By:

11/26/2025 15:15 /es/ MICHELLE R PRATZ-
RODRIGUES

LVN

11/26/2025 ADDENDUM STATUS: COMPLETED
Phone call to patient, given above information, verbalized understanding

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 11/26/2025 15:16

LAB RESULTS (AUTO PRINT)

Details

Date entered: November 21, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: ESTHER HUI
Signed by: ESTHER HUI
Date signed: November 25, 2025

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)
STANDARD TITLE: LETTERS
DICT DATE: NOV 21, 2025@20:35:31 ENTRY DATE: NOV 21,
2025@20:35:32
DICTATED BY: HUI, ESTHER EXP COSIGNER:
URGENCY: STATUS:
COMPLETED
SUBJECT: LAB RESULTS - Single Note 18 lines - provider may edit or
comment

*** LAB RESULTS (AUTO PRINT) Has ADDENDA ***

Dear Veteran: RONALD CLARK CAMPBELL

Thank you for choosing the Northern California VA Healthcare System as your health care provider. Below are your Nov 21 2025 test results. For any questions, please contact your health care team by calling the VA Call Center at 800-382-8387 or send a secure message in MyHealtheVet.

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
MICROALBUMIN (RANDOM URINE)			
Albumin, Urine	5.3	ug/mL	Ref: Not
establi			
Creatinine, Urine	56	mg/dL	24 - 392
mAlb/Creat mg/g	9	mg/g Creat	Ref: <=29
HGBA1c & eAG			
HGBA1c	8.1 H	%	4.1 - 5.7
eAG	186 H	mg/dL	74 - 118

You are not spilling any protein in your urine but your rechecked A1c shows that it is higher than it was in July when it was 7.6% Your goal is to be <8% and as close to 7% without any low blood sugars. My team should have called you to discuss options in care whether it is increasing medications or working hard with your diet, exercise and a little weight loss to control your blood sugars. We know that it is tough around the holidays but it is important to continue to control your blood sugars despite the holidays.

11/25/2025 ADDENDUM

STATUS: COMPLETED

Please see above message. Choices are therapeutic lifestyle changes as outlined above or inc Empagliflozin to 25mg daily.

Thanks!

/es/ Esther Hui, MD
Staff Physician, Primary Care
Signed: 11/25/2025 13:50

Receipt Acknowledged By:
11/26/2025 13:00 /es/ MICHELLE R PRATZ-
RODRIGUES

LVN

Sincerely,

/es/ Esther Hui, MD
Staff Physician, Primary Care

Patient Record Number 7468482

Primary Care Secure Messaging

Details

Date entered: November 21, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: November 21, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: NOV 21, 2025@16:02 ENTRY DATE: NOV 21,
2025@13:02:42
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/21/2025 03:45 PM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: Medication:Lidocaine 5% PATCH

Rx 71366745A has expired.

These are used for my back mmmmmm service connected back injury

Can the prescription be renewed!

Thanks

Ron Campbell

-----Original Message-----

Sent: 11/21/2025 04:02 PM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: Medication:Lidocaine 5% PATCH

Yes , for all prescriptions, you call the pharmacy listed on the package.
select 2 to speak to a pharmacy tech

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 11/21/2025 13:02

Primary Care Secure Messaging

Details

Date entered: November 20, 2025

Location: LOUIS A. CONTER VA CLINIC**Written by:** DEBORAH ANNE LARSON**Signed by:** DEBORAH ANNE LARSON**Date signed:** November 20, 2025**Note**

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: NOV 20, 2025@14:50 ENTRY DATE: NOV 20,
2025@11:50:54

AUTHOR: LARSON, DEBORAH ANNE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 11/20/2025 02:50 PM ET

From: LARSON, DEBORAH ANNE

To: CAMPBELL, RONALD CLARK

Subject: General:General

Good Morning,

We have been reviewing charts of our diabetic patients. You are overdue for a urine microalbumin lab test. This test is typically done as an annual test but was somehow overlooked for your last annual.

The order has been placed and you can come into the Auburn lab at your earlier convenience to complete.

Thank you.

Deborah Larson RN, PHN, MSN/Ed, CHPN

Primary Care RNCM Auburn Pact 2

/es/ Deborah A. Larson, RN
Primary Care RN Care Manager
Signed: 11/20/2025 11:50

Neurology Secure Messaging

Details

Date entered: November 10, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: SIMONE N HODGES
Signed by: SIMONE N HODGES
Date signed: November 10, 2025

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: NOV 10, 2025@20:01 ENTRY DATE: NOV 10,
2025@17:01:44
AUTHOR: HODGES, SIMONE N EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/06/2025 11:25 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: General:Apria Health Care

02 is prescribed for cluster headaches and E tanks delivered usually on an
as
needed basis
by Apria Health Care.

Since Aug 1 the service has been very poor. Orders have been delivered to
wrong locations, orders ignored, concentrator appointments not kept and
with
poor communication throughout the entire order, shipment and delivery
process

I've been patient up until tonight when yet another order has not showed up. I called Apria and spoke to the after hours agent who assured me I would receive a call from the delivery driver right away. That was an hour ago.

This prescription is written through Neurology but I believe handled by another VA department. Please let me know how to connect with that department in order to work toward a resolution of these problems. Having to guess about oxygen availability is stressing me out now every week.

Regards

Ronald Campbell

-----Original Message-----

Sent: 11/10/2025 08:01 PM ET

From: HODGES, SIMONE N

To: CAMPBELL, RONALD CLARK

Subject: General:Apria Health Care

Dear Veteran,

Thanks for reaching out with your concern. On our next return to office, follow-up will be made and you will be updated. You can reach the clinic at 916-843-2629.

Thanks Simone RNCM

/es/ Simone Hodges, MPH,BSN,RN

REGISTERED NURSE

Signed: 11/10/2025 17:01

Primary Care Secure Messaging

Details

Date entered: November 10, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: November 10, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: NOV 10, 2025@15:04 ENTRY DATE: NOV 10,
2025@12:04:58
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/10/2025 03:04 PM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: General:02

Please assist pt w/ pulmonary clinic phone number for assistance as all
02
orders run through pulmonary and it was approved by Dr. Kuhn. I see that
there

are 2 active consults from July and August for high flow O2 from neuro for
his
migraines.

He should continue w/ neuro so that they can annually verify that he needs
to

continue to use high flow O2 for his migraines.

/es/ Esther Hui, MD
Staff Physician, Primary Care
Signed: 11/10/2025 09:50

pulmonary # 916-366-5325

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 11/10/2025 12:04

Primary Care Secure Messaging

Details

Date entered: November 10, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: November 10, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: NOV 10, 2025@10:38 ENTRY DATE: NOV 10,
2025@07:38:05
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/10/2025 01:02 AM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: Medication:Amlodipine

Rx26424505B need renewal please

-----Original Message-----

Sent: 11/10/2025 10:37 AM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: Medication:Amlodipine

Please call pharmacy number listed on bottle, if you are out of refills ,
select option 2 to speak to live person

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 11/10/2025 07:38

TCP Telephone Care Staff Short Note Only

Details

Date entered: November 10, 2025
Location: MARTINEZ VA MEDICAL CENTER
Written by: ANNA TKACHOVA
Signed by: ANNA TKACHOVA
Date signed: November 10, 2025

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: NOV 10, 2025@08:44 ENTRY DATE: NOV 10,
2025@08:44:33

AUTHOR: TKACHOVA, ANNA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** TCP Telephone Care Staff Short Note Only Has ADDENDA ***

Vet called stating he has been trying to reach the clinic regards his oxygen.

Vet stated he sent an email to his PACT - NO RESPONSE

Vet stated he sent an email to Neurology - NO RESPONSE

MyHealthVet states the message was "Opened by your care Team".

Vet stated he did not get his oxygen tank (AGIAN).

Vet was told " there is no order for you ".

Vet is req call back.

/es/ ANNA TKACHOVA

msa

Signed: 11/10/2025 08:55

Receipt Acknowledged By:

02/06/2026 11:25 /es/ Christian J.O. Calo,

RRT

Registered Respiratory

Therapist

11/10/2025 13:28 /es/ Brooks Kuhn,

MD

Staff Physician/Critical

Care

11/10/2025 10:13 /es/ CHRISTOPHER ZIMMERMAN,

DO

Staff

Neurologist

11/10/2025 09:46 /es/ Esther Hui,

MD

Staff Physician, Primary

Care

11/12/2025 08:46 /es/ Deborah A. Larson,

RN

Primary Care RN Care

Manager

11/10/2025 ADDENDUM

STATUS: COMPLETED

Please assist pt w/ pulmonary clinic phone number for assistance as all O2 orders run through pulmonary and it was approved by Dr. Kuhn. I see that there are 2 active consults from July and August for high flow O2 from neuro for his migraines.

He should continue w/ neuro so that they can annually verify that he needs to continue to use high flow O2 for his migraines.

/es/ Esther Hui, MD

Staff Physician, Primary Care

Signed: 11/10/2025 09:50

Receipt Acknowledged By:

11/10/2025 12:05 /es/ MICHELLE R PRATZ-
RODRIGUES

LVN

Primary Care Secure Messaging

Details

Date entered: November 4, 2025**Location:** LOUIS A. CONTER VA CLINIC**Written by:** DEBORAH ANNE LARSON**Signed by:** DEBORAH ANNE LARSON**Date signed:** November 4, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: NOV 04, 2025@16:57 ENTRY DATE: NOV 04,
2025@13:57:36

AUTHOR: LARSON, DEBORAH ANNE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/04/2025 04:57 PM ET
From: LARSON, DEBORAH ANNE
To: CAMPBELL, RONALD CLARK
Subject: Test:Test

Good Afternoon,

Your health record shows that you have not had a microalbumin urine test in over a year. This test is usually done in conjunction with your HgA1c but was not the last time you did lab work. An order has been placed and you can come to the lab at your earliest convenience to complete.

Thank you.

Deborah Larson RN, PHN, MSN/Ed, CHPN
Primary Care RNCM Auburn Pact 2

/es/ Deborah A. Larson, RN
Primary Care RN Care Manager
Signed: 11/04/2025 13:57

Non VA Care Consult Result Note

Details

Date entered: October 28, 2025
Location: MARTINEZ VA MEDICAL CENTER
Written by: TRACIE LENORE HARRIS
Date signed: None recorded

Note

LOCAL TITLE: Non VA Care Consult Result Note
STANDARD TITLE: NONVA CONSULT
DATE OF NOTE: OCT 28, 2025@12:00 ENTRY DATE: OCT 29,
2025@13:24:06
AUTHOR: HARRIS, TRACIE LENOR EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

VistA Imaging - Scanned Document
CAMPBELL2701-CC-PT-28OCT2025-7223574

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 10/29/2025
by: TRACIE LENORE HARRIS
Medical Support Assistant

Primary Care Secure Messaging**Details**

Date entered: October 10, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: DEBORAH ANNE LARSON
Signed by: DEBORAH ANNE LARSON
Date signed: October 10, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: OCT 10, 2025@14:24 ENTRY DATE: OCT 10,
2025@11:24:59

AUTHOR: LARSON, DEBORAH ANNE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 10/10/2025 02:24 PM ET

From: LARSON, DEBORAH ANNE

To: CAMPBELL, RONALD CLARK

Subject: General:General

Good Morning,

Unless you are 100% service connected you do not qualify for dental care through the VA.

However you may qualify for the VA Dental Insurance Program. You can find the information on line for this program.

You can also contact the local VSO office to see if they have a list of oral surgeons in your area.

Deborah Larson RN, PHN, MSN/Ed, CHPN
Primary Care RNCM Auburn Pact 2

/es/ Deborah A. Larson, RN
Primary Care RN Care Manager
Signed: 10/10/2025 11:24

Primary Care Secure Messaging

Details**Date entered:** October 8, 2025**Location:** LOUIS A. CONTER VA CLINIC**Written by:** MICHELLE R PRATZ-RODRIGUES**Signed by:** MICHELLE R PRATZ-RODRIGUES**Date signed:** October 8, 2025**Note**

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: OCT 08, 2025@13:08 ENTRY DATE: OCT 08,
2025@10:08:59

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 10/08/2025 12:47 PM ET

From: CAMPBELL, RONALD CLARK

To: **Hui, E (AUB PACT 2) - AUB

Subject: General:Oral Issue

I am experiencing burning on my tongue with most foods and even water.
Even
toothpaste cannot be tolerated.

Additionally I have had a hemangioma that has increased substantially in
size
and is now very painful.

My dentist indicated I should seek out an oral surgeon soon

I'm immediately concerned about the growth of the hemangioma it may be
cancerous

What are my options with the VA here?

-----Original Message-----

Sent: 10/08/2025 01:08 PM ET

From: PRATZ-RODRIGUES, MICHELLE R

To: CAMPBELL, RONALD CLARK

Subject: General:Oral Issue

Will forward to RN for triage, she may need to ask a few more questions and set you up for an RN appt

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 10/08/2025 10:08

Receipt Acknowledged By:

10/10/2025 11:26 /es/ Deborah A. Larson,
RN

Primary Care RN Care

Manager

10/10/2025 ADDENDUM

STATUS: COMPLETED

Attempted to reach patient by phone. No answer. Secure message sent to patient.

/es/ Deborah A. Larson, RN
Primary Care RN Care Manager
Signed: 10/10/2025 11:26

Neurology Secure Messaging

Details

Date entered: September 19, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: RACHEAL MARIE HOLLIS

Signed by: RACHEAL MARIE HOLLIS

Date signed: September 19, 2025

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: SEP 19, 2025@14:09 ENTRY DATE: SEP 19,
2025@11:09:43

AUTHOR: HOLLIS, RACHEAL MARI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 09/14/2025 09:48 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Medication:Cluster Headaches

The recent prednisone regimen stopped the headaches a few says days following the taper.

Unfortunately I suffered an acute back injury causing debilitating pain. The

back pain can only be treated with Tylenol as I take blood thinners. The headaches have returned. Opioids are not an option as they trigger the clusters

I am also now in. 12 week Community Care program for the back.

Is another steroid regimen an option for the clusters? I'm very familiar with

the risks of the steroids However the intense pain of the clusters is a priority

Regards

Ron Campbell

-----Original Message-----

Sent: 09/16/2025 10:21 AM ET
From: ZIMMERMAN, CHRISTOPHER STEVEN
To: CAMPBELL, RONALD CLARK
Subject: Medication:Cluster Headaches

We can repeat it and I can order it similar to prior. But as you know steroids have a good number of acute side-effects we discussed (high sugar, sleep issues, etc), so want to be judicious in its use.

C

-----Original Message-----

Sent: 09/16/2025 10:47 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Medication:Cluster Headaches

Understood. I will always use judiciously.
With the extreme pain associated with chronic debilitating clusters overall health management i. e. diet, exercise , medication management and mental health often suffers.

Thank you. I'll be looking for the new prescription Nd will update you one the progress

-----Original Message-----

Sent: 09/19/2025 01:54 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Medication:Cluster Headaches

on the 16th I sent an email requesting another course of prednisone to handle the headaches
And I responded subsequently to the information on the warnings associated with

the drug

I haven't seen that it's been ordered. And haven't been able to make contact with pharmacy.

-----Original Message-----

Sent: 09/19/2025 02:09 PM ET

From: NAGUIT, RACHEAL MARIE

To: CAMPBELL, RONALD CLARK

Subject: Medication:Cluster Headaches

The prednisone was mailed out on 9/18/2025 for any additional tracking information please call pharmacy as we do not have access to that information.

Racheal N.

LVN, Neurology

/es/ Racheal Marie Naguit

LVN Medical Specialty

Signed: 09/19/2025 11:09

TCP Telephone Care Staff Short Note Only

Details

Date entered: September 19, 2025

Location: MARTINEZ VA MEDICAL CENTER

Written by: OLIVIA WINTERS

Signed by: OLIVIA WINTERS

Date signed: September 19, 2025

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: SEP 19, 2025@10:50 ENTRY DATE: SEP 19,
2025@10:50:42
AUTHOR: WINTERS, OLIVIA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** TCP Telephone Care Staff Short Note Only Has ADDENDA ***

Pts requesting a call back in regards to a community care phys ther
referral.

best contact- 2062952554

/es/ OLIVIA WINTERS

Signed: 09/19/2025 10:54

Receipt Acknowledged By:

09/22/2025 07:45 /es/ Esther Hui,
MD

Staff Physician, Primary

Care

09/19/2025 14:36 /es/ Deborah A. Larson,
RN

Primary Care RN Care

Manager

09/19/2025 ADDENDUM

STATUS: COMPLETED

RNCM call to patient, ID'd x2. Patient concerned about PT consult. Informed
patient consult was in. States he had a call from Mather to sched and he
informed them he wanted to have a CC provider as he is not able to go to
Mather

or MCC. He was advised that he could be seen through CC. States when he
contacted CC he was informed that CC did not have a consult. RNCM placed
comment

to current RCT consult that patient prefers CC for PT. Patient appreciative
of
information.

/es/ Deborah A. Larson, RN
Primary Care RN Care Manager

Signed: 09/19/2025 14:36

Primary Care Secure Messaging

Details

Date entered: September 15, 2025**Location:** LOUIS A. CONTER VA CLINIC**Written by:** MICHELLE R PRATZ-RODRIGUES**Signed by:** MICHELLE R PRATZ-RODRIGUES**Date signed:** September 15, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 15, 2025@11:03 ENTRY DATE: SEP 15,
2025@08:03:25
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/15/2025 10:02 AM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: Appointment:VA Advice nurse recommendations
Attachments: IMG_4545.jpeg (2.11 MB)

Based on my last request to you, I have been plugged into a 12 week
Community
Care chiropractic program here in Auburn
I had also called in to speak with a VA triage nurse regarding the back
problem
highlighting extreme pain I continue to be experiencing am my being
restricted
to only Tylenol due to blood thinners from my heart disease and no opioids

as a
trigger cluster headaches.

The triage nurse had strongly suggested that I go in for an updated MRI.

My last MRI is dated September 30, 2023. And it highlighted problem areas

between L2 ? L3, 03 ? L4, L4 ? L5, and L5 ? S1.

NOTE:

The chiropractor also noted severe arthritis in the S-1 area

I would like to do the update.

How should I proceed?

Thank you for your attention.

Ron Campbell

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 09/15/2025 08:03

Receipt Acknowledged By:

09/15/2025 12:05 /es/ Deborah A. Larson,

RN

Primary Care RN Care

Manager

09/15/2025 ADDENDUM

STATUS: COMPLETED

RNCM call to patient, ID'd x2. Informed patient he could take up to 4000mg
in 24

hours for a short period of time with his current exacerbation. Also
recommend

ice and rest and using stretches. Advised to cont with chiro and could
refer to

PT if willing. Patient agreeable to PT. Consult placed for provider signature.

/es/ Deborah A. Larson, RN
Primary Care RN Care Manager
Signed: 09/15/2025 12:05

Cardiology Secure Messaging

Details

Date entered: September 12, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: PAIGE LYNN SEXTON
Signed by: PAIGE LYNN SEXTON
Date signed: September 12, 2025

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: SEP 12, 2025@16:35 ENTRY DATE: SEP 12,
2025@13:35:05
AUTHOR: SEXTON, PAIGE LYNN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/09/2025 08:55 AM ET
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Medication:NSAIDS

I have developed a severe back issue causing me to be unable to walk more than 20 steps, stand for any length of time or sleep due to the pain and discomfort

L4 & sciatic never dare apparently involved with severe inflammation of the sciatic.

I'm checking to see if NSAIDS can be used in the short term to get this inflammation reduced and the nerve settled down.

I know to heed the warnings regarding NSAIDS and my current medications. But wanted to check to see if a short term useage may be ok for this problem.

Thank you for your service.

Ron

/es/ PAIGE LYNN SEXTON
Cardiology RNCM
Signed: 09/12/2025 13:35

09/12/2025 ADDENDUM STATUS: COMPLETED
RNCM called patient, Identified by Name/DOB.

Pt states he just got off the phone with advice RN who spoke to pharmacist, who recommended to take Tylenol for pain, do not exceed 3000 mg.

Teams message Sent to NP Nguyen, notified of Mr. Campbell SM, Per NP "he needs to f/u with pcp for pain control....acupunture etc"

Pt educated if pain is worsening or develops any new symptoms w/back pain, such as unable to move/numbness/tingling, recommend ER evaluation.

Pt verbalized understanding and thanked this RN for calling, all questions anwsered.

/es/ PAIGE LYNN SEXTON
Cardiology RNCM

Signed: 09/12/2025 16:42

CCC: CLINICAL TRIAGE**Details****Date entered:** September 12, 2025**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MARK L PHILLIPS**Signed by:** MARK L PHILLIPS**Date signed:** September 12, 2025**Note**

LOCAL TITLE: CCC: CLINICAL TRIAGE

STANDARD TITLE: RN PROGRESS NOTE

DATE OF NOTE: SEP 12, 2025@13:29:39 ENTRY DATE: SEP 12,
2025@13:29:39

AUTHOR: PHILLIPS, MARK L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** CCC: CLINICAL TRIAGE Has ADDENDA ***

Caller Verification

Current Location: 1521 Whitehorse Rd Meadow Vista, CA 95722

Call Back Number: 206-295-2554

Caller/Recipient Relation to Patient: Self

Caller Name: RONALD CAMPBELL

Nursing Plan and Disposition

Other course(s) of action

Generated msg to PACT/Provider

Nurse Summary

Nurse Summary: Pt with sciatica pain was referred out to the community for chiropractic care. Pt has seen him twice and he recommended The patient take

an nsaid to help reduced the inflammation. Called pharmacy and they discussed with anticoag, Pt should take Tylenol for pain not to exceed 3000mg per day. Pt is already taking 2000 mg per day. Pt was receiving a call from the VA and he hung up the phone. Pt is currently using Ice on his back to help but that is not helping. PACT please follow up with the patient to discuss any other options to decrease inflammation.

Clinical Contact Center Codes

Clinic/Location: V21 NCAL PHONE CCC RN

IMPORTANT: This note was created by VA Health Connect Clinical Contact Center staff. Please do not alert the staff member by adding them as a signer for future communications. Alerts are not monitored by this user.

/es/ MARK L PHILLIPS/RN, MSN
v21 va Health Connect Clinical Triage
Signed: 09/12/2025 13:29

Receipt Acknowledged By:

09/15/2025 07:24 /es/ Esther Hui,
MD

Staff Physician, Primary

Care

09/15/2025 07:29 /es/ Deborah A. Larson,
RN

Primary Care RN Care

Manager

09/15/2025 ADDENDUM

STATUS: COMPLETED

Maximizing APAP is the best for now--can technically go up to 4g/day for short period of time during this exacerbation. Recommend ice and rest and using

stretches to open up the canal as per PT.

/es/ Esther Hui, MD
Staff Physician, Primary Care
Signed: 09/15/2025 07:25

Receipt Acknowledged By:
09/15/2025 12:05 /es/ Deborah A. Larson,
RN
Primary Care RN Care
Manager

TCP Telephone Care Staff Short Note Only

Details

Date entered: September 12, 2025
Location: MARTINEZ VA MEDICAL CENTER
Written by: OLIVIA WINTERS
Signed by: OLIVIA WINTERS
Date signed: September 12, 2025

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: SEP 12, 2025@08:07 ENTRY DATE: SEP 12,
2025@08:07:06
AUTHOR: WINTERS, OLIVIA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Pts a call back in regards to his severe back pain hes taking blood
thinners &
wants to take a medication to relieve the inflammation. best contact-
2062952554

/es/ OLIVIA WINTERS

Signed: 09/12/2025 08:09

Receipt Acknowledged By:

09/12/2025 14:07 /es/ Hoang Thuy Nguyen,
NP

Medical Service,
Cardiology

Non VA Care Consult Result Note

Details

Date entered: September 10, 2025

Location: MARTINEZ VA MEDICAL CENTER

Written by: TRACIE LENORE HARRIS

Date signed: None recorded

Note

LOCAL TITLE: Non VA Care Consult Result Note

STANDARD TITLE: NONVA CONSULT

DATE OF NOTE: SEP 10, 2025@12:00 ENTRY DATE: SEP 17,
2025@10:32:45

AUTHOR: HARRIS, TRACIE LENOR EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

VistA Imaging - Scanned Document

CAMPBELL2701-CC-CHIRO-10SEP2025-7209823

*** SCANNED DOCUMENT ***

SIGNATURE NOT REQUIRED

Electronically Filed: 09/17/2025

by: TRACIE LENORE HARRIS

Medical Support Assistant

Primary Care Secure Messaging

Details

Date entered: September 8, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: September 8, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: SEP 08, 2025@13:01 ENTRY DATE: SEP 08,
2025@10:01:03

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/08/2025 12:43 PM ET

From: CAMPBELL, RONALD CLARK

To: **Hui, E (AUB PACT 2) - AUB

Subject: Appointment:Community Care

I have service connected disabilities for both L4 and L5

This week it impacted me to the point where I could not sleep could not
stand

or walk without extreme pain

I saw a family chiropractor today who suggested that I ask for a referral?

I'm unable to drive any distance so need to request a community care
referral

to Larsen chiropractic and rehab at 212 Lincoln Way Auburn California, CA
95603
phone number 530-885-4447 for treatment
please what further actions I need to take on this matter if any

Regards
Ron Campbell

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 09/08/2025 10:01

Receipt Acknowledged By:
09/08/2025 10:54 /es/ Deborah A. Larson,
RN
Primary Care RN Care
Manager

09/08/2025 ADDENDUM STATUS: COMPLETED
RNCM call to patient, ID'd x2. Informed consult for chiro would be placed
and
once he is contacted he would need to let them know he wanted CC. Patient
voiced
understanding and appreciative of call.

/es/ Deborah A. Larson, RN
Primary Care RN Care Manager
Signed: 09/08/2025 10:54

Neurology 11000

Details

Date entered: September 2, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: CHRISTOPHER STEVEN ZIMMERMAN
Signed by: CHRISTOPHER STEVEN ZIMMERMAN
Date signed: September 2, 2025

Note

LOCAL TITLE: Neurology 11000
STANDARD TITLE: NEUROLOGY E & M NOTE
DATE OF NOTE: SEP 02, 2025@11:15 ENTRY DATE: SEP 02,
2025@11:15:39
AUTHOR: ZIMMERMAN, CHRISTOPH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

NEUROLOGY NOTE

PCP: HUI, ESTHER

Televisit:

>> Consent for tele-visit format previously obtained
>> Patient name, address, phone contact information confirmed

HISTORY OF PRESENT ILLNESS:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with prior diagnosis of cluster headache on 02 and Galcanezumab.

He follows up for cluster headaches, with worsening in the last month. He was previously relatively headache free, with reemergence of similar cluster headaches.

> Headache semiology

1st cluster event 1994. "Episodic" until 2014. Classified "Chronic" in 2015.

Description: "Shadow" (warning of headache) -> right side of head; excruciating

right retroorbital pain -> lower face, constant ice pick pain in that region,

"20/10", 45-90 minutes (without 02) and around 15-20 minutes with 02 15L (has

had to increase recently)

Frequency: In last month, every day up to 5-10x. Unclear what trigger around that time although missed emgality dose and some dental work and infection after the start of the headache. Before, was mostly headache free for around 18mo.

Chronic triggers: Unclear

> Headache treatment history

Gabapentin - ineffective

CBB:

- Verapamil 120mg - symptomatic bradycardia; ineffective

Indomethacin:

- Yes, tried; not effective

Steroids:

- Prednisone appeared to previously work (seems was prescribed as 40mg daily for 1-2 week)

ASM:

- Topiramate - ineffective
- Does not appear to have tried VPA

Lithium:

- <1y effective, stopped due to tremors

Triptan:

- Frovatriptan - stopped after MI in 3/2021
- Sumatriptan - effective abortive for ~18mo; ineffective subsequently
- Has not tried IN zolmitriptan or sq sumatriptan but likely contraindicated due to HI

Ergot:

- DHE-45 IM - stopped after MI in 3/2021 (?or 2023); effective from Jan 2014-2023 as abortive

CGRP

- Galcanezumab 300mg/Qmonth (2022-current); most effective

Oxygen (2014-current)

- Uses as abortive, 15-20L

>> PAST MEDICAL and SURGICAL HISTORY

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN,HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN,ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN,LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN,ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN,ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN,ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
7. Degenerative joint disease of knee (SCT	05/06/22	
ISLAM,PARVEZ S		
239873007)		
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004)	12/03/19	HAN,ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/20	
NICKERSON,GASON		
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional	09/30/19	LWIN,HTWE H
Features (SCT 55668003)		
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003)	09/30/19	LWIN,HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
12. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER,BRIDG		

13. Dysthymia	02/08/16	
BAHTEN, REGINA S		
14. Chronic pain syndrome	12/08/15	
BAHTEN, REGINA S		
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS *	04/02/14	
BAHTEN, REGINA S		
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/21	
NICKERSON, GASON		
18. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	08/12/22	
NICKERSON, GASON		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

PAST SURGERIES:

No surgeries on file.

>> Medications

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) CHOLECALCIF 10MCG (D3-400UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT -NOTE DECREASED DOSE	ACTIVE
2) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP	ACTIVE

IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
BOXES. DO NOT OPEN OR CHEW CAPSULE.

3)	EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES	ACTIVE
4)	EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
5)	FLUTICASONE 230/SALMET 21MCG 120D INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 12 HOURS FOR ASTHMA - RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER EACH DOSE. THIS REPLACES WIXELA.	ACTIVE
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE
7)	LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.	ACTIVE
8)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
9)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
10)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
11)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE
12)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA FOR ASTHMA	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
14)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
15)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Inactive Outpatient Medications

Status

1)	BISACODYL 5MG EC TAB TAKE THREE TABLETS BY MOUTH AT 8PM AND TAKE THREE TABLETS AT 8AM FOR BOWEL PREP - START FIRST DOSE 2 NIGHTS BEFORE COLONOSCOPY.	EXPIRED
2)	COLON ELECTROLYTE LAVAGE PWD FOR SOLN TAKE 1 GALLON BY MOUTH AS DIRECTED FOR BOWEL PREP - MIX WITH 1 GALLON OF WATER. DRINK THE FIRST 1/2 GALLON OF GOLYTELY STARTING AT 6PM THE NIGHT BEFORE THE EXAM. - DRINK THE REMAINING 1/2 GALLON OF GOLYTELY STARTING 5 HOURS PRIOR TO THE EXAM. DO NOT EAT SOLID FOOD ALL DAY PRIOR TO YOUR COLONOSCOPY PROCEDURE, CLEAR LIQUIDS ONLY.	EXPIRED
3)	SIMETHICONE 80MG CHEW TAB CHEW FOUR TABLETS BY MOUTH AS DIRECTED FOR BOWEL PREP TAKE TWO 80MG SIMETHICONE TABLETS (CHEW OR SWALLOW) BEFORE STARTING THE SECOND HALF OF GOLYTELY. THEN TAKE TWO 80MG SIMETHICONE TABLETS (CHEW OR SWALLOW) AFTER THE SECOND HALF OF GOLYTELY.	EXPIRED

Active Non-VA Medications

Status

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

19 Total Medications

No Active Remote Medications for this patient

>> Allergies:

PENICILLIN, PREDNISONE, BISOPROLOL

>> Objective data

Vitals

No vitals taken due to VVC visit.

Exam

Limited exam due to VVC format.

> Physical

General: NAD

Lung: Breathing on RA. No accessory muscle use

Ext/Skin: No rashes on exposed surfaces.

> Mental status

Oriented to self, situation, year, month, location. No dysarthria. Naming and

comprehension intact. WORLD backwards. Abstraction ok.

> Cranial nerves

III, IV, VI: EOMI. No ptosis.

VII: Symmetric face and activation.

VIII: Hearing intact to conversation.

XI: Symmetric shoulder shrug.

XII: Tongue midline

> Motor

Pronator drift: none

Finger taps: normal

Anti-gravity in visualized extremities

Other diagnostic workup:

Labs

Collection DT	Spec	WBC	RBC	HGB	HCT	MCV	MCH	MCHC
12/26/2024 13:22	BLOOD	19.9 H	4.84	13.9 L	43.8	90.5	28.7	31.7 L

SCL1 - BMP (max 1 occurrence)

Collection DT	Spec	CREAT	BUN	GLUCOSE	NA	K	CL
07/22/2025 07:41	PLASM	0.7	16	134 H	141	3.9	108

Collection DT	Spec	ALT	AST	ALKP	ALBUMIN	BILI-TO	PROTEIN
07/22/2025 07:41	PLASM	30	56 H	85	4.1	0.7	6.7

07/22/2025	HGBA1c	7.60 H

02/06/2025	HGBA1c	9.50	H
10/05/2023	HGBA1c	6.50	H

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CAL	LDL	Dir
02/06/2025 08:21	PLASM	133		58	58		
12/26/2024 13:22	PLASM	135		60	45		

SCLU - B12 Last 2

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Vitamin D

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
07/22/2025 07:41	PLASMA	25-OH-D	72 H	ng/mL	7 - 50

Collection DT	Spec	TSH
10/05/2023 09:41	SERUM	1.58

CSF:

Serum:

Imaging - CT/MRI

Date	Procedure	CPT	Status	Case #
02/03/2014	CT HEAD W/O	70450	Verified	602

No acute intracranial abnormality.

No data available

ASSESSMENT:

CAMPBELL, RONALD CLARK is a 75 yo right-handed MALE with prior diagnosis of cluster headache on 02 and Galcanezumab.

History of cluster headaches, with numerous treatments tried with best effect

with abortive oxygen and preventative Emgality. Notably he has an current

exacerbation around 4 weeks duration so far. Unclear trigger at this juncture, although did miss an Emgality dose before start of cluster and had dental work with treated infection around the same time. Discussed prednisone dose and reviewed prior prednisone dosing which reportedly was around 40 mg. Ordered prednisone taper 40 mg daily then reduce by 10 mg every 3 days until off. Discussed side effects including hyperglycemia, swelling, insomnia, dysgeusia and to watch for these given known T2DM. Patient understands and expresses agreement with treatment plan. Consider re-referral to headache specialist (e.g. at UC Davis or other) if not responding in future.

PLAN:

- Continue Emgality 300 mg SQ monthly
- Continue oxygen as needed 15-20L PRN; E tank and Oxygen mask
- START prednisone 40mg daily x 3d then decrease by 10mg every 3 days until off
- Consider referral to UCD or other for headache specialty
- Patient to message in 1-2 weeks after starting prednisone

Care plan goals discussed with the Veteran and the Veteran concurs with treatment plan.

Return to clinic: 3 months

SAC PHONE NEURO ZIMMERMAN

SAC VVC NEURO ZIMMERMAN

/es/ CHRISTOPHER ZIMMERMAN, DO
Staff Neurologist
Signed: 09/02/2025 11:41

Primary Care Secure Messaging

Details

Date entered: September 2, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: September 2, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: SEP 02, 2025@10:32 ENTRY DATE: SEP 02,
2025@07:32:13

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 08/31/2025 07:58 PM ET

From: CAMPBELL, RONALD CLARK

To: **Hui, E (AUB PACT 2) - AUB

Subject: Medication:Albuterol Sulfate HFA

Attachments: IMG_4461.png (186.67 KB)

Attempted to refill and unable to.

Previous RX# 71283831

This is a key rescue medication for asthma and severe COPD

Please renew

Regards

Ron Campbell

-----Original Message-----

Sent: 09/02/2025 10:32 AM ET

From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: Medication:Albuterol Sulfate HFA

Please call pharmacy directly
at 1(866)600-8279 when you
need refills or when a medication has expired and you no longer see it in
your
medication list, this helps to avoid any delays in getting your
medications.

The pharmacy number is also listed on your medication bottle. Please call
pharmacy 7-10 days before running out of meds.

The pharmacist can refill the medications or flag the medication for much
faster approval and refill.

Just about any medication issue can be resolved with pharmacy. Select the
prompt,(2),to speak to a live person.

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 09/02/2025 07:32

Wound Care/Treatment

Details

Date entered: August 29, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: KIMBERLY S GRUBBS
Signed by: KIMBERLY S GRUBBS
Date signed: August 29, 2025

Note

LOCAL TITLE: Wound Care/Treatment
STANDARD TITLE: WOUND CARE NOTE
DATE OF NOTE: AUG 29, 2025@16:06 ENTRY DATE: AUG 29,
2025@16:06:48
AUTHOR: GRUBBS, KIMBERLY S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Pt a/o x3

Pain level of rt mid -shin outer leg area 5/10

Irregular shaped

Eschar noted on outer perimeter

No bleeding

Slight pink on outer area surrounding wound

Slight edema noted on right and left lower leg

Size approx-6.0 CM length x 4.0 CM width x 1.5 cm depth

SKIN marker used to trace - the localized redness around wound

Wound / leg is not warm to touch

Pt aware to elevate legs when sitting

Pt aware to do leg and foot circles, exercises - to promote circulation

Pt aware to also ambulate - with doing shorter bouts of movement w/ more

frequent rests- w/ legs elevated

Site clean

Pt showers every day

Wife assists w/ wound care

Clean technique used

Strict hand washing

Site w/ telfa pad added

Site wrapped w/ Keflex

Spandage used for the outer dressing

Pt aware that no tape was utilized

He may use the ATX ointment - that he has on hand at home

Pt aware to NOT take a bath or sit in Hot Tub

Dressing CDI

No s/s of increasing infection

Pt is still on PO ATX's

Pt aware to do watchful observation - and will go to ER IF any symptoms worsen

Pt given supplies

Pt aware to wrap leg from distal to proximal - for optimum circulation benefits

Pt aware to change bandage if bandage gets wets

/es/ Kimberly S. Grubbs, RN, MA

Staff Nurse

Signed: 08/29/2025 16:28

PACT Primary Care Nursing Clinic Note

Details

Date entered: August 29, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: August 29, 2025

Note

LOCAL TITLE: PACT Primary Care Nursing Clinic Note

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 29, 2025@14:28 ENTRY DATE: AUG 29, 2025@14:28:39

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

patient presents for wound check post ER visit after car door lacerated right lower leg.

Patient has large band aid over wound.

Mild redness around laceration that is aprox 2.5 inches long. Wound appears to be smaller and not as deep as it was in picture sent via secure message.

Patient states that it has much improved. pain level 2

RN evaluated and discussed best practices. Area of redness was traced with skin pen and patient was instructed to return to ER if redness creeps outside the margin.

Patient sent home with dressing change supplies.

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 08/29/2025 14:36

Primary Care Secure Messaging

Details

Date entered: August 28, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: August 28, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: AUG 28, 2025@12:37 ENTRY DATE: AUG 28, 2025@09:37:48

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 08/28/2025 12:18 PM ET

From: CAMPBELL, RONALD CLARK

To: **Hui, E (AUB PACT 2) - AUB

Subject: General:Confirming Fri 9/30/25 14:00

Confirming your message.
I also have the Sutter CT results.
I will bring.

Unable to attach that file

Thanks

Ron Campbsll

-----Original Message-----

Sent: 08/28/2025 12:37 PM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: General:Confirming Fri 9/30/25 14:00

It's ok we are requesting records

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 08/28/2025 09:37

Primary Care Secure Messaging

Details

Date entered: August 28, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: August 28, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 28, 2025@11:56 ENTRY DATE: AUG 28,
2025@08:56:21
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/28/2025 10:49 AM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: Appointment:Leg wound ER visit

Sutter Auburn Faith ER
I heeded yesterday's direction
to go to immediately to this ER

Blood was drawn and a CT scan was completed.

Blood work results came back - cleared

CT scan showed the wound to be infected with the depth of the infection not
to
be critical.

A 10 day Bactin course was prescribed. I began the course last night. (I
used
my Medicare D plan to secure it locally due to the sense of urgency)

I want to thank your staff for the reminders that with the severity and
the
location of the wound combined with the compromising impact of diabetes
was
very serious and could result in the loss of the leg or worse.

Those reminders moved me to action.

Friday. - Sutter wants me to schedule a "wound check" on Friday (tomorrow).

Please advise how we can get that arranged.

Regards

Ron Campbell

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 08/28/2025 08:56

PACT Primary Care Nursing Clinic Note

Details

Date entered: August 28, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: August 28, 2025

Note

LOCAL TITLE: PACT Primary Care Nursing Clinic Note

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 28, 2025@08:57 ENTRY DATE: AUG 28, 2025@08:57:18

AUTHOR: PRATZ-RODRIGUES, MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Left v.m for patient to send secure message if he can come to 1400 LVN
appt
tomorrow 08/29.

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 08/28/2025 08:58

Primary Care Secure Messaging

Details

Date entered: August 27, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: August 27, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 27, 2025@18:57 ENTRY DATE: AUG 27,
2025@15:57
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 08/27/2025 05:18 PM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: General:ER
Attachments: IMG_4440.jpeg (2.15 MB)

i'm currently in the emergency room at Sutter Auburn Faith Hospital

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 08/27/2025 15:57

08/28/2025 ADDENDUM STATUS: COMPLETED
No recors in JLV today, requested ER records from SAF.

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 08/28/2025 07:54

Primary Care Secure Messaging

Details

Date entered: August 27, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: August 27, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 27, 2025@16:40 ENTRY DATE: AUG 27,
2025@13:40:38
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/27/2025 02:49 PM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: General:Infections

I'm suffering from a severe set of cluster headaches at this time and not

mobile at this time. 15 liter O2 flow needs to be accessible at all times.

I will seek ER care
in Auburn under Medicare as soon as feasible.

Ron Campbell

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 08/27/2025 13:40

PACT Telephone Note

Details

Date entered: August 27, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: August 27, 2025

Note

LOCAL TITLE: PACT Telephone Note

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: AUG 27, 2025@13:38 ENTRY DATE: AUG 27,
2025@13:39:14

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

phone call to patient. Two identifiers.

Patient states he was unable to answer the phone because " He has been out
back
building a shed".

Author expressed concern that patient was not having someone take him to the
Emergency room today.

Patient states that he needed to have access to oxygen at all times.
Author confirmed that patient had portable O2 tank. Was told he should
have his
wife take him to the emergency room with one of his portable tanks.

Author explained that Dr. Hui reviewed picture sent via secure message of
the
wound on his leg.

Explained that it is very deep and looks infected. Because of his diabetes
he
could get a bone infection and could very well lose his leg if he does not
go
to the Emergency room, not urgent care but a proper emergency room, TODAY,
now
would be best.

Patient verbalized understanding and said he would go today.

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 08/27/2025 13:49

Receipt Acknowledged By:
08/27/2025 14:14 /es/ Esther Hui,
MD

Staff Physician, Primary

Care

Primary Care Secure Messaging

Details

Date entered: August 27, 2025

Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: August 27, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 27, 2025@13:25 ENTRY DATE: AUG 27,
2025@10:25:15
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/27/2025 01:25 PM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: General:Infections

Per Dr. Hui you need to go to the emergency room, not urgent care, as
wound
needs a higher level of care then can be given over the phone. Xray's and
wound

care consult will probably need to be initiated.
Please confirm that you understand and are going to the emergency room

Micha Rodrigues
LVN

/es/ MICHELLE R PRATZ-RODRIGUES
LVN

Signed: 08/27/2025 10:25

PACT Telephone Note

Details

Date entered: August 27, 2025**Location:** LOUIS A. CONTER VA CLINIC**Written by:** MICHELLE R PRATZ-RODRIGUES**Signed by:** MICHELLE R PRATZ-RODRIGUES**Date signed:** August 27, 2025

Note

LOCAL TITLE: PACT Telephone Note

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: AUG 27, 2025@10:06 ENTRY DATE: AUG 27,
2025@10:06:57

AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Phone call to patient, went to v.m at allotted appointment time.
Author left v.m that Dr. Hui has reviewed picture of leg wound,(deep
gash),that
was sent by patient via secure messaging.

Per Dr. Hui patient needs to go to the emergency room, not urgent care, as
wound
needs a higher level of care then can be given over the phone. Xray's and
wound
care consult will need to be initiated.
Asked that patient confirm via secure message that he understands that he
needs
to go to E.R

/es/ MICHELLE R PRATZ-RODRIGUES
LVN

Signed: 08/27/2025 10:07

Receipt Acknowledged By:

08/27/2025 10:10 /es/ Esther Hui,
MD

Staff Physician, Primary

Care

V21 CCC PATIENT CONTACT NOTE

Details

Date entered: August 27, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NICOLE AJENE HAMILTON

Signed by: NICOLE AJENE HAMILTON

Date signed: August 27, 2025

Note

LOCAL TITLE: V21 CCC PATIENT CONTACT NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: AUG 27, 2025@09:00:29 ENTRY DATE: AUG 27,
2025@09:00:29

AUTHOR: HAMILTON,NICOLE AJE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Caller Verification

Caller/Recipient Relation to Patient: Self

Caller Name: RONALD CAMPBELL

Administrative

Administrative Note Reason: Other

Administrative Note Comments: SCHEDULED

Notes

Notes & Information: PATIENT HAS BEEN SCHEDULED FOR 10AM PHONE APPT FOR
TODAY

PLEASE ADVISE

IMPORTANT: This note was created by VA Health Connect Clinical Contact Center staff. Please do not alert the staff member by adding them as a signer for future communications. Alerts are not monitored by this user.

/es/ NICOLE AJENE HAMILTON

AMSA

Signed: 08/27/2025 09:00

Receipt Acknowledged By:

08/27/2025 11:56 /es/ Kimberly S. Grubbs, RN,
MA

Staff

Nurse

for DEBORAH ANNE

LARSON

08/27/2025 10:00 /es/ CYNTHIA M RAY,
AMSA

ADVANCED MEDICAL SUPPORT

ASSISTANT

CCC: CLINICAL TRIAGE

Details

Date entered: August 27, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CHANTELL K EROLIN

Signed by: CHANTELL K EROLIN

Date signed: August 27, 2025

Note

LOCAL TITLE: CCC: CLINICAL TRIAGE

STANDARD TITLE: RN PROGRESS NOTE

DATE OF NOTE: AUG 27, 2025@08:55:38 ENTRY DATE: AUG 27,
2025@08:55:38

AUTHOR: EROLIN,CHANTELL K EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** CCC: CLINICAL TRIAGE Has ADDENDA ***

Caller Verification

Caller/Recipient Relation to Patient: Self

Caller Name: RONALD CAMPBELL

Triage Summary

Chief Complaint: Leg Injury

Nursing Plan and Disposition

Referred Patient for In-Person Appt

Transferred patient to facility MSA

Clinical Contact Center Codes

Clinic/Location: V21 NCAL PHONE CCC RN

Decision Support System Output:

Triage Complete

Triage Date: 08/27/2025, 08:54 AM

Triage Note:

Decision Support Tool Used: ClearTriage

I: NCAL/CAMPBELL, RONALD/(206) 295-2554

S: right leg wound x 1 week

B: 75 year old with PMH COPD, HTN

A: veteran reports right leg wound x 1 week. also reports MRSA infection on

cheek states he was treated by Medicare provider but would like to seek treatment from the VA. veteran reports his right leg wound is pink and painful, pain rated 3/10 at this time. veteran states his family is concerned

because this has been ongoing for 8 weeks and would like to get more aggressive treatment.

R: CRM recommends appointment within 3 days. veteran agreeable to any modality at this time to move forward. WT to MSA for scheduling assistance.

Protocol Used: Leg Injury

Protocol-Based Disposition: See Provider within 3 Days

Video visit offer not recorded

Positive Triage Question:

* [1] After 3 days AND [2] pain not improved

Negative Triage Questions:

* [1] MODERATE pain (e.g., interferes with normal activities, limping) AND [2]

high-risk adult (e.g., age > 60 years, osteoporosis, chronic steroid use)

* Large swelling or bruise (> 2 inches or 5 cm)

* [1] No prior tetanus shots (or is not fully vaccinated) AND [2] any wound

(e.g., cut, scrape)

* [1] HIV positive or severe immunodeficiency (severely weak immune system)

AND [2] DIRTY cut or scrape

* Suspicious history for the injury

* [1] Last tetanus shot > 5 years ago AND [2] DIRTY cut or scrape

* [1] Last tetanus shot > 10 years ago AND [2] CLEAN cut or scrape (e.g., object AND skin were clean)

IMPORTANT: This note was created by VA Health Connect Clinical Contact Center

staff. Please do not alert the staff member by adding them as a signer for future communications. Alerts are not monitored by this user.

/es/ CHANTELL K EROLIN BSN RN

V21 VA HEALTH CONNECT CLINICAL TRIAGE RN

Signed: 08/27/2025 08:55

08/27/2025 ADDENDUM STATUS: COMPLETED

Author attempted to call patient, went straight to v.m x3

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 08/27/2025 09:14

08/27/2025 ADDENDUM STATUS: COMPLETED

Author made multiple attempts to contact patient via phone, goes straight to v.m

without ringing. Left v.m that leg cannot be assessed over phone and patient

should do a walk in for examination of leg

/es/ MICHELLE R PRATZ-RODRIGUES

LVN

Signed: 08/27/2025 09:23

COMMUNITY CARE-EMER SELF PRESENTING CARE COORD PLAN NOTE

Details

Date entered: August 26, 2025

Location: MARTINEZ VA MEDICAL CENTER

Written by: KENISHA MARIE BROWN

Signed by: KENISHA MARIE BROWN

Date signed: September 3, 2025

Note

LOCAL TITLE: COMMUNITY CARE-EMER SELF PRESENTING CARE COORD PLAN

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: AUG 27, 2025@00:01 ENTRY DATE: SEP 03,
2025@08:53:54

AUTHOR: BROWN, KENISHA MARIE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Emergency Notification Intake

Date Presenting to the Facility: Aug 27,2025

Method of Contact:

Notified from ECR worklist

Notification ID: C-20250827214336354

HSRM Referral #:

Community Hospital Name:

Hospital: SUTTER AUBURN FAITH HOSP

Address:

City: AUBURN

State: CA

Zip Code:

Phone :

Community Facility Point of Contact:

Name:

Phone: (530) 888-4500

Chief complaint: LACERATION ON LOWER LEG WOUND CHECK

Primary Diagnosis:

Disposition

Discharged

Date of discharge: Aug 27,2025

Discharge to

RECORDS AVAILABLE IN JLV

1703 Clinical Review

/es/ KENISHA MARIE BROWN

MSA

Signed: 09/03/2025 08:58

Receipt Acknowledged By:

09/05/2025 12:45 /es/ Esther Hui,

MD

Staff Physician, Primary

Care

Primary Care Secure Messaging

Details

Date entered: August 26, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: MICHELLE R PRATZ-RODRIGUES

Signed by: MICHELLE R PRATZ-RODRIGUES

Date signed: August 26, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 26, 2025@18:10 ENTRY DATE: AUG 26,
2025@15:10:21
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/26/2025 06:10 PM ET
From: PRATZ-RODRIGUES, MICHELLE R
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Infections

We reviewed your most recent records in Sutter post ER visit for the Staph infection to your face and it does appear that the infection is improving. Yes,

it can take awhile for these to completely resolve especially if they are significant infections.

In re: your leg wound--would recommend that you be seen in UC so that if your wound warrants any urgent imaging or lab work, it can be done at a site that

has
that readily available.

/es/ Esther Hui, MD
Staff Physician, Primary Care
Signed: 08/26/2025 15:08

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 08/26/2025 15:10

Primary Care Secure Messaging

Details

Date entered: August 26, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: August 26, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 26, 2025@17:56 ENTRY DATE: AUG 26,
2025@14:56:48
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 08/26/2025 04:19 PM ET
From: CAMPBELL, RONALD CLARK
To: **Hui, E (AUB PACT 2) - AUB
Subject: Appointment:Infections

I was diagnosed on July 2 with a facial MRSA infection at Sutter Auburn.
After
regimens of 2
antibiotics it is still present and draining.

My Sutter Medicare provider has indicated an 8 week infection is not an
issue.

Then I gashed my leg last week and it remains painful now with redness
surrounding the wound.

I'm thinking it's time these infections be addressed by professionals.

Please advise suggested actions

Regards

Ron Campbell

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 08/26/2025 14:56

08/26/2025 ADDENDUM

STATUS: COMPLETED

We reviewed your most recent records in Sutter post ER visit for the Staph
infection to your face and it does appear that the infection is improving.
Yes,
it can take awhile for these to completely resolve especially if they are
significant infections.

In re: your leg wound--would recommend that you be seen in UC so that if your wound warrants any urgent imaging or lab work, it can be done at a site that has that readily available.

/es/ Esther Hui, MD
Staff Physician, Primary Care
Signed: 08/26/2025 15:08

Receipt Acknowledged By:
08/26/2025 15:19 /es/ MICHELLE R PRATZ-
RODRIGUES

LVN

Nursing Telephone Care

Details

Date entered: August 20, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: RACHEAL MARIE HOLLIS
Signed by: RACHEAL MARIE HOLLIS
Date signed: August 20, 2025

Note

LOCAL TITLE: Nursing Telephone Care
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 20, 2025@16:43 ENTRY DATE: AUG 20,
2025@16:43:04
AUTHOR: HOLLIS, RACHEAL MARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Telephone call out to 206-295-2554. Verified name, DOB and SSN. Informed patient

that we are calling to schedule with Neurology. PT accepted apt for
9/2/2025 at
1030 (VVC) with Dr. Zimmerman. Leaf pending to open clinic.

Verified email address on file is correct

/es/ Racheal Marie Naguit
LVN Medical Specialty
Signed: 08/20/2025 16:45

Neurology Secure Messaging

Details

Date entered: August 20, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: RACHEAL MARIE HOLLIS
Signed by: RACHEAL MARIE HOLLIS
Date signed: August 20, 2025

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: AUG 20, 2025@10:25 ENTRY DATE: AUG 20,
2025@07:25:45
AUTHOR: HOLLIS, RACHEAL MARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/19/2025 09:07 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: General:Oxygen Concentrator

The treatment for cluster headaches that has had success over the last 18 -
24
months is

1. Concentrator at night providing 8 liter O2 flow through C-PAP.
2. Supplemental O2 night for abortive purposes at min 15 liter flow
3. Emgality
(galcanezumab-gnlm) injections
(three - 100 mg injections monthly)

Please add these notes to my medical file for review with the neurologist when assigned.

Ron Campbell.

/es/ Racheal Marie Naguit
LVN Medical Specialty
Signed: 08/20/2025 07:25

Neurology Secure Messaging

Details

Date entered: August 18, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: RACHEAL MARIE HOLLIS
Signed by: RACHEAL MARIE HOLLIS
Date signed: August 18, 2025

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: AUG 18, 2025@13:23 ENTRY DATE: AUG 18,
2025@10:23:33
AUTHOR: HOLLIS, RACHEAL MARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/17/2025 09:31 AM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: General:Oxygen Concentrator

Thank you!

I'm saddened she is leaving.

After almost 2 yrs of remission the clusters have returned. I am now unable to

travel without carrying multiple tanks.

As of this writing I experience them beginning at 4 PM and every hour until 5

AM. Each one delivers excruciating pain until it can be aborted with either 15

- 25 liter flow of O2. The concentrator is used as a nightly O2 supplement in

order to extended sleep time.

R Campbell

/es/ Racheal Marie Naguit

LVN Medical Specialty

Signed: 08/18/2025 10:23

Neurology Secure Messaging

Details

Date entered: August 11, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: RACHEAL MARIE HOLLIS

Signed by: RACHEAL MARIE HOLLIS

Date signed: August 11, 2025

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: AUG 11, 2025@10:36 ENTRY DATE: AUG 11,
2025@07:36:57

AUTHOR: HOLLIS, RACHEAL MARI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 08/11/2025 12:25 AM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: General:Oxygen Concentrator

Thanks.

I'm currently incorporating
a CPAP, Concentrator and as many as 6 E tanks per day to abort multiple
attacks
a day.

Ron

-----Original Message-----

Sent: 08/11/2025 10:36 AM ET
From: NAGUIT, RACHEAL MARIE
To: CAMPBELL, RONALD CLARK
Subject: General:Oxygen Concentrator

Good morning. I have had a response from prosthetics. They stated that they
do
see Apria had a call our requesting pick up but they have clarified that
the
concentrator should not be picked up.

DNP Nickerson is leaving the VA and we will need to have you
reestablished
with a new provider. Please note the MSA team will be calling you within
the
next couple weeks to schedule an appointment.

Racheal N.
LVN, Neurology

/es/ Racheal Marie Naguit
LVN Medical Specialty
Signed: 08/11/2025 07:36

Neurology Secure Messaging

Details

Date entered: August 8, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: RACHEAL MARIE HOLLIS
Signed by: RACHEAL MARIE HOLLIS
Date signed: August 8, 2025

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: AUG 08, 2025@16:54 ENTRY DATE: AUG 08,
2025@13:54:41
AUTHOR: HOLLIS, RACHEAL MARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/08/2025 12:03 AM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: General:Oxygen Concentrator

Apria Health Care called wanting to take back the oxygen concentrator.

I have reentered a severe period of cluster headaches and only using a CPAP

with 8 liters of O2 flow connected to the concentrator can I get more than
2
hrs of sleep. Then I awake, change to 15 liter flow from my e or m tanks
to
minimize the pain and reconnect to CPAP & concentrator.
I need the concentrator to get through this cluster.

.

-----Original Message-----

Sent: 08/08/2025 04:54 PM ET
From: NAGUIT, RACHEAL MARIE
To: CAMPBELL, RONALD CLARK
Subject: General:Oxygen Concentrator

Good afternoon, I see that a request was sent to Apria for coverage. I need
to
follow up with our Prosthetics department for clarification. Please check
back
with me on Monday via secure message .

Racheal N.
LVN, Neurology

/es/ Racheal Marie Naguit
LVN Medical Specialty
Signed: 08/08/2025 13:54

TCP Telephone Care Staff Short Note Only

Details

Date entered: August 7, 2025
Location: MARTINEZ VA MEDICAL CENTER
Written by: MIA DENISE JOHNSON
Signed by: MIA DENISE JOHNSON

Date signed: August 7, 2025

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 07, 2025@10:20 ENTRY DATE: AUG 07,
2025@10:20:59
AUTHOR: JOHNSON,MIA DENISE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** TCP Telephone Care Staff Short Note Only Has ADDENDA ***

Veteran states that APRIA is coming to retrieve his OXYGEN consentrator.
Veteran states that he still using the equipment while at home. Please
call
veteran at 206-295-2554 to discuss ASAP. Thank you/MJ

/es/ Mia Johnson, MSA

Signed: 08/07/2025 10:23

Receipt Acknowledged By:

08/07/2025 12:56 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

08/13/2025 12:54 /es/ ALYSSA NICOLE
PORTER

Bdms

Staff

* AWAITING SIGNATURE * RAUSA,MARICAR
DOMINGUEZ

08/07/2025 ADDENDUM

STATUS: COMPLETED

Home oxygen was entered and approved on 7/16/25. Please process.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 08/07/2025 12:57

Receipt Acknowledged By:
08/07/2025 13:05 /es/ SHANE ROBERT
HANEY

PROSTHETIC

REPRESENTATIVES

08/07/2025 ADDENDUM STATUS: COMPLETED
Please review and approve of keeping high flow concentrator at home. Last
approval was 7/5/2023

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 08/07/2025 13:51

Receipt Acknowledged By:
08/11/2025 14:56 /es/ MONIQUE S
BALLEW

Respiratory

Therapist
08/07/2025 15:51 /es/ Christian J.O. Calo,
RRT

Registered Respiratory

Therapist

LAB RESULTS (AUTO PRINT)

Details

Date entered: July 22, 2025
Location: LOUIS A. CONTER VA CLINIC
Written by: ESTHER HUI
Signed by: ESTHER HUI
Date signed: July 23, 2025

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)
STANDARD TITLE: LETTERS
DICT DATE: JUL 22, 2025@18:29:49 ENTRY DATE: JUL 22, 2025@18:29:50
DICTATED BY: HUI, ESTHER EXP COSIGNER:
URGENCY: STATUS:
COMPLETED
SUBJECT: LAB RESULTS - Single Note 34 lines - provider may edit or comment

Dear Veteran: RONALD CLARK CAMPBELL
Thank you for choosing the Northern California VA Healthcare System as your health care provider. Below are your Jul 22 2025 test results. For any questions, please contact your health care team by calling the VA Call Center at 800-382-8387 or send a secure message in MyHealtheVet.

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
HGBA1c & eAG			
HGBA1c	7.6 H	%	4.1 - 5.7
eAG	171 H	mg/dL	74 - 118
COMPREHENSIVE METABOLIC PANEL			
GLUCOSE	134 H	mg/dL	74 - 121
UREA NITROGEN	16	mg/dL	9 - 25
CREATININE	0.7	mg/dL	0.6 - 1.3
SODIUM	141	mmol/L	136 - 146
POTASSIUM	3.9	mmol/L	3.5 - 4.8
CHLORIDE	108	mmol/L	98 - 111
CO2	25	mmol/L	22 - 31
CALCIUM	8.7	mg/dL	8.4 - 10.2
PROTEIN, TOTAL	6.7	g/dL	6.0 - 8.3

ALBUMIN	4.1	g/dL	3.5 - 4.5
BILIRUBIN, TOTAL	0.7	mg/dL	0.3 - 1.2
BILIRUBIN, DIRECT	0.3	mg/dL	Ref: <=0.5
ALKALINE PHOSPHATASE	85	U/L	40 - 150
AST (SGOT)	56 H	U/L	11 - 34
ALT (SGPT)	30	U/L	Ref: <=44
eGFR (CKD-EPI)	>90		Ref: >=60
ANION GAP	8	mmol/L	2 - 13
VITAMIN D, 25-HYDROXY	72 H	ng/mL	7 - 50

Great job! Your A1c decreased from 9.5% to 7.6%. You are at goal for your age.
Please continue to do the things that you have learned to help with control of
your diabetes.

Your vitamin D level is too high and so we will adjust your dose of vitamin D
that you are receiving. Until you receive the new prescription you can
take
your vitamin D 2x/week instead of daily.

Sincerely,

/es/ Esther Hui, MD
Staff Physician, Primary Care

Patient Record Number 7468482

Patient Scheduling Attempt Letter

Details

Date entered: July 18, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ALYSSA NICOLE PORTER

Signed by: ALYSSA NICOLE PORTER

Date signed: July 18, 2025

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: JUL 18, 2025@14:25 ENTRY DATE: JUL 18,
2025@14:25:59

AUTHOR: PORTER, ALYSSA NICOL EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

JUL 18, 2025

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (833) 373-1459 for the

Specialty scheduling team, Monday-Friday
7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

GI Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

Scheduling Contact Note

Details

Date entered: July 18, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JESSICA LYNN ESTRADA-MCGAVOCK
Signed by: JESSICA LYNN ESTRADA-MCGAVOCK
Date signed: July 18, 2025

Note

LOCAL TITLE: Scheduling Contact Note
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUL 18, 2025@12:54 ENTRY DATE: JUL 18,
2025@12:54:32
AUTHOR: ESTRADA-MCGAVOCK, JE EXP COSIGNER:

URGENCY :
COMPLETED

STATUS :

RTC Contact: PID 07/16/26

Contact :

Contact 3 - Jul 18,2025: Left Voicemail

Minimum scheduling effort in progress. Follow up still needed.
C2 LVM L1 EX 07/31/25 CALLED (206)295-2554

/es/ JESSICA LYNN ESTRADA-MCGAVOCK

Signed: 07/18/2025 12:55

Scheduling Contact Note

Details

Date entered: July 17, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SEE XIONG

Signed by: SEE XIONG

Date signed: July 17, 2025

Note

LOCAL TITLE: Scheduling Contact Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: JUL 17, 2025@12:55 ENTRY DATE: JUL 17,
2025@12:55:26

AUTHOR: XIONG,SEE

EXP COSIGNER:

URGENCY :

STATUS :

COMPLETED

RTC Contact: 071625

Contact :

Contact 1 - : Call

Contact 2 - : Letter mailed, Left Voicemail

c1 lvm l1 ex 073125

Minimum scheduling effort in progress. Follow up still needed.

/es/ SEE XIONG

MEDICAL SUPPORT ASSISTANT

Signed: 07/17/2025 12:55

Patient Scheduling Attempt Letter

Details

Date entered: July 17, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SEE XIONG

Signed by: SEE XIONG

Date signed: July 17, 2025

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: JUL 17, 2025@12:55 ENTRY DATE: JUL 17,
2025@12:55:55

AUTHOR: XIONG, SEE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

JUL 17, 2025

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and then option 3 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

Neurology Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

headache but
it has almost resolved.

Patient states once in a while he would have a very slight loss of balance.

Patient did not feel like he was in danger of a fall.

HPI FROM 7/5/2025 COPIED:

Patient had his knee replacement surgery on 3/6/23 and it was well managed okay

with oxygen at first; Sutter put him on 15L/min. When they provided a oxycodone

for post-op pain management, his cluster headache worsened uncontrollably for

the next ~4 days. After 3/10/23 post-op pain decreased and so did the headache.

He used 3 E tanks during the time. Patient took all 10 tabs of prednisone. Now

patient is back to his baseline. Patient has been good these past few months

that he forgot to take Emgality.

However, patient is planning to do a hip replacement surgery and is worried

about pain control without triggering a cluster episode.

PREVIOUSLY TRIED HEADACHE MEDS:

Verapamil 120mg - symptomatic bradycardia

Frovatriptan - stopped after MI in 3/2021

DHE-45 - stopped after MI in 3/2021

Galcanezumab 300mg/Qmonth (2022-current)

Oxygen (2014-current)

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease

06/01/21

NGUYEN, HOANG TH

2. Long-term current use of anticoagulant KYOUNG on pradaxa (afib/CVA risk reduction, and hx of PE)	12/31/19	HAN, ELDI
3. Obstructive sleep apnea syndrome PANOSSIAN, LORI	09/30/19	
4. AF- Atrial Fibrillation (SCT 49436004) KYOUNG Dx 6/2019	06/20/19	HAN, ELDI
5. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
6. Hypertension (SNOMED CT 38341003) KYOUNG Added from station 654 as a result of CBOC move.	01/23/20	HAN, ELDI
7. Degenerative joint disease of knee (SCT ISLAM, PARVEZ S 239873007) Added from station 654 as a result of CBOC move.	05/06/22	
8. Prostate cancer (SNOMED CT 254900004) KYOUNG Added from station 654 as a result of CBOC move.	12/03/19	HAN, ELDI
9. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON Added from station 654 as a result of CBOC move.	09/21/20	
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
11. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
12. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
13. Dysthymia BAHTEN, REGINA S	02/08/16	
14. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
17. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	01/25/21	

18. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	08/12/22	
NICKERSON, GASON		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE (S)
2) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
3) EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES	ACTIVE (S)
4) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE (S)
5) FLUTICASONE 230/SALMET 21MCG 120D INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 12 HOURS FOR ASTHMA - RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER EACH DOSE. THIS REPLACES WIXELA.	ACTIVE
6) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE (S)
7) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN &	ACTIVE

DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS.

APPLY TO MOST PAINFUL AREA.

8)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
9)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
10)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
11)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE
12)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA FOR ASTHMA	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
14)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
15)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE (S)

Active Non-VA Medications

Status

=====		
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

16 Total Medications

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

EXAMINATION

GENERAL: socially appropriate, respirations regularly and unlabored

MENTAL STATUS: appropriate, oriented to purpose of visit, normal speech
and
language

LABS

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
03/13/2018 08:41	SERUM	B12	351	pg/ml	211 - 911

Collection DT	Spec	TSH
10/05/2023 09:41	SERUM	1.58

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
02/06/2025 08:21	PLASM	136	3.8	101	27	9.0

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR(MD)	eGFR CK
02/06/2025 08:21	PLASM	204 H	18	0.77		>90
06/10/2024 08:25	PLASM			0.77		>90

Collection DT	Spec	PROTEIN	ALBUMIN	BILI-TO	BILI-DI	ALKP	AST
ALT							
02/06/2025 08:21	PLASM	6.6	4.0	0.5		69	37

09/20/2022

Test Name	Result	Units	Range
-----	-----	-----	-----
TESTOSTERONE (TOTAL)	256	ng/dL	198 - 679
SEROTONIN	59	ng/mL	23 - 230

STUDIES

Date	Procedure	CPT	Status	Case #
02/03/2014	CT HEAD W/O	70450	Verified	602

No acute intracranial abnormality.

IMPRESSION

Chronic cluster headache. Since his MI s/p PCI to LCx and LAD on 3/24/21, he has stopped DHE-45 and frovatriptan. Cluster headaches well managed with oxygen and galcanezumab.

PLAN

- Renew O2 at 10L/min PRN; E tank and Oxygen mask

- Cont. galcanezumab 300mg Qmonthly
- Cont. CPAP
- f/u in a year TELE

I personally spent 20 minutes in total encounter time on the day of service, including medical record review, diagnostic work-up review, telephone encounter, counseling, coordination of care, ordering recommended medications/tests, and documentation.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 07/16/2025 10:13

Cardiology 10501

Details

Date entered: July 14, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: HOANG THUY NGUYEN
Signed by: HOANG THUY NGUYEN
Date signed: July 14, 2025

Note

LOCAL TITLE: Cardiology 10501
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: JUL 14, 2025@14:01 ENTRY DATE: JUL 14, 2025@14:01:31
AUTHOR: NGUYEN, HOANG THUY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

CARDIOLOGY NP F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

Patient came in with: ☒ Self
☐ Spouse
☐ Other:

75MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 75 y/o M routine f/u

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES
and
mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis
of
the Circumflex and LAD requiring balloon angio. EF preserved
#hypertension,
#T2DM
#A. fib (on Pradaxa), 6/2019 at Kaiser
#COPD,
#PE 6/2019
#prostate cancer
#HLD
#OSA: CPAP compliant
#ED
#L common iliac artery aneurysm

Pt states "heart has been good". pt states he had his non va provider check
A1C
in feb and it was 9.1, have lost wt since meds adjusted.

Exercise: walk 3 miles daily, also lately tearing down a large shed with
no
issue

Diet: "very good" red meat 1x/week, not enough red meat.

=====

CARDIAC ROS:

=====

☒N ☐Y CP:
☐N ☒Y SOB: improved a lot
☒N ☐Y Dizziness:
☒N ☐Y Syncope:
☒N ☐Y Palpitations:
☒N ☐Y Orthopnea:
☒N ☐Y PND:
☒N ☐Y Edema:
☒N ☐Y Myalgias:
☒N ☐Y Bleeding issues/dark stools:
 Other:

=====

☒N ☐Y TOB:
☒N ☐Y ETOH:
☒N ☐Y ILLICIT DRUGS:

=====

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021

18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) AEROCHAMBER Z-STAT PLUS USE AEROCHAMBER BY MOUTH AS DIRECTED - USE WITH METERED-DOSE INHALER.	ACTIVE
2) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
3) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE BID
4) EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES	ACTIVE QD
5) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE QD
6) FLUTICASONE 230/SALMET 21MCG 120D INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 12 HOURS FOR ASTHMA - RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER EACH DOSE. THIS REPLACES WIXELA.	ACTIVE
7) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE (S)
8) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12	ACTIVE

HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN &
 DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS.
 APPLY TO MOST PAINFUL AREA.

9)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
10)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE QD
11)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
12)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE QD
13)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA FOR ASTHMA	ACTIVE
14)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
15)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE QD
16)	TABLET CUTTER USE DEVICE AS DIRECTED FOR SPLITTING TABLETS.	ACTIVE
17)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE (S)

Active Non-VA Medications

Status

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

18 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

EXAM:

Wt: 182 lb [82.55 kg] (07/14/2025 13:46) Measurement DT	WEIGHT
LB(KG)[BMI]	

07/14/2025 13:46 182(82.55)[27]
 06/25/2025 08:04 181(82.10)[27]
 03/04/2025 09:30 191.7(86.95)[28*]
 12/26/2024 12:32 187(84.82)[28*]

Temp: 97.8 F [36.6 C] (07/14/2025 13:46)

HR: 76 (07/14/2025 13:46)

BP: 125/64 (07/14/2025 13:46)

Pt ambulated into room in and, speaking full sentences

Neck: jvd not elevated, no hjr

Lungs: ctab

Cardiac: RRR, S1, S2 no murmurs

Abdomen: soft, ntnd

Ext: no edema

=====

LABORATORY/STUDIES: Results reviewed with patient

=====

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							
02/06/2025 08:21	PLASMA	204 H	18	0.77	136	3.8	101
27							
06/10/2024 08:25	PLASMA			0.77			

** Additional Results available outside occurrence limit **

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
12/26/2024 13:22	BLOOD	19.9 H	13.9 L	43.8	90.5	31.7 L	314
05/01/2024 07:51	BLOOD	6.9	14.0	43.8	90.9	32.0	217
Collection DT	Spec	HGBA1c					
02/06/2025 08:21	BLOOD	9.5 H					
10/05/2023 09:41	BLOOD	6.5 H					
Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CAL	LDL Dir	
02/06/2025 08:21	PLASM	133		58	58		
12/26/2024 13:22	PLASM	135		60	45		
Collection DT	Spec	BNP					
12/26/2024 13:22	PLASM	95					

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.

Left ventricular systolic function is normal.
The ejection fraction estimate is 55-60%.
There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.
No significant valvular abnormalities identified.
Unable to estimate the RVSP due to the trivial TR jet.
Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.
Normal right ventricular size and function.
A trivial pericardial effusion is present.

2/2022

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.
Assessment of diastolic parameters indicates a relaxation abnormality of the left ventricle, consistent with normal filling pressures.
The right ventricular systolic function is normal.
The aortic valve is mildly sclerotic without stenosis.
There is trace mitral regurgitation.
There is trace tricuspid regurgitation.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)
STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.

LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.

Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments:Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial.100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments:Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021Start: 08:26 AMEnd: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021Start: 09:47 AMEnd: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80 - mgmt per pcp

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS, good functional capacity

- completed dual therapy with Plavix 75mg QD/DOAC x 30 months (9/24/2023),
- cont ASA 81mg daily, given stent thrombosis and no bleeding issues, preference is to maintain antiplatelet agent, if any concerns for bleeding in the future could stop ASA and do DOAC monotherapy.
- cont metoprolol succinate 12.5mg, prev stopped Bisoprolol due to brady
- cont. Losartan 50mg daily
- nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

- has pedal exerciser but is walking now
- discussed heart healthy diet and exercise as tolerated
- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: at goal LDL <70

- cont. rosuvastatin 40mg QD
- cont. Zetia 10mg daily

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM), pt tolerating doac

- Rate control: BB as above
- Anticoagulation: cont. dabigatran 150mg BID
- cont Pantoprazole 40mg daily

non-cardiac

#T2DM

#COPD: in the past pt had SOB because advir was stopped, SOB resolved after pulm restarted advir and pt started pulm rehab.

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

-Patient was counseled on dietary and lifestyle modifications to manage hypertension and cardiovascular risk to include consumption of a low-sodium (<1500mg/day), Pesco-Mediterranean diet; performance of 150

minutes/week moderate intensity aerobic exercise; moderation of alcohol consumption; avoidance of NSAIDs; receipt of age appropriate vaccinations/annual influenza vaccinations

TOTAL TIME SPENT: 30 minutes reviewing records, labs/studies, speaking with Veteran in person about above conditions and management plan, and documenting episode of care

F/U: 1 year

Surfaces wiped after visit.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 07/14/2025 14:28

Nursing Telephone Care

Details

Date entered: July 11, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: RACHEAL MARIE HOLLIS

Signed by: RACHEAL MARIE HOLLIS

Date signed: July 11, 2025

Note

LOCAL TITLE: Nursing Telephone Care
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 11, 2025@13:51 ENTRY DATE: JUL 11, 2025@13:51:45
AUTHOR: HOLLIS,RACHEAL MARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Telephone call out to 206-295-2554. Voicemail reached. Left message to confirm

appointment for 7/15/2025 @ 1000 with SAC PHONE NEURO NP CLINIC. Emphasized this is a phone appointment. Call back # left. We ask that patients be in a place where they have clear signal and are able to speak and hear clearly and not driving. Informed them the call time may run 15 minutes before or after your scheduled time and phone number may come up as blocked or unknown.

/es/ Racheal Marie Naguit
LVN Medical Specialty
Signed: 07/11/2025 13:52

Cardiology LVN Note

Details

Date entered: July 11, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEKISU REBECCA OFOSE
Signed by: BEKISU REBECCA OFOSE
Date signed: July 11, 2025

Note

LOCAL TITLE: Cardiology LVN Note
STANDARD TITLE: CARDIOLOGY NURSING NOTE
DATE OF NOTE: JUL 11, 2025@13:14 ENTRY DATE: JUL 11, 2025@13:14:11
AUTHOR: OFOSE,BEKISU REBECC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Called vet to provide a friendly reminder of F2F Cardio appt on 7/14/25 @1400
No answer. left a generic voicemail asking vet to return this writers call-direct office number provided.

/es/ BEKISU R. OFOSE, LVN
LVN
Signed: 07/11/2025 13:14

COMMUNITY CARE-EMER SELF PRESENTING CARE COORD PLAN NOTE

Details

Date entered: July 1, 2025
Location: MARTINEZ VA MEDICAL CENTER
Written by: KENISHA MARIE BROWN
Signed by: KENISHA MARIE BROWN
Date signed: July 7, 2025

Note

LOCAL TITLE: COMMUNITY CARE-EMER SELF PRESENTING CARE COORD PLAN
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: JUL 02, 2025@00:01 ENTRY DATE: JUL 07,
2025@12:09
AUTHOR: BROWN, KENISHA MARIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Emergency Notification Intake
Date Presenting to the Facility: Jul 2, 2025
Method of Contact:
Notified from ECR worklist
Notification ID: C-20250702170613299
HSRM Referral #:
Community Hospital Name:
Hospital: SUTTER AUBURN FAITH HOSP
Address:
City: AUBURN
State: CA
Zip Code:
Phone :
Community Facility Point of Contact:
Name:

Phone: (530) 888-4500

Chief complaint: SKIN PROBLEM

Primary Diagnosis:

Disposition

Unknown at time of intake note entry

RECORDS AVAILABLE IN JLV

PER FACILITY VETERAN ER ONLY

1703 Clinical Review

/es/ KENISHA MARIE BROWN

MSA

Signed: 07/07/2025 12:16

Receipt Acknowledged By:

07/07/2025 12:41 /es/ Esther Hui,

MD

Staff Physician, Primary

Care

07/07/2025 13:09 /es/ Deborah A. Larson,

RN

Primary Care RN Care

Manager

Scheduling Contact Note

Details

Date entered: June 27, 2025

Location: MCCLELLAN VA CLINIC

Written by: TAMARA LEALOA TUAOLO-LAULU

Signed by: TAMARA LEALOA TUAOLO-LAULU

Date signed: June 27, 2025

Note

LOCAL TITLE: Scheduling Contact Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: JUN 27, 2025@10:46 ENTRY DATE: JUN 27,

2025@10:46:32

AUTHOR: TUAOLO-LAULU, TAMARA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

RTC Contact: pid 6/7/26

The Veteran's chart has been reviewed and the return to clinic order has been

dispositioned:

None, minimum scheduling attempts met

/es/ TAMARA LEALOA TUAOLO-LAULU

Signed: 06/27/2025 10:46

Letter to Patient

Details

Date entered: June 26, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: KENDRA N MOROTTI

Signed by: KENDRA N MOROTTI

Date signed: June 26, 2025

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: JUN 26, 2025@16:57
2025@16:57:15

ENTRY DATE: JUN 26,

AUTHOR: MOROTTI, KENDRA N EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:

10535 Hospital Way, Mather, CA 95655-1200

JUN 26, 2025

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The anticoagulation clinic received notification that you will be scheduled for an upcoming procedure. For your procedure you will need to hold your blood thinner medication according to the directions below.

Type of procedure: colonoscopy
Procedure date: to be scheduled
Anticoagulant and dose: Dabigatran (Pradaxa) 150mg twice daily

The date of your procedure is not known at this time.
Please notify clinic if you are informed of the date.

Below are general directions for holding your anticoagulant:

Hold dose of dabigatran (Pradaxa) for 2.5 days prior to and day of procedure

(Hold only PM dose 3 days prior to procedure)

Resume 48 hours after procedure or when instructed by proceduralist

Please call the anticoagulation clinic at (916) 843-7209 if you have any

questions.

Thank you.

Sincerely,

/es/ Kendra N. Morotti, PharmD
Clinical Pharmacist

Patient Record Number 7468482

Periprocedural Anticoagulation Consult

Details

Date entered: June 26, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: KENDRA N MOROTTI

Signed by: KENDRA N MOROTTI

Date signed: June 26, 2025

Note

LOCAL TITLE: Periprocedural Anticoagulation Consult
STANDARD TITLE: PHARMACY E & M OF ANTICOAGULATION CONSULT
DATE OF NOTE: JUN 26, 2025@15:04 ENTRY DATE: JUN 26,
2025@15:04:51
AUTHOR: MOROTTI, KENDRA N EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Periprocedural Anticoagulation Consult Has ADDENDA ***

=====
PERIPROCEDURAL ANTICOAGULATION EVALUATION
=====

=====

Received notification of pending procedure: colonoscopy

Tentative date: to be scheduled

Procedure will be performed at: VANCHCS (Mather)

Bleeding risk for procedure: Low

Patient info:

Indication for anticoagulation:

☒ Atrial fibrillation

CHA2DS2-VASC score: 5 (DM, CAD, HTN, age >75yr)

Anticoagulant

☐ apixaban

☐ rivaroxaban

☒ dabigatran

☐ edoxaban

PATIENT THROMBOEMBOLIC RISK ASSESSMENT

Moderate Thromboembolic Risk

☒ CHADS-VASc 5-6

☐ CHADS-VASc 2-4 with history of stroke

☐ VTE within the past 3 to 12 months

☐ Recurrent VTE

☐ Non-severe thrombophilia

-Heterozygous factor V Leiden or prothrombin gene G20210A mutation

☐ Active cancer or recent history of cancer

PATIENT BLEEDING RISK ASSESSMENT

HAS-BLED scoring/ bleed risk; bleeds per 100 patient years

--> age >65

☒ 1 (3.4%; 1.02)

☐ 2 (4.1%; 1.88)

☐ 3 (5.8%; 3.72)

☐ 4 (8.9%; 8.70)

[] 5+ (9.1%+; 12.50+)

PROCEDURAL BLEED RISK ASSESSMENT

Anticipated procedure falls under the following category:

High Bleeding Risk

Examples:

- Major abdominal surgery / head and neck/ breast cancer surgery
- Knee/hip replacement
- Kidney biopsy
- Polypectomy, variceal treatment, biliary sphincterectomy, pneumatic dilatation of strictures, ERCP
- PEG placement
- Endoscopically guided fine-needle aspiration
- Any major operations > 45 min
- Higher risk urologic procedures: TURP, prostate biopsy, lithotripsy, prostatectomy, bladder surgery

Dose hold based on renal function

69 in [175.3 cm] (03/25/2024 10:22)

Measurement DT WEIGHT

LB(KG)[BMI]

06/25/2025 08:04 181(82.10)[27]

03/04/2025 09:30 191.7(86.95)[28*]

12/26/2024 12:32 187(84.82)[28*]

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							

02/06/2025 08:21	PLASMA	204 H	18	0.77	136	3.8	101

06/10/2024 08:25	PLASMA			0.77			

CrCl ABW CrCl cannot be calculated. No Serum Creatinine found.

Dabigatran

CrCl > 50ml/min

[] Low/Moderate bleeding risk:

Hold 1 day prior and day of procedure

[X] High bleeding risk:

Hold dose 2 1/2 days prior and day of procedure

(Hold only PM dose 3 days prior to procedure)

☐ Very High bleeding risk:

Hold dose 4 days prior and day of procedure

.....

:

.....Periprocedural Plan

Summary:.....

.....

:

Procedure bleed risk is

☐ safe

☐ low-moderate

☒ high

☐ very high

Pt thromboembolic risk is

☒ low-moderate

☐ high

Hold dose of dabigatran (Pradaxa) for 2.5 days prior to and day of procedure

(Hold only PM dose 3 days prior to procedure)

Resume 48 hours after procedure or when instructed by proceduralist

Time spent on review: 15mins

Will send general written periprocedural instructions to patient

Will attach provider(s) for review and comment. Please add comment and notify Anticoagulation clinic for any changes to above evaluation and/or guidelines. Otherwise Anticoagulation Clinic will proceed with the plan as outlined above.

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V12:

Care coordination

/es/ Kendra N. Morotti, PharmD

Clinical Pharmacist

Signed: 06/26/2025 16:56

Receipt Acknowledged By:

06/30/2025 07:20 /es/ Esther Hui,
MD

Staff Physician, Primary

Care

01/06/2026 ADDENDUM

STATUS: COMPLETED

Hold dose of dabigatran (Pradaxa) for 2.5 days prior to and day of
procedure

(Hold only PM dose 3 days prior to procedure)

Resume 48 hours after procedure or when instructed by proceduralist

Patients procedure is scheduled Jan 21, 2026.

Will send letter and schedule call ~1 week prior to procedure

Jan 18, 2026 hold PM dose only (take AM dose)

Jan 19, 2026 hold dose

Jan 20, 2026 hold dose

Jan 21, 2026 (day of procedure) hold dose

Jan 22, 2026 hold dose

Jan 23, 2026 hold AM dose, restart PM dose unless otherwise instructed by
physician

/es/ Michelle L. Rand, Pharm. D.

Anticoagulation Clinical Pharmacy Specialist

Signed: 01/06/2026 13:25

01/14/2026 ADDENDUM

STATUS: COMPLETED

Called and confirmed anticoag hold plan with pt as below:

Type of procedure: colonoscopy

Procedure date: 01/21/2026

Anticoagulant and dose: dabigatran 150mg twice daily

Directions for holding your anticoagulant:

Jan 18,2026 hold PM dose only (take AM dose)

Jan 19,2026 hold dose

Jan 20,2026 hold dose

Jan 21,2026 (day of procedure) hold dose

Jan 22,2026 hold dose

Jan 23,2026 hold AM dose, restart PM dose unless otherwise instructed by
physician

/es/ Jamie R. Lopez

Pharmacy Technician

Signed: 01/14/2026 11:30

Receipt Acknowledged By:

01/14/2026 17:46 /es/ Kendra N. Morotti,

PharmD

Clinical

Pharmacist

Primary Care Note

Details

Date entered: June 25, 2025**Location:** LOUIS A. CONTER VA CLINIC**Written by:** ESTHER HUI**Signed by:** ESTHER HUI**Date signed:** June 25, 2025

Note

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: JUN 25, 2025@08:12 ENTRY DATE: JUN 25,
2025@08:12:47

AUTHOR: HUI, ESTHER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Pt identified by name, SSN, and DOB.

Pt presents alone. Routine follow-up visit.

Current outside providers: Sutter Dr. Mark Vaughan

 Sutter dietician

 Sutter card

LCV: 2/26/25 Dr. Islam

VA speciality care: neuro

 cardio

 pulm

S: Pt presents for follow up of DM, COPD, CAD, afib, HTN,

Pt states that he had a great MD that he was seeing at the VA. He states that

he also has a Medicare MD. He states that he hadn't had his A1c in 1.5 yrs. He

states that his A1c came back at 9.5%. He states that he told his dtr who is a

MSN and she said "shame on you for not taking care of his DM".

He states that he changed his DM over to Sutter for management. He states that

he signed up for a Sutter dietician specialist to address the A1c. He states

that it is a phone program that he does once a month. He has lost 10 lbs and he

has inc his physical activity substantially to do that. He also stated that

they added another medication and so he is on 2 DM medications. He wants to

stay there for as long he has a dietician. He has a Medicare supplemental program that is paying for it.

But he states that he does not have as copay w/ any of his medications.

He

states that if they recommend medications that he will come back to the VA.

Pt has a skin cancer to his nose. He states that he is getting addressed on the outside. He states he is seeing a dermatologist.

He states that he has 5 deg disc since 2001. Had his R knee replaced. He states that he needs his L knee replaced. He states that he needs his hips replaced.

He states that he has had headaches x yrs. He has not had any sx's for the past 14 months. He sees the VA neurologist. He has an appt coming up w/ cardiology and dermatology.

Has had 2 bouts of prostate CA. Had a radical prostatectomy and it returned. He states that it returned again w/ high Gleason scores. It was recommended by urology that he get annual PSAs.

Denies CP, SOB, dizziness/lightheadedness. Denies palpitations. States that a friend told him that he should be able to feel when he is in afib.

Medication reconciliation done. Accurate medication list provided to pt. Current Rx Medications: Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
2)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
3)	EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES	ACTIVE
4)	EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE

5)	FLUTICASONE 230/SALMET 21MCG 120D INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 12 HOURS FOR ASTHMA - RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER EACH DOSE. THIS REPLACES WIXELA.	ACTIVE
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE
7)	LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.	ACTIVE
8)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
9)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
10)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
11)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE
12)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA FOR ASTHMA	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
14)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
15)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications

Status

=====	
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED
ACTIVE	

O: VITALS: BP:132/60 HR:77 Wt:181 lb 97.6 F BMI 26.8

PE:

HEENT: anicteric, PERRL, EOMI, nl op, no cervical LAD, no thyroid masses

Cardiac: RRR

Lungs: CTA bilaterally

Abd: +bs, soft, nt, nd

Ext: no edema in LE

Labs:

02/06/2025 K 3.8, glucose 204 H, Cr 0.77, AST 37, ALT 36, HGBA1c 9.5 H%

LDL-CALC 58 mg/dL

CHOLESTEROL 133 mg/dL

HDL CHOLESTEROL 58 mg/dL

Trig NF 88 mg/dL

Patient Age: 75

Patient Sex: M

Total Cholesterol: 133 mg/dL (2/6/2025)

HDL Cholesterol: 58 mg/dL (2/6/2025)

Blood Pressure: 132/60

Smoking status evaluates as: Non-Smoker

Blood pressure treatment evaluates as: Treated SBP

Diabetes evaluates as: Diabetic

10-year CV risk: 42.9%

Studies:

6) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG ACTIVE
(3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE
PREVENTION

A: 75 yo male w/ DM, CAD s/p NSTEMI, afib, HTN, HLD, COPD, AR, OSA, hx
of
PE, GERD, back and joint pain; stable

P: 1. Co-managed w/ Sutter
2. Cardiac: CAD s/p NSTEMI 2021--cont w/ EC ASA 81mg daily, OTC
followed by cardiology
afib--cont w/ DOAC, Metop succ 12.5mg daily
HTN--controlled--cont w/ Losartan 50mg daily and beta
blocker
HLD--controlled--cont w/ Rosuvastatin 40mg daily,
Ezetimibe
10mg qhs

3. Endo: DM--uncontrolled when last A1c checked @ 9.5%, goal for pt is <8% due to co-morbidities
on Metformin 500mg 2x/day, Empagliflozin 12.5mg daily
due for A1c recheck and pt is aware to obtain ASAP to determine if any further adjustments needed

4. Pulm: COPD--followed by pulm--cont w/ Tiotropium 2.5mcg 2 puffs daily, Fluticaseon/Salmeterol 230/21mcg 2 puffs 2x/day, Montelukast 10mg daily
AR--cont w/ Loratadine 10mg daily, Fluticasone nasal spray
OSA--using CPAP

5. Neuro: cluster HA--followed by neurology--Galcanezumab 300mg qmonthly

6. Heme: multiple PE's per pt report--it is not clear cause although pt states that it was dx at the same time he was dx w/ afib--is currently on lifelong DOAC for afib

7. Endo: vit D def--cont w/ 50mcg daily--will recheck vit D level as it was on higher side of normal in 2023; may not need such a high dose of vitamin D to remain therapeutic

8. GI: GERD--cont w/ Pantoprazole 40mg daily

9. MSK: back pain--cont w/ Lidocaine 5% daily prn
joint pain--has had prior replacements and looking at further replacements

10. HCM: Td last UTD
flu UTD
RSV due now, declines
pneumo UTD
shingles UTD
PSA needs annual monitoring--last 12/24 negative
colo due now, last one 2014 w/ polyps, f/u 5 yrs;
overdue;
ordered
Clinical Reminders:

Follow Up Colonoscopy:

Colonoscopy is due based on information available to this reminder.

Colonoscopy consult has been ordered. See orders tab for details.

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Allergies/ADRs (Tool #5)

FACILITY	ALLERGY/ADR
-----	-----
DEPARTMENT OF DEFENSE DEERS	bisoprolol
IOANNIS A. LOUGARIS VAMC	PENICILLIN
IOANNIS A. LOUGARIS VAMC	PREDNISONE
NORTHERN CALIFORNIA HCS	BISOPROLOL
NORTHERN CALIFORNIA HCS	PENICILLIN
NORTHERN CALIFORNIA HCS	PREDNISONE
SAN FRANCISCO VAMC	BISOPROLOL
SAN FRANCISCO VAMC	PENICILLIN
SAN FRANCISCO VAMC	PREDNISONE
SEATTLE VA MEDICAL CENTER	PENICILLIN
SEATTLE VA MEDICAL CENTER	PREDNISONE
SEATTLE VA MEDICAL CENTER	PROPRANOLOL

Med Recon NoGlossary (Tool #1)

INCLUDED IN THIS LIST: Alphabetical list of active outpatient prescriptions dispensed from this VA (local) and dispensed from another

VA or DoD facility (remote) as well as inpatient orders (local pending and

active), local clinic medications, locally documented non-VA medications,

and local prescriptions that have expired or been discontinued in the past

90 days.

Non-VA Meds Last Documented On: Oct 18, 2019

NOTE The display of VA prescriptions dispensed from another VA
or

DoD facility (remote) is limited to active outpatient prescription
entries

matched to National Drug File at the originating site and may not
include

some items such as investigational drugs, compounds, etc.

NOT INCLUDED IN THIS LIST: Medications self-entered by the patient
into

personal health records (i.e. My HealtheVet) are NOT included in this
list. Non-VA medications documented outside this VA, remote inpatient
orders (regardless of status) and remote clinic medications are NOT
included in this list. The patient and provider must always discuss
medications the patient is taking, regardless of where the medication
was

dispensed or obtained.

Non-VA ACETAMINOPHEN 325MG TAB

TAKE TWO TABLETS BY MOUTH TWICE A DAY AS NEEDED

Patient wants to buy from Non-VA pharmacy.

OUTPT CHOLECALCIF 50MCG (D3-2,000UNIT) TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT

Rx# 71354473A Last Released: 5/13/25 Qty/Days Supply:
100/90

Rx Expiration Date: 3/4/26 Refills Remaining:
2

Indication: FOR VITAMIN D SUPPLEMENT

OUTPT DABIGATRAN ETEXILATE 150MG ORAL CAP (Status = Active)

TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS.
KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO

NOT

OPEN OR CHEW CAPSULE.

Rx# 25872529F Last Released: 4/16/25 Qty/Days Supply:
180/90

Rx Expiration Date: 12/27/25 Refills Remaining:
2

OUTPT EMPAGLIFLOZIN 25MG TAB (Status = Discontinued)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES

Rx# 71454758 Last Released: 5/9/25

Qty/Days Supply:

45/90

Rx Expiration Date: 2/27/26

Refills Remaining:

2

Indication: FOR DIABETES

OUTPT EMPAGLIFLOZIN 25MG TAB (Status = Active)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES

Rx# 71454758A Last Released: 5/29/25

Qty/Days Supply:

45/90

Rx Expiration Date: 5/30/26

Refills Remaining:

3

Indication: FOR DIABETES

OUTPT EZETIMIBE 10MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL

Rx# 26852797B Last Released: 6/3/25

Qty/Days Supply:

90/90

Rx Expiration Date: 12/21/25

Refills Remaining:

2

Indication: FOR CHOLESTEROL

OUTPT FLUTICASONE 230/SALMET 21MCG 120D INHL (Status = Active)

INHALE 2 PUFFS BY ORAL INHALATION EVERY 12 HOURS FOR ASTHMA -
RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER EACH DOSE.

THIS

REPLACES WIXELA.

Rx# 27131809 Last Released: 6/9/25

Qty/Days Supply:

3/90

Rx Expiration Date: 9/5/25

Refills Remaining:

0

Indication: FOR ASTHMA

OUTPT GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML (Status = Active)

INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE
PREVENTION

Rx# 71450898 Last Released: 4/23/25

Qty/Days Supply:

9/90

Rx Expiration Date: 1/3/26

Refills Remaining:

2

Indication: FOR HEADACHE PREVENTION

OUTPT LIDOCAINE 5% PATCH (Status = Active)

APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE
AFTER
12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO
CLEAN
& DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO
MOST PAINFUL AREA.

Rx# 71366745A Last Released: 3/21/25 Qty/Days Supply:
30/30
Rx Expiration Date: 12/7/25 Refills Remaining:
1

Indication: FOR NERVE PAIN
OUTPT LORATADINE 10MG TAB (Status = Active)
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES

Rx# 27131797 Last Released: 5/13/25 Qty/Days Supply:
90/90
Rx Expiration Date: 9/5/25 Refills Remaining:
0

Indication: FOR ALLERGIES
OUTPT LOSARTAN 50MG TAB (Status = Active)
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

Rx# 71467896 Last Released: 4/23/25 Qty/Days Supply:
90/90
Rx Expiration Date: 4/22/26 Refills Remaining:
3

Indication: FOR BLOOD PRESSURE
OUTPT METFORMIN HCL 500MG TAB (Status = Active)
TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES

Rx# 71315271C Last Released: 4/22/25 Qty/Days Supply:
180/90
Rx Expiration Date: 4/18/26 Refills Remaining:
3

Indication: FOR DIABETES
OUTPT METOPROLOL SUCCINATE 25MG SA TAB (Status = Active)
TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART

Rx# 26892919A Last Released: 3/19/25 Qty/Days Supply:
45/90
Rx Expiration Date: 1/4/26 Refills Remaining:
2

Indication: FOR HEART
OUTPT MONTELUKAST NA 10MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA FOR ASTHMA

Rx# 27131799 Last Released: 4/25/25 Qty/Days Supply:

90/90

Rx Expiration Date: 9/5/25

Refills Remaining:

1

Indication: FOR ASTHMA

OUTPT PANTOPRAZOLE NA 40MG EC TAB (Status = Discontinued)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION -

FOR

STOMACH ACID.

Rx# 26740729B Last Released: 12/23/24 Qty/Days Supply:

90/90

Rx Expiration Date: 9/24/25

Refills Remaining:

0

Indication: FOR STOMACH PROTECTION

OUTPT PANTOPRAZOLE NA 40MG EC TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION -

FOR

STOMACH ACID.

Rx# 26740729C Last Released: 4/18/25 Qty/Days Supply:

90/90

Rx Expiration Date: 4/18/26

Refills Remaining:

1

Indication: FOR STOMACH PROTECTION

OUTPT ROSUVASTATIN CA 40MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.

Rx# 26136205D Last Released: 4/25/25 Qty/Days Supply:

90/90

Rx Expiration Date: 4/18/26

Refills Remaining:

3

OUTPT TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL (Status = Active)

INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -

FOR

BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Rx# 71356235A Last Released: 4/25/25 Qty/Days Supply:

3/90

Rx Expiration Date: 2/13/26

Refills Remaining:

2

SUPPLIES

OUTPT AEROCHAMBER Z-STAT PLUS (Status = Active)

USE AEROCHAMBER BY MOUTH AS DIRECTED - USE WITH METERED-DOSE
INHALER.

Rx# 27099427 Last Released: 7/24/24

Qty/Days Supply:

1/365

Rx Expiration Date: 7/22/25

Refills Remaining:

0

OUTPT TABLET CUTTER (Status = Active)

USE DEVICE AS DIRECTED FOR SPLITTING TABLETS.

Rx# 71477630 Last Released: 5/29/25

Qty/Days Supply:

1/365

Rx Expiration Date: 5/29/26

Refills Remaining:

0

Indication: FOR SPLITTING TABLETS.

Diabetic with last HbA1c >8.0:

Hemoglobin A1c ordered.

11. RTC in 12 months w/ prelabs, pt voices understanding and
agreement
of plan

Total minutes spent on the encounter (excluding time spent on a billable
procedure) is equal to 66. Minutes which included time spent counseling,
obtaining history, performing physical exam, reviewing outside
records/labs/imaging studies and documenting encounter.

/es/ Esther Hui, MD

Staff Physician, Primary Care

Signed: 06/25/2025 10:20

PC Preventive Health 60498

Details

Date entered: June 25, 2025

Location: LOUIS A. CONTER VA CLINIC
Written by: MICHELLE R PRATZ-RODRIGUES
Signed by: MICHELLE R PRATZ-RODRIGUES
Date signed: June 25, 2025

Note

LOCAL TITLE: PC Preventive Health 60498
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: JUN 25, 2025@08:11 ENTRY DATE: JUN 25,
2025@08:11:07
AUTHOR: PRATZ-RODRIGUES,MIC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:

Vitals:
Most recent VS: Wt. 181 lb [82.10 kg] (06/25/2025 08:04)
 BP 132/60 (06/25/2025 08:04)
 HR 77 (06/25/2025 08:04)
 Temp 97.6 F [36.4 C] (06/25/2025 08:04)
 BMI 26.8

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/
or
caregiver state the patient is taking (including non-VA prescriptions,
over
the counter medications, vitamins and herbal supplements)?
Unable to review with patient/caregiver due to the following reason:
-Other: pcp

Allergies:
PENICILLIN, PREDNISONE, BISOPROLOL
Allergies/ADRs (Tool #5)

FACILITY	ALLERGY/ADR
-----	-----
DEPARTMENT OF DEFENSE DEERS	bisoprolol
IOANNIS A. LOUGARIS VAMC	PENICILLIN

IOANNIS A. LOUGARIS VAMC	PREDNISONE
NORTHERN CALIFORNIA HCS	BISOPROLOL
NORTHERN CALIFORNIA HCS	PENICILLIN
NORTHERN CALIFORNIA HCS	PREDNISONE
SAN FRANCISCO VAMC	BISOPROLOL
SAN FRANCISCO VAMC	PENICILLIN
SAN FRANCISCO VAMC	PREDNISONE
SEATTLE VA MEDICAL CENTER	PENICILLIN
SEATTLE VA MEDICAL CENTER	PREDNISONE
SEATTLE VA MEDICAL CENTER	PROPRANOLOL

Med Recon NoGlossary (Tool #1)

INCLUDED IN THIS LIST: Alphabetical list of active outpatient prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as inpatient orders (local pending and active), local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 90 days.

Non-VA Meds Last Documented On: Oct 18, 2019

NOTE The display of VA prescriptions dispensed from another VA or DoD facility (remote) is limited to active outpatient prescription entries matched to National Drug File at the originating site and may not include some items such as investigational drugs, compounds, etc.

NOT INCLUDED IN THIS LIST: Medications self-entered by the patient into personal health records (i.e. My HealtheVet) are NOT included in this list. Non-VA medications documented outside this VA, remote inpatient orders (regardless of status) and remote clinic medications are NOT included in this list. The patient and provider must always discuss medications the patient is taking, regardless of where the medication

was

dispensed or obtained.

Non-VA ACETAMINOPHEN 325MG TAB

TAKE TWO TABLETS BY MOUTH TWICE A DAY AS NEEDED

Patient wants to buy from Non-VA pharmacy.

OUTPT CHOLECALCIF 50MCG (D3-2,000UNIT) TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT

Rx# 71354473A Last Released: 5/13/25 Qty/Days Supply:

100/90

Rx Expiration Date: 3/4/26

Refills Remaining: 2

Indication: FOR VITAMIN D SUPPLEMENT

OUTPT DABIGATRAN ETEXILATE 150MG ORAL CAP (Status = Active)

TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS.

KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO

NOT

OPEN OR CHEW CAPSULE.

Rx# 25872529F Last Released: 4/16/25 Qty/Days Supply:

180/90

Rx Expiration Date: 12/27/25

Refills Remaining: 2

OUTPT EMPAGLIFLOZIN 25MG TAB (Status = Discontinued)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES

Rx# 71454758 Last Released: 5/9/25 Qty/Days Supply:

45/90

Rx Expiration Date: 2/27/26

Refills Remaining: 2

Indication: FOR DIABETES

OUTPT EMPAGLIFLOZIN 25MG TAB (Status = Active)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES

Rx# 71454758A Last Released: 5/29/25 Qty/Days Supply:

45/90

Rx Expiration Date: 5/30/26

Refills Remaining: 3

Indication: FOR DIABETES

OUTPT EZETIMIBE 10MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL

Rx# 26852797B Last Released: 6/3/25

Qty/Days Supply:

90/90

Rx Expiration Date: 12/21/25

Refills Remaining: 2

Indication: FOR CHOLESTEROL

OUTPT FLUTICASONE 230/SALMET 21MCG 120D INHL (Status = Active)

INHALE 2 PUFFS BY ORAL INHALATION EVERY 12 HOURS FOR ASTHMA -
RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER EACH DOSE. THIS
REPLACES WIXELA.

Rx# 27131809 Last Released: 6/9/25

Qty/Days Supply: 3/90

Rx Expiration Date: 9/5/25

Refills Remaining: 0

Indication: FOR ASTHMA

OUTPT GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML (Status = Active)

INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE
PREVENTION

Rx# 71450898 Last Released: 4/23/25

Qty/Days Supply: 9/90

Rx Expiration Date: 1/3/26

Refills Remaining: 2

Indication: FOR HEADACHE PREVENTION

OUTPT LIDOCAINE 5% PATCH (Status = Active)

APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER
12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN
& DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO
MOST PAINFUL AREA.

Rx# 71366745A Last Released: 3/21/25

Qty/Days Supply:

30/30

Rx Expiration Date: 12/7/25

Refills Remaining: 1

Indication: FOR NERVE PAIN

OUTPT LORATADINE 10MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES

Rx# 27131797 Last Released: 5/13/25

Qty/Days Supply:

90/90

Rx Expiration Date: 9/5/25

Refills Remaining: 0

Indication: FOR ALLERGIES

OUTPT LOSARTAN 50MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

Rx# 71467896 Last Released: 4/23/25

Qty/Days Supply:

90/90

Rx Expiration Date: 4/22/26
Indication: FOR BLOOD PRESSURE

Refills Remaining: 3

OUTPT METFORMIN HCL 500MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES

Rx# 71315271C Last Released: 4/22/25 Qty/Days Supply:

180/90

Rx Expiration Date: 4/18/26
Indication: FOR DIABETES

Refills Remaining: 3

OUTPT METOPROLOL SUCCINATE 25MG SA TAB (Status = Active)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART

Rx# 26892919A Last Released: 3/19/25 Qty/Days Supply:

45/90

Rx Expiration Date: 1/4/26
Indication: FOR HEART

Refills Remaining: 2

OUTPT MONTELUKAST NA 10MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA FOR ASTHMA

Rx# 27131799 Last Released: 4/25/25 Qty/Days Supply:

90/90

Rx Expiration Date: 9/5/25
Indication: FOR ASTHMA

Refills Remaining: 1

OUTPT PANTOPRAZOLE NA 40MG EC TAB (Status = Discontinued)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.

Rx# 26740729B Last Released: 12/23/24 Qty/Days Supply:

90/90

Rx Expiration Date: 9/24/25
Indication: FOR STOMACH PROTECTION

Refills Remaining: 0

OUTPT PANTOPRAZOLE NA 40MG EC TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.

Rx# 26740729C Last Released: 4/18/25 Qty/Days Supply:

90/90

Rx Expiration Date: 4/18/26
Indication: FOR STOMACH PROTECTION

Refills Remaining: 1

OUTPT ROSUVASTATIN CA 40MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.

Rx# 26136205D Last Released: 4/25/25 Qty/Days Supply:

90/90

Rx Expiration Date: 4/18/26

Refills Remaining: 3

OUTPT TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL (Status = Active)

INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Rx# 71356235A Last Released: 4/25/25 Qty/Days Supply: 3/90

Rx Expiration Date: 2/13/26

Refills Remaining: 2

SUPPLIES

OUTPT AEROCHAMBER Z-STAT PLUS (Status = Active)

USE AEROCHAMBER BY MOUTH AS DIRECTED - USE WITH METERED-DOSE INHALER.

Rx# 27099427 Last Released: 7/24/24 Qty/Days Supply:

1/365

Rx Expiration Date: 7/22/25

Refills Remaining: 0

OUTPT TABLET CUTTER (Status = Active)

USE DEVICE AS DIRECTED FOR SPLITTING TABLETS.

Rx# 71477630 Last Released: 5/29/25 Qty/Days Supply:

1/365

Rx Expiration Date: 5/29/26

Refills Remaining: 0

Indication: FOR SPLITTING TABLETS.

Emotional Health Screening (Nurse):

The Veteran denies any worry or stress in their life at this time.

Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that you

own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have

stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

The Veteran reports the following:

Within the past 12 months, you worried whether your food would run out before you got money to buy more.

Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=3).

1. How often did you have a drink containing alcohol in the past year? Consider a drink to be a 12 ounce can or bottle of regular beer, 8 ounces of malt liquor, a 5 ounce glass of table wine, or a 1.5 ounce shot of liquor (like scotch, gin, or vodka). Two to three times per week

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? One or two drinks

3. How often did you have six or more drinks on one occasion in the past year? Never

Depression Screening:

Perform PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

the Over the past two weeks, how often have you been bothered by
the following problems?

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

PTSD Screening:

PC-PTSD-5

A PTSD screening test (PC-PTSD-5) was negative (score=0).

IN THE PAST MONTH, have you ever had any experience that was so
frightening, horrible
or traumatic. For example:

A serious accident or fire

a physical or sexual assault or abuse

An earthquake or flood

A war

Seeing someone be killed or seriously injured

Having a loved one die through homicide or suicide

1. Have you ever experienced this kind of event?

NO

2. Had nightmares about the event(s) or thought about the
event(s)

when you did not want to?

Response not required due to responses to other questions.

3. Tried hard not to think about the event(s) or went out of your
way

to avoid situations that reminded you of the event(s)?

Response not required due to responses to other questions.

4. Been constantly on guard, watchful, or easily startled?

Response not required due to responses to other questions.

5. Felt numb or detached from people, activities, or your surroundings?

Response not required due to responses to other questions.

6. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
Response not required due to responses to other questions.

COVID-19 Immunization:

Refused Pfizer Monovalent COVID-19 vaccine

Immunization: COVID-19 (PFIZER), MRNA, LNP-S, PF, TRIS-SUCROSE, 30 MCG/0.3 ML

(AGES 12+ YEARS)

Refusal Reason: PATIENT DECISION

Patient refuses all immunization(s) in the COVID-19 group

Date Documented: 06/25/25 08:28

Herpes Zoster (Shingles) Vaccine:

The patient declines to receive the recommended dose of zoster (shingles) vaccine.

Immunization: ZOSTER RECOMBINANT

Refusal Reason: PATIENT DECISION

Patient refuses all immunization(s) in the ZOSTER group

Date Documented: 06/25/25 08:28

RSV Immunization:

Respiratory Syncytial Virus (RSV) Vaccine:

Refused Pfizer (Abrysvo, RSVpreF vaccine).

Immunization: RSV, BIVALENT, PROTEIN SUBUNIT RSVpref, DILUENT RECONSTITUTED,

0.5 ML, PF

Refusal Reason: PATIENT DECISION

Patient refuses all immunization(s) in the RSV group

Date Documented: 06/25/25 08:29

Sexual Orientation:

The patient thinks of their sexual orientation as:
Straight or Heterosexual

RHS Screen:

RHS Screen

Environmental Check

Upon inquiry, the individual reports that the environment is safe to proceed.

Informed Consent to Screen and Document

The individual consents to proceed with screening.

The individual consents to documentation of responses.

PRIMARY SCREEN:

In the past 12 months, how often did a current or former intimate partner (e.g., boyfriend, girlfriend, husband, wife,

sexual partner):

1. Scream or curse at you

Never

2. Insult or talk down to you

Never

3. Threaten you with harm

Never

4. Physically hurt you

Never

5. Force or pressure you to have sexual contact against your will, or when you were unable to say no

Never

protected
© The HITS tool (items 1-4 above) is US copyright

it
by Kevin Sherin MD, and the user has full rights to use
throughout the VA system.

PRIMARY SCREEN RESULT:

The Primary Screen is NEGATIVE. The individual answered "never" to all forms of IPV above (i.e., answered "never" to all 5 items)

The individual accepts education and/or resources:
Other:

EDUCATION:
Other:

/es/ MICHELLE R PRATZ-RODRIGUES
LVN
Signed: 06/25/2025 08:30

Scheduling Contact Note

Details

Date entered: June 13, 2025
Location: MCCLELLAN VA CLINIC
Written by: TAMARA LEALOA TUAOLO-LAULU
Signed by: TAMARA LEALOA TUAOLO-LAULU
Date signed: June 13, 2025

Note

LOCAL TITLE: Scheduling Contact Note
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 13, 2025@09:50 ENTRY DATE: JUN 13, 2025@09:50:30
AUTHOR: TUAOLO-LAULU, TAMARA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

RTC Contact: PID 6/7/2026

Contact:

Contact 1 - Jun 13,2025: Call

Contact 2 - Jun 13,2025: Letter mailed

Minimum scheduling effort in progress. Follow up still needed.

/es/ TAMARA LEALOA TUAOLO-LAULU

Signed: 06/13/2025 09:51

Patient Scheduling Attempt Letter

Details

Date entered: June 13, 2025

Location: MCCLELLAN VA CLINIC

Written by: TAMARA LEALOA TUAOLO-LAULU

Signed by: TAMARA LEALOA TUAOLO-LAULU

Date signed: June 13, 2025

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: JUN 13, 2025@09:49 ENTRY DATE: JUN 13,
2025@09:50:04

AUTHOR: TUAOLO-LAULU, TAMARA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

JUN 13, 2025

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and then option 3 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

Eye Clinic
Northern California Health Care System
Department of Veteran Affairs
5342 Dudley Boulevard
Building 98
McClellan Park, CA 95652-1012

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

TELE-EYE RESULTS LETTER(AUTOPRINT)**Details****Date entered:** June 12, 2025**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** KEITH TADAHIKO YAMANISHI**Signed by:** KEITH TADAHIKO YAMANISHI**Date signed:** June 12, 2025**Note**

LOCAL TITLE: TELE-EYE RESULTS LETTER(AUTOPRINT)

STANDARD TITLE: LETTERS

DATE OF NOTE: JUN 12, 2025@16:09 ENTRY DATE: JUN 12,
2025@16:09:25

AUTHOR: YAMANISHI, KEITH TAD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

JUN 12, 2025

CAMPBELL, RONALD CLARK

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Dear RONALD CLARK CAMPBELL

You are receiving this letter in regard to your recent VA EYE SCREENING.

The

purpose of the screening is to detect specific vision-threatening
conditionssuch as diabetic retinopathy (if you are diabetic), macular degeneration,
andglaucoma. Early detection of eye disease can be important to reduce the
risk of

permanent vision loss.

Your information and testing was reviewed by a licensed VA eye care provider.

The date of review and findings are noted below:

Screening Exam Findings

06/12/2025 No diabetic retinopathy apparent
 No macular degeneration apparent
 No glaucoma apparent

Recommendations:

06/12/2025 Recommend Veteran obtain full eye exam in 1 YEAR

If a VA eye care appointment has been recommended, please call to schedule at

least 30-60 days in advance of the recommended return date If you would like to

schedule an eye appointment, please call 1-800-382-8387 and specify which location you would like to be seen.

If you have already been contacted by the scheduling team and/or have an appointment scheduled, no action is necessary.

*Please note that incidental findings outside the primary focus of this screening may be noted within the detailed report of the visit. This report

can be accessed online through My HealtheVet (www.myhealth.gov) or requested

through your VA Medical Records/Release of Information office.

If you have been seen by a non-VA eye care provider, please bring your records

to your next VA appointment to be scanned into your medical record.

If you are a tobacco user, VA provides tobacco cessation services which can reduce the risk of eye disease as well as risks to your overall health.

Please

discuss with your VA Primary Care team for more information.

Thank you for allowing us to serve you.

VA Healthcare Team

****Digital retinal imaging has been shown to be an effective method of screening for specific eye conditions, but cannot substitute for a comprehensive eye exam. Comprehensive eye exams are recommended every 1-2 years, or more frequently as determined by the presence of risk factors, early signs or symptoms, or known history of eye disease.****

Tele-Eye Imaging Consult

Details

Date entered: June 12, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: KEITH TADAHIKO YAMANISHI

Signed by: KEITH TADAHIKO YAMANISHI

Date signed: June 12, 2025

Note

LOCAL TITLE: Tele-Eye Imaging Consult

STANDARD TITLE: OPHTHALMOLOGY REPORT

DATE OF NOTE: JUN 12, 2025@16:04 ENTRY DATE: JUN 12, 2025@16:04:52

AUTHOR: YAMANISHI, KEITH TAD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

TELE-EYE SCREENING READER NOTE:

IMAGE QUALITY ASSESSMENT:

Image quality adequate

Acceptable with use of filters, contrast, and brightness adjustment

TELE-EYE SCREENING ASSESSMENT:

Diabetic Patient

Type 2

RIGHT RETINAL IMAGES:

Diabetic Retinopathy Assessment:

No Retinopathy Apparent

No indication of diabetic macular edema

Macula Assessment:

No apparent abnormalities

Optic Nerve Head Assessment:

No apparent abnormalities

Other Assessment:

No apparent abnormalities

LEFT RETINAL IMAGES:

Diabetic Retinopathy Assessment:

No Retinopathy Apparent

No indication of diabetic macular edema

Macula Assessment:

No apparent abnormalities

Optic Nerve Head Assessment:

No apparent abnormalities

Other Assessment:

No apparent abnormalities

EYE SCREENING RESULTS:

Diabetic Retinopathy: Normal - No diabetic retinopathy apparent

Macular Degeneration: Normal - No macular degeneration apparent

Glaucoma: Normal - No glaucomatous nerve damage apparent

Other Findings: No other refrerrable findings

TIME-SENSITIVITY:

No time-sensitive, urgent, emergent or life-threatening results.

RECOMMENDATIONS:

Veteran to obtain a comprehensive face-to-face eye exam in 1 year

Can self-refer/direct schedule at appropriate time

Reader verifies that a review of past eye clinic records has been completed
(if
available) and a review for future eye appointments has been completed to help
reduce duplication of care.
Yes

Cumulative time of review and management:
5 minutes or more

* Digital retinal imaging has been shown to be an effective method *
* of screening for conditions such as diabetic retinopathy, but it *
* cannot substitute for a comprehensive face-to-face eye exam. *
* * *
* Comprehensive eye exams are recommended every 1-2 years, or more *
* frequently as determined by the presence of risk factors, early *
* signs or symptoms, or known history of ocular disease. *
* * *
* VA Optometry is a self refer/direct-scheduling service that allows *
* you to call to schedule an appointment without a referral being *
* required. We recommend calling to schedule your appointment at *
* least 90 days in advance of the desired appointment date. *

Appendix (abbreviations):

AC (Anterior Chamber); AREDS (Age Related Eye Disease Study); ARX (Auto Refraction); BID (Two Times Daily); C:D (Cup-to-Disc); CIC (Care In The Community); CPC (Cyclophotocoagulation); CSME (Clinically Significant Macular Edema); DFE (Dilated Fundus Exam); Dorz/Timol (Dorzolamide/Timolol); DSEK (Descemet's Stripping Endothelial Keratoplasty); FAF (Fundus Autofluorescence);

F/U (Follow up); GCC (Ganglion Cell Complex); Gonio (Gonioscopy); H/O (History Of); HTN (Hypertension); HVF (Humphrey Visual Field); IOL (Intraocular Lens); IOP (Intraocular Pressure); K (Keratometry); LASIK (Laser-Assisted In Situ Keratomileusis); MD (Mean Deviation when used with visual field); dB (decibels); MRx (Manifest Refraction); NeoPolyDex/Erythro (Neomycin Polymyxin B Dexamethasone/Erythromycin); NFL (Nerve Fiber Layer); NPDR (Nonproliferative Diabetic Retinopathy); OCT (Optical Coherence Tomography); OD (Right Eye); OS (Left Eye); OU (Both Eyes); PDR (Proliferative Diabetic Retinopathy); PFATs (Preservative Free Artificial Tears); RK (Radial Keratotomy); RNFL (Retinal Nerve Fiber Layer); RTC (Return To Clinic); scVA (Visual Acuity Without Correction/Glasses); SITA (Swedish Interactive Threshold Algorithm); TID (Three Times Daily); UV (Ultraviolet); VA (Visual Acuity); WRx (Prescription glasses currently worn); WRx VA (Visual Acuity With Prescription Glasses); YAG (Yttrium Aluminum Garnet)

/es/ KEITH YAMANISHI, OD
KEITH YAMANISHI, OD
Signed: 06/12/2025 16:05

Tele-Eye Screening Consult

Details

Date entered: June 12, 2025

Location: MCCLELLAN VA CLINIC

Written by: JUDY MORACE

Signed by: JUDY MORACE

Date signed: June 12, 2025

Note

LOCAL TITLE: Tele-Eye Screening Consult
STANDARD TITLE: OPHTHALMOLOGY REPORT
DATE OF NOTE: JUN 12, 2025@09:25 ENTRY DATE: JUN 12,
2025@09:25:17
AUTHOR: MORACE, JUDY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

INITIAL Note

PATIENT DEMOGRAPHICS:
Sex: MALE Date of birth: APR 11, 1950
Patient race: WHITE
Patient ethnicity: NOT HISPANIC OR LATINO

REASON FOR REQUEST:
Tele-Eye Screening for patient at-risk for the following eye condition(s):

Patient is diabetic and at risk for DIABETIC RETINOPATHY:

Diabetes Diagnosis

Information:

Encounter Diagnosis:

02/26/2025@10:30 E11.9 (ICD-10-CM) Type 2 Diabetes Mellitus without
Complications rank: PRIMARY

Prov. Narr. - Type 2 diabetes mellitus (SCT 44054006)

Type 2 Diabetic Patient

Duration of diabetes (years):

6 or more years: Jun, 2010

Information obtained by:

Self-Report

CURRENT DIABETES THERAPY:

Oral agent

Comment: metformin, empagliflozin

History of diabetic eye treatment:

None

Patient is at risk for MACULAR DEGENERATION:

Macular Degeneration Risk Factors

Information:

Reminder Term: VA-AMD RISK FACTORS

Encounter Diagnosis:

02/26/2025@10:30 I25.10 (ICD-10-CM) Atherosclerotic Heart Disease of Native

Coronary Artery without Angina Pectoris rank: SECONDARY

Prov. Narr. - Coronary artery disease (SCT 53741008)

Smoking Status:

Former

Patient identity was verified with 2 separate identifiers prior to the beginning of visit:

Yes

Patient was informed that their information and images will be uploaded securely to the VA computer system and sent to be remotely interpreted by a licensed VA eye care provider. Findings/recommendations will be conveyed to the

primary care provider who will (either directly or by designee) ensure results

are communicated timely and follow up care is coordinated as necessary.

Patient

verbalized understanding of process and consents to proceed:

Yes

Last Retinal Evaluation:

Diabetic Eye Exam

02/05/2019

Date: 02052019

Method of retinal evaluation:

VA Retinal Imaging

Information obtained by:

Patient report

Date of Next Eye Appointment:

Place local data object for future eye exam appointments

No future appointment scheduled:

Veteran desires eye care through the VA

LABS/VITALS:

SLT - Lab Tests Selected

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
02/06/2025 08:21	BLOOD !!	HGBA1c	9.5 H	%	4.1
- 5.7					
10/05/2023 09:41	BLOOD !!	HGBA1c	6.5 H	%	4.1
- 5.7					

!! Indicates COMMENTS AVAILABLE...Refer to Interim Lab Report.

HgbA1c range: Greater than 8

Blood Pressure: 136/65 (03/04/2025 09:30)

INTRAOCULAR PRESSURE (IOP) SCREENING:

IOP NOT measured by imager during eye screening

PUPIL DILATION:

Pupils NOT dilated by imager for eye screening

EDUCATION:

Patient received patient education on routine eye care and the following:
Diabetic Eye Disease

Patient was informed on how and when results should be received. Patient was

instructed on how to contact the appropriate clinical area if results are not

received within expected timeframe.

Yes

The equipment used for this visit was cleaned per manufacturer guidelines.

Imager comment: Pt wears OTC readers 2.5, no visual complaints at this time.

/es/ Judy Morace, LVN

Telehealth, McClellan OPC

Signed: 06/12/2025 09:34

PC Provider Change Note

Details

Date entered: June 9, 2025

Location: LOUIS A. CONTER VA CLINIC

Written by: DEBORAH L SCOTT

Signed by: DEBORAH L SCOTT

Date signed: June 9, 2025

Note

LOCAL TITLE: PC Provider Change Note

STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE

DATE OF NOTE: JUN 09, 2025@14:50 ENTRY DATE: JUN 09,
2025@14:50:24

AUTHOR: SCOTT, DEBORAH L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Who requested the change - Patient.

Why was the request made - administrative purpose

When was the change made: Jun 9,2025.

Who made the change: DEBORAH SCOTT

Request approved by: DEBORAH SCOTT

VETERAN TRANSFERING TO AUBURN VA.

APPT SCHEDULED FOR 6/25@8:00.

ADDING PCMM TO PLEASE UPDATE.

/es/ DEBORAH L SCOTT

Supervisory Medical Support Assistant

Signed: 06/09/2025 14:52

Receipt Acknowledged By:

06/10/2025 10:52 /es/

CHERNENKO, NATALYA

Management and Program

Analyst

Primary Care Secure Messaging

Details

Date entered: June 2, 2025

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: June 2, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 02, 2025@10:55 ENTRY DATE: JUN 02,
2025@07:55:39
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 05/31/2025 11:50 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (NSAC PACT PURPLE) - McClellan
Subject: General:Professional Care

I missed out appointment this week. I apparently had the wrong day.
This is becoming a common occurrence as I've been struggling more and more
with
cognitive issues and managing day to day activities. Part of the problem
deals
with traveling distance for care.

For a diabetes update I plugged into a Sutter diabetes management program
it
includes working with a dietitian who has me managing my daily glucose
levels.
Within a couple of weeks, my levels were all within an acceptable ranges.
I
also had embarked on an exercise program as the pulmonary issues I had all
last
year had subsided . The dietitian believes that the diet and exercise
changes
should provide us with good A1c results later this month.

Because I'm having scheduling and some daily coping problems, I've decided
to
switch my primary care provider closer to home here in the Auburn area

I want share with that your service to this veteran has been exemplary. I'm 75 years old and in the VA healthcare system since I was 19 And without a doubt, you are the best primary care provider I've had during all of these years

Please let me know if you ever move to the Auburn VA clinic. I'd like to be the first in line as your new patient.

I thank you and my family thanks you for all that you've done to keep me upright and now going strong.

Best Regards

Ron Campbell

-----Original Message-----

Sent: 06/02/2025 10:55 AM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: General:Professional Care

Good morning,

I am deeply touched by your kind words and wish you all the best.

It has been my pleasure and honor to take care of you.

Please take care of yourself.

with thanks and gratitude,

Dr. Islam

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 06/02/2025 07:55

Primary Care Secure Messaging

Details

Date entered: May 29, 2025

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: May 29, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 29, 2025@11:24 ENTRY DATE: MAY 29,
2025@08:24:45
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 05/29/2025 10:18 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (NSAC PACT PURPLE) - McClellan
Subject: Medication:Empagliflozin

I am unable to order any of this medication. I have a supply for 11 says.

I have an appointment with you today at 11. Perhaps an additional supply
can be
picked up at pharmacy there.

Regards

Ron Campbell

-----Original Message-----

Sent: 05/29/2025 11:24 AM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK

Subject: Medication:Empagliflozin

Good morning,

I put in the order for window pick up today.
See you soon.

DR. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 05/29/2025 08:24

Scheduling Contact Note

Details

Date entered: May 21, 2025
Location: MCCLELLAN VA CLINIC
Written by: MARIETTE MICHELLE WINTERS
Signed by: MARIETTE MICHELLE WINTERS
Date signed: May 21, 2025

Note

LOCAL TITLE: Scheduling Contact Note
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: MAY 21, 2025@07:51 ENTRY DATE: MAY 21,
2025@07:51:45
AUTHOR: WINTERS, MARIETTE MI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

RTC Contact: PID 05/07/25

The Veteran's chart has been reviewed and the return to clinic order has
been

dispositioned:

None, minimum scheduling attempts met
VAR DISPOSITIONED

/es/ MARIETTE MICHELLE WINTERS

Signed: 05/21/2025 07:52

Scheduling Contact Note

Details

Date entered: May 6, 2025

Location: MCCLELLAN VA CLINIC

Written by: TAMARA LEALOA TUAOLO-LAULU

Signed by: TAMARA LEALOA TUAOLO-LAULU

Date signed: May 6, 2025

Note

LOCAL TITLE: Scheduling Contact Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: MAY 06, 2025@14:26 ENTRY DATE: MAY 06,
2025@14:26:57

AUTHOR: TUAOLO-LAULU, TAMARA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

RTC Contact: PID 5/7/2025

Contact:

Contact 1 - May 6, 2025: Call

Contact 2 - May 6, 2025: Letter mailed

Minimum scheduling effort in progress. Follow up still needed.

/es/ TAMARA LEALOA TUAOLO-LAULU

Signed: 05/06/2025 14:27

Patient Scheduling Attempt Letter

Details

Date entered: May 6, 2025**Location:** MCCLELLAN VA CLINIC**Written by:** TAMARA LEALOA TUAOLO-LAULU**Signed by:** TAMARA LEALOA TUAOLO-LAULU**Date signed:** May 6, 2025

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: MAY 06, 2025@14:26 ENTRY DATE: MAY 06,
2025@14:26:27

AUTHOR: TUAOLO-LAULU, TAMARA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

MAY 06, 2025

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and then option 3 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

Eye Clinic
Northern California Health Care System
Department of Veteran Affairs
5342 Dudley Boulevard
Building 98
McClellan Park, CA 95652-1012

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

Primary Care Secure Messaging

Details

Date entered: May 1, 2025

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: May 1, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 01, 2025@11:57 ENTRY DATE: MAY 01,
2025@08:57:55
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/29/2025 11:38 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (NSAC PACT PURPLE) - McClellan
Subject: Appointment:Ophthalmologist Referral

with a recent 9.5 A1c in Feb and no previous record for over 2 years I
believe
I should be checked for diabetes related eye disease.

Please approve a visit to an Ophthalmologist as soon as possible

Regards

Ron Campbell

-----Original Message-----

Sent: 05/01/2025 11:57 AM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Ophthalmologist Referral

referral sent.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 05/01/2025 08:57

TCP Telephone Care Staff Short Note Only

Details

Date entered: April 29, 2025

Location: MARTINEZ VA MEDICAL CENTER

Written by: ANNA TKACHOVA

Signed by: ANNA TKACHOVA

Date signed: April 29, 2025

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: APR 29, 2025@08:25 ENTRY DATE: APR 29,
2025@08:25:33

AUTHOR: TKACHOVA, ANNA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Vet called req

NSAC Eye Ophthalmology Consult.

Vet had diabetes and is req to be seen as soon as possible.

/es/ ANNA TKACHOVA

msa

Signed: 04/29/2025 08:28

Receipt Acknowledged By:

04/29/2025 15:29 /es/ Parvez S. Islam,

MD

Physician, Primary

Care

Primary Care Secure Messaging

Details

Date entered: March 11, 2025

Location: MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** March 11, 2025**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 11, 2025@12:59 ENTRY DATE: MAR 11,
2025@10:00:01
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 03/11/2025 12:53 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:EMPAGLIFLOZIN 25MG TAB

Received medication. Do I discontinue the metformin?

-----Original Message-----

Sent: 03/11/2025 12:59 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Medication:EMPAGLIFLOZIN 25MG TAB

Hello

Please continue Metformin - the new medication is in addition to metformin.

DR. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 03/11/2025 10:00

Cardiology Case Manager Note

Details

Date entered: March 4, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NORMITA FRANCISCO STA ROSA

Signed by: NORMITA FRANCISCO STA ROSA

Date signed: March 4, 2025

Note

LOCAL TITLE: Cardiology Case Manager Note

STANDARD TITLE: CARDIOLOGY CASE MANAGER NOTE

DATE OF NOTE: MAR 04, 2025@09:22 ENTRY DATE: MAR 04,
2025@09:22:29

AUTHOR: STA ROSA,NORMITA FR EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

SAC CARDIOLOGY RNCM APPOINTMENT:

This is a ☒ F2F appointment

☐ phone appointment

☐ VVC appointment

This veteran is scheduled today for F2F appointment.

Patient was identified by full name, SS# and/or birthdate.

Reason for appointment: Volume check

☒ other (please describe): Volume check

Per NP Nguyen on 2/28/25:

"can you please have pt come in for a visit with you for volume assessment?
any

other HF symptoms, orthopnea? PND? does the swelling come and go? Is it more swollen as the day progress? does it go down with elevation? et...is he weighing himself in similar clothing? That's a lot of wt gain for one day. Exercise?

Thank you."

Vet self presented to cardiology alert, fully ambulatory in good spirits states

"I brought the weighing scale at home that I am using to compare wts., vet speaking clearly completing full sentences w/o any sign of distress.

I weighed this morning as you instructed weighing myself now w/ least amount of clothes most of the time naked same time in the morning and on the same scale.

Wt today at home (naked) 184 lbs was 185 lbs yesterday 3/3 and was 183 lbs on Sunday, 3/2 but got to admit was cooking for my family for my grandkid's sleepover had hamburgers, probably ate quite a bit.

V/S on arrival:

T 96.9 P 76 RR 20 BP 136/65 Wt 191.7 "with all these clothes, shoes" Pain 5/10

"chronic back pain, I take Tylenol for that" O2 sat 97% on RA

On vet's scale vet's weighs 189 lbs (with his clothes shoes today), 2 lbs difference.

Cardiac review of systems:

[x]N []Y Chest pain:

[]N [x]Y Shortness of breath: "only when really exerting but significantly improved for 2 weeks now"

[x]N []Y Orthopnea: "really using extra pillow at night mostly my travel pillow

for neck comfort".

☒N ☐Y Palpitations:

☒N ☐Y Weakness or fatigue: "actually increased my activity tolerance, can do

more compared to 2 weeks ago and more active".

☒N ☐Y Lightheadedness/Dizziness

☐N ☒Y Swelling of legs, ankles, or feet: "Trace edema above ankles, getting

better almost gone, putting them up".

☒N ☐Y Weight gain >=3 lbs in <5 days OR Weight loss:

Urine output ☒ good ☐ fair ☐ poor

Urine color ☒ light yellow ☐ dark yellow ☐ amber

=====

OBJECTIVE:

=====

Vitals:

Wt: 187 lb [84.82 kg] (12/26/2024 12:32) Measurement DT WEIGHT
 LB(KG)[BMI]
 12/26/2024 12:32 187(84.82)[28*]
 09/04/2024 07:58 194(88.00)[29*]
 04/25/2024 12:57 194.9(88.41)[29*]
 03/25/2024 10:22 194.7(88.31)[29*]
 Temp: 97 F [36.1 C] (12/26/2024 12:32)
 HR: 64 (12/26/2024 12:32)
 BP: 136/72 (12/26/2024 12:32)

=====

Pertinent labs:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							
02/06/2025 08:21	PLASMA	204 H	18	0.77	136	3.8	101
27							
06/10/2024 08:25	PLASMA			0.77			

** Additional Results available outside occurrence limit **

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
12/26/2024 13:22	BLOOD	19.9 H	13.9 L	43.8	90.5	31.7 L	314
05/01/2024 07:51	BLOOD	6.9	14.0	43.8	90.9	32.0	217

Collection DT Spec BNP
12/26/2024 13:22 PLASM 95

=====

MEDICATION INVENTORY:

=====

The veteran's current medications reviewed with the patient and/or caregiver. A written list was offered.

[]N [x]Y Veteran takes his/her medications regularly.
[]N [x]Y Veteran takes medications as directed.
[x]N []Y Has the veteran missed or skipped any treatment.

"I am still taking my Rosuvastatin at home but it dropped from my list, I think it needs renewal but I got plenbty at home for now".

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) AEROCHAMBER Z-STAT PLUS USE AEROCHAMBER BY MOUTH AS DIRECTED - USE WITH METERED-DOSE INHALER.	ACTIVE
2) ALBUTEROL SO4 0.083% INHL 3ML USE 1 PILLOW (3 ML) IN NEBULIZER EVERY 6 HOURS AS NEEDED FOR BREATHING	ACTIVE
3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
4) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE (S)
5) EMPAGLIFLOZIN 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES	ACTIVE
6) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE (S)
7) FLUTICASONE 230/SALMET 21MCG 120D INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 12 HOURS FOR ASTHMA - RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER EACH DOSE. THIS REPLACES WIXELA.	ACTIVE (S)

8)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE
9)	LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.	ACTIVE
10)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
11)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE (S)
12)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA FOR ASTHMA	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
14)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Inactive Outpatient Medications

Status

=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.)	EXPIRED
2)	AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	EXPIRED
3)	ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE DAILY TO PREVENT A STROKE OR HEART ATTACK STOP CLOPIDOGREL ONCE YOU START ASPIRIN	EXPIRED
4)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	EXPIRED
5)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	EXPIRED
6)	SODIUM CHLORIDE 3% INHL 4ML INHALE 1 PILLLOW (4ML) BY NEBULIZER TWICE A DAY FOR MUCUS - TO BE USED WITH	EXPIRED

NEBULIZER.

Active Non-VA Medications	Status
=====	
1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

21 Total Medications

Last Cardiology appointment was on: 11/8/2024

Per NP: Nguyen,H. last note dated : 11/8/24

"=====

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80 - mgmt per pcp

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS

-completed dual therapy with Plavix 75mg QD/DOAC x 30 months (9/24/2023),
 -cont ASA 81mg daily, given stent thrombosis and no bleeding issues, preference is to maintain antiplatelet agent, if any concerns for bleeding in the future could stop ASA and do DOAC monotherapy.

-Beta-blocker: cont metoprolol succinate 12.5mg, prev stopped Bisoprolol due to brady

-cont. amlodipine 5mg daily,

-cont. Losartan 50mg daily

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

-use pedal exerciser

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: at goal LDL <70

-cont. rosuvastatin 40mg QD

-cont. Zetia 10mg daily
-repeat LP

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM), pt tolerating doac

-Rate control: BB as above

-Anticoagulation: cont. dabigatran 150mg BID

#SOB:pt denies and SOB here, states for some reason his advir was stopped, SOB

resovled after pulm restarted advir and pt started pulm rehab.

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

-Patient was counseled on dietary and lifestyle modifications to manage hypertension and cardiovascular risk to include consumption of a low-sodium (<1500mg/day), Pesco-Mediterranean diet; performance of 150

minutes/week moderate intensity aerobic exercise; moderation of alcohol consumption; avoidance of NSAIDs; receipt of age appropriate vaccinations/annual

influenza vaccinations

F/U: 8 months or sooner prn"

=====

PATIENT EDUCATION:

=====

Advised patient and family on Self-Care in managing condition at home:

- * Reinforced the importance of taking medications regularly as prescribed.
- * Monitor your blood pressure and heart rate regularly and record it. Bring it to your next appointment. Follow your doctor`s advice to control blood pressure.

- * Weigh yourself daily and record your weight, take this record to your doctor's visit. Call and notify the Clinic or Telehealth if you're having weight gain of 3-5 lbs in a day or a week, or cough up pink or frothy mucus with mild shortness of breath.
- * Limit your salt intake to less than 2 gm/day and fluid intake of less than 2 L/day or as discussed with your provider.
- * Eat a heart healthy diet, low fat low cholesterol diet. Have 5-6 small meals a day instead of 3 large meals.
- * Stay active as you can. Get regular exercise. Follow your doctor's advice. Practice relaxation techniques.
- * Limit alcohol drink to 1 drink (4-5 oz. of wine or 12 oz. of beer) a day, if at all.
- * Modify your daily activities as needed. Pace yourself and do not place too heavy a demand on your heart.
- * Do not smoke. If you smoke, quit. Reinforce to veteran that smoking increases heart rate, tightens major arteries, causes irregular heart rhythm which makes the heart work harder. It also raises blood pressure and increases the risk of stroke.
- * Maintain a normal body weight.
- * Take water pill early in the morning for daily medication and /or in the afternoon if taken twice a day. Night time diuresis will disturb sleep.
- * advised on cardiac diet: limit saturated and trans fat such as fried foods, high fat meats, high fat dairy products, butter and creams, processed food. Limit cholesterol in your diet such as egg yolk, fatty meats, whole milk, cheese, shrimp. Limit sodium in your diet.

Veteran notified to GET IMMEDIATE CARE if he/she has symptoms of:

- too short of a breath to say a few words without wheezing or stopping to

catch breath

- chest pain not relieved by rest or nitroglycerin, (may spread to the arms, neck, tooth, jaw or back, feeling of tightness, burning, squeezing, fullness or heaviness in the chest, chest discomfort accompanied with shortness of breath, fast or uneven pulse, sweating, lightheadedness, severe indigestion that doesn't go away, nausea or fainting)
- fainting or blackout spells
- persistent heart racing

Signs of Stroke:

- Sudden numbness, or weakness in the face, arm or leg especially on one side of the body
- Sudden confusion, trouble speaking, or difficulty understanding speech
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness or loss of balance or lack of coordination

=====

* LEVEL OF UNDERSTANDING: ☒good ☐fair ☐poor

=====

REMINDER OF UPCOMING APPTS:

Future Appointments: Date Time Clinic

=====

07/14/2025 14:00 SAC CARDIO NP 2

07/16/2025 10:00 SAC PHONE NEURO NP

Reviewed above with NP Nguyen greeted vet.

Veteran expressed understanding of these instructions d/c in stable condition.

Total time spent with patient/caregiver/family: 20-25 mins

/es/ Normita F. Sta Rosa, RN
RN CARE MANAGER, Cardiology Spec Clinic, Mather
Signed: 03/04/2025 09:46

Receipt Acknowledged By:
03/04/2025 11:01 /es/ Hoang Thuy Nguyen,
NP
Medical Service,
Cardiology

Preventive Health Screen 11514

Details

Date entered: March 4, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEKISU REBECCA OFOSE
Signed by: BEKISU REBECCA OFOSE
Date signed: March 4, 2025

Note

LOCAL TITLE: Preventive Health Screen 11514
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: MAR 04, 2025@08:05 ENTRY DATE: MAR 04,
2025@08:05:31
AUTHOR: OFOSE,BEKISU REBECC EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:
Info Only: VA Video Connect Capable:

Tobacco Use Screening:
The patient is a former cigarette smoker.

The patient has never used other types of tobacco.

/es/ BEKISU R. OFOSE, LVN

LVN

Signed: 03/04/2025 08:06

Primary Care Secure Messaging

Details

Date entered: March 3, 2025

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: March 3, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 03, 2025@11:56 ENTRY DATE: MAR 03,
2025@08:56:49

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 03/02/2025 11:51 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Medication:CHOLECALCIF

Please renew prescription

Also have appointment with Cardio on Tuesday for evaluation. Thanks for
your
quick referral

Ron Campbell

-----Original Message-----

Sent: 03/03/2025 11:56 AM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Medication:CHOLECALCIF

done

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 03/03/2025 08:56

Patient Scheduling Attempt Letter

Details

Date entered: February 28, 2025

Location: MCCLELLAN VA CLINIC

Written by: MARY LIN HELFRICK

Signed by: MARY LIN HELFRICK

Date signed: February 28, 2025

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: FEB 28, 2025@06:13
2025@06:13:17

ENTRY DATE: FEB 28,

AUTHOR: HELFRICK, MARY LIN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANHCSS)

FEB 28, 2025

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you a follow up appointment May 2025 with your primary care provider in VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and 2 again for Primary Care scheduling team, Monday- Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

Primary Care Clinic
Northern California Health Care System
Department of Veteran Affairs
5342 Dudley Boulevard
Building 88
McClellan Park, CA 95652-1012

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

Scheduling Contact Note

Details

Date entered: February 28, 2025

Location: MCCLELLAN VA CLINIC

Written by: MARY LIN HELFRICK

Signed by: MARY LIN HELFRICK

Date signed: February 28, 2025

Note

LOCAL TITLE: Scheduling Contact Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: FEB 28, 2025@06:12 ENTRY DATE: FEB 28,
2025@06:12:33

AUTHOR: HELFRICK, MARY LIN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

RTC Contact: follow up

Minimum scheduling effort in progress. Follow up still needed.- lvm, letter sent

/es/ MARY LIN HELFRICK

Signed: 02/28/2025 06:13

Cardiology Secure Messaging

Details

Date entered: February 27, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NORMITA FRANCISCO STA ROSA

Signed by: NORMITA FRANCISCO STA ROSA

Date signed: February 27, 2025

Note

LOCAL TITLE: Cardiology Secure Messaging

STANDARD TITLE: CARDIOLOGY SECURE MESSAGING

DATE OF NOTE: FEB 27, 2025@14:07 ENTRY DATE: FEB 27,
2025@11:07:21

AUTHOR: STA ROSA, NORMITA FR EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 02/26/2025 07:14 PM ET

From: CAMPBELL, RONALD CLARK

To: Cardiology - Mather.@"

Subject: General:Edema

Linda:

I had a phone appointment today with my Veterans Administration primary healthcare provider Dr Islam

Apparently, my A1c jump to 9.5 from a previous level of 7.5.

He is prescribing a new medication in order to address the issue

During the conversation I added that I had developed edema in my lower legs

He then asked about my Cardiology care

I explained to him that when I was suffering from breathing issues earlier in

2024 I received an EKG and an echocardiogram from your department.

He seemed to think that the edema is something that you should be aware of

I hope you are doing well

Regard

Ron Campbell

-----Original Message-----

Sent: 02/27/2025 02:06 PM ET

From: STA ROSA, NORMITA FRANCISCO

To: CAMPBELL, RONALD CLARK

Subject: General:Edema

Hello Mr. Campbell. Thank you for the email. Will make sure you cardiology provider gets your message. Talk to you soon.

/es/ Normita F. Sta Rosa, RN

RN CARE MANAGER, Cardiology Spec Clinic, Mather

Signed: 02/27/2025 11:07

Receipt Acknowledged By:

02/28/2025 13:42 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

02/28/2025 ADDENDUM

STATUS: COMPLETED

can you please have pt come in for a visit with you for volume assessment?
any

other HF symptoms, orthopnea? PND? does the swelling come and go? Is it
more

swollen as the day progress? does it go down with elevation? et...is he
weighing

himself in similar clothing? That's a lot of wt gain for one day. Exercise?

Thank you

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 02/28/2025 13:45

Receipt Acknowledged By:

02/28/2025 14:29 /es/ Normita F. Sta Rosa,
RN

RN CARE MANAGER, Cardiology Spec Clinic,
Mather

02/28/2025 ADDENDUM

STATUS: COMPLETED

Vet ID's

Spoke to vet, states "not SOB, both LE swollen but same as yesterday, no change.
I forgot to tell you that I ma using 2 scales at home but one is off 2 lbs I
think. So my wt yesterday was really 188 lbs, 2 days bef. that was 184 and
185
lbs. My wt is ave. 184-188 lbs usually. Yes I weigh myself about the same
time
in the morning after doing my spa, weighs myself w/o clothes. But I used
the
same weiging scale the last 3 days (the that is off)".

Vet instructed to weigh self w/ least amt. of clothes or as before naked
uniformly, about the same time in the morning everyday using one weighing
scale.

Limit fluid intake to not >2L/24 hrs, elevate LE. Vet acknowledged.

Vet amenable to come to RN f2f clinic on Tuesday, 3/4/25 at 8:00 AM, will
bring
his weighing scale. RTC placed.

/es/ Normita F. Sta Rosa, RN
RN CARE MANAGER, Cardiology Spec Clinic, Mather
Signed: 02/28/2025 14:52

Receipt Acknowledged By:

03/04/2025 10:59 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

Cardiology Case Manager Note

Details

Date entered: February 27, 2025**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** NORMITA FRANCISCO STA ROSA**Signed by:** NORMITA FRANCISCO STA ROSA**Date signed:** February 27, 2025

Note

LOCAL TITLE: Cardiology Case Manager Note

STANDARD TITLE: CARDIOLOGY CASE MANAGER NOTE

DATE OF NOTE: FEB 27, 2025@13:45 ENTRY DATE: FEB 27,
2025@13:45:51

AUTHOR: STA ROSA,NORMITA FR EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

SAC CARDIOLOGY RNCM APPOINTMENT:

This is a ☐ F2F appointment
☒ phone appointment
☐ VVC appointment

This veteran is scheduled today for phone appointment.

Patient was identified by full name, SS# and/or birthdate.

Reason for appointment: Follow up call on vet's sec. message sent.

RNCM called and spoke to this veteran.

Vet reports "had a an appt. w/ my pcp Dr. Islam and my A1c jump to 9.5 from
a

previous level of 7.5, he also noticed my leg swelling and asked me to reach out to my cardiologist.

For a month now, my lower legs abt 4 in. above my ankles are swollen, noticed a ring and an indentation around my lower legs when I remove my socks.

Had resp. issues back last year w/ covid and PNA had seen Pulm. doctors and prescribed meds, breathing issues had improved, so no SOB in that regards, only when I exert but a lot better than I was. No cough." Vet spekaing clearly completing full sentences w/o sign of distress, in good spirits repeatedly thanking writer for the quick call. "my best care is from you all".

Vet denies CP, no dizziness, no heart racing, tired but going back to my walking as my body is recovering nicely from all of those resp. issues early last year and thru the fall of 2024. Urinating good, so good my urine is almost clear!

BP 116/60 HR 52 wt today, 2/27/25 192 lbs was 184 lbs yesterday, and 185 lbs the day before. Got to admit I had been eating , I was stuck in the house for so long, I can only got se my refrigerator to comfort myself. My wife is an excellen support, she is good to me.

The last time I had all these swelling they did cardiac work up and they were all good.

Discussed all my medications with my pcp yesterday, taking them all".

Reiterated with vet to cont. on heart healthy diet (more fruits,veg, whole grains), stay active /hydrate but not >2L/24 hrs, limit /avoid salt, stay active, monitor BP/HR wts. Keep provider updtad if experiencing worsening symptoms.

ER prec for P not relieved by rest, SOB w/ wt gain of 5 lbs in a week,
inc.
swelling. Safety/fall/bleeding prec.

May also call:

Telephone Advice Nurse: 1-800-382-8387 ; off business hours can ask to
page

NORTHERN CALIFORNIA HEALTH CARE SYSTEM CARDIOLOGY FELLOW ON
CALL or you may visit the nearest Urgent Care/Emergency room.
Veterans Crisis Line: 1-800-273-8255 (press 1)

Vet very appreciative of the call expressed understanding of this
onstructions.

03/12/2025 10:30 SAC PULMONARY FELLOW 5

07/14/2025 14:00 SAC CARDIO NP 2

07/16/2025 10:00 SAC PHONE NEURO NP

Total time spent with patient/caregiver/family: 10-15 mins

Will tag provider w/ this message.

/es/ Normita F. Sta Rosa, RN
RN CARE MANAGER, Cardiology Spec Clinic, Mather
Signed: 02/27/2025 14:08

Receipt Acknowledged By:
02/28/2025 13:41 /es/ Hoang Thuy Nguyen,
NP
Medical Service,
Cardiology

Preventive Health Screen 11514

Details

Date entered: February 27, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NORMITA FRANCISCO STA ROSA

Signed by: NORMITA FRANCISCO STA ROSA

Date signed: February 27, 2025

Note

LOCAL TITLE: Preventive Health Screen 11514
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: FEB 27, 2025@11:25 ENTRY DATE: FEB 27,
2025@11:25:28
AUTHOR: STA ROSA,NORMITA FR EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:

Suicide Screen:

C-SSRS Screening

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished
you
could go to sleep and not wake up?
No
2. Over the past month, have you had any actual thoughts of
killing
yourself?
No
3. Over the past month, have you been thinking about how you
might
do
this?
Response not required due to responses to other questions.
4. Over the past month, have you had these thoughts and had some

intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out

the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out

this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

/es/ Normita F. Sta Rosa, RN

RN CARE MANAGER, Cardiology Spec Clinic, Mather

Signed: 02/27/2025 14:46

Primary Care Telephone Note

Details

Date entered: February 26, 2025

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: February 26, 2025

Note

LOCAL TITLE: Primary Care Telephone Note
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: FEB 26, 2025@10:58 ENTRY DATE: FEB 26,
2025@10:59:56
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

The patient was identified by the with the following methods: Name, DOB,
and
SSN.

The patient is a 74 year old MALE called in for scheduled telephone
appointment.

CHIEF COMPLAINT / REASON FOR VISIT:

Discuss recent labs

HISTORY OF PRESENT ILLNESS:

Veteran is a 74-year-old diabetic gentleman whose diabetes have been mostly
well-controlled with low-dose metformin. But since last lab draw in
October
till now his hemoglobin A1c has gotten significantly elevated. He was sick
with multiple chronic episodes including COPD flare, recent pneumonia,
COVID
and required few dosage of steroid. But overall he is feeling better now.
He
understands the importance of controlling his diabetes.

According to him he
was tested by his outside VA cardiologist as well as pulmonologist recently
recent echocardiogram did not show any sign of congestive heart failure
although he is having some leg swelling that has been becoming more
obvious.
No leg pain, no redness. He has not been seen by me for more than a year
now.
Although you have been in constant communication through secure messaging.

Veteran does not offer any other complaints at this time.

Patient denies bowel changes, BRBPR, cough, HA, rash, swellingfever, lack of appetite, weight loss.

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease 06/01/21
NGUYEN, HOANG TH
2. Long-term current use of anticoagulant 12/31/19 HAN, ELDI
KYOUNG
on pradaxa (afib/CVA risk reduction, and hx of PE)
3. Obstructive sleep apnea syndrome 09/30/19
PANOSSIAN, LORI
4. AF- Atrial Fibrillation (SCT 49436004) 06/20/19 HAN, ELDI
KYOUNG
Dx 6/2019
5. Pulmonary embolism 06/20/19 HAN, ELDI
KYOUNG
6. Hypertension (SNOMED CT 38341003) 01/23/20 HAN, ELDI
KYOUNG
Added from station 654 as a result of CBOC move.
7. Degenerative joint disease of knee (SCT 05/06/22
ISLAM, PARVEZ S
239873007)
Added from station 654 as a result of CBOC move.
8. Prostate cancer (SNOMED CT 254900004) 12/03/19 HAN, ELDI
KYOUNG
Added from station 654 as a result of CBOC move.
9. Chronic cluster headache (SNOMED CT 230473009) 09/21/20
NICKERSON, GASON
Added from station 654 as a result of CBOC move.
10. Adjustment Disorder with Mixed Emotional 09/30/19 LWIN, HTWE H
Features (SCT 55668003)
Added from station 654 as a result of CBOC move.

11. Polyp Colon (SCT 68496003)	09/30/19	LWIN, HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
12. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
13. Dysthymia	02/08/16	
BAHTEN, REGINA S		
14. Chronic pain syndrome	12/08/15	
BAHTEN, REGINA S		
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS *	04/02/14	
BAHTEN, REGINA S		
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/21	
NICKERSON, GASON		
18. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	08/12/22	
NICKERSON, GASON		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

MEDICATIONS:

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: TAKE ONE CAPSULE BY MOUTH TWICE
A

DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN
MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.

METOPROLOL SUCCINATE 25MG SA TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE

DAILY FOR HEART

EZETIMIBE 10MG TAB Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR
CHOLESTEROL

FLUTICASONE 230/SALMET 21MCG 120D INHL Sig: INHALE 2 PUFFS BY ORAL
INHALATION

EVERY 12 HOURS FOR ASTHMA - RINSE MOUTH WITH WATER WITHOUT SWALLOWING
AFTER

EACH DOSE. THIS REPLACES WIXELA.

LORATADINE 10MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR
ALLERGIES

ALBUTEROL SO4 0.083% INHL 3ML Sig: USE 1 PILLOW (3 ML) IN NEBULIZER EVERY
6

HOURS AS NEEDED FOR BREATHING

MONTELUKAST NA 10MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR
ASTHMA

FOR ASTHMA

TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL Sig: INHALE 2 INHALATIONS (5MCG)
BY

ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2
INHALATIONS IN 24 HOURS.

GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Sig: INJECT 300 MG (3 ML) UNDER
THE

SKIN ONCE A MONTH FOR HEADACHE PREVENTION

SODIUM CHLORIDE 3% INHL 4ML Sig: INHALE 1 PILLOW (4ML) BY NEBULIZER TWICE
A

DAY FOR MUCUS - TO BE USED WITH NEBULIZER.

PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR
STOMACH PROTECTION - FOR STOMACH ACID.

LIDOCAINE 5% PATCH Sig: APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN -
REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO
CLEAN

& DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST
PAINFUL
AREA.

AEROCHAMBER Z-STAT PLUS Sig: USE AEROCHAMBER BY MOUTH AS DIRECTED - USE
WITH
METERED-DOSE INHALER.

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Sig: INHALE 2 PUFFS BY ORAL
INHALATION

FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE
WITH

WATER AT LEAST ONCE WEEKLY.)

Active Non-VA Meds

=====

1) ACETAMINOPHEN 650MG MOUTH TWICE A DAY AS NEEDED

OVER THE COUNTER/SUPPLEMENTS:

UPDATED LIST GIVEN TO PATIENT AT END OF VISIT

ALLERGIES:

PENICILLIN, PREDNISONE, BISOPROLOL

PHYSICAL EXAMINATION:

Vitals - most recent

BMI: 27.7
Height: 69 in [175.3 cm] (03/25/2024 10:22)
Weight: 187 lb [84.82 kg] (12/26/2024 12:32)
Temp: 97 F [36.1 C] (12/26/2024 12:32)
Pulse: 64 (12/26/2024 12:32)
Respirations: 24 (12/26/2024 12:32)
BP: 136/72 (12/26/2024 12:32)
Pain: 0 (12/26/2024 12:32)

EXAM:

General :Alert, awake and oriented to time, place and person.

ALL RECENT LABS WERE REVIEWED WITH THE PATIENT

our blood sugar/diabetes is out of control please make a follow-up appointment

either with me or your outside VA provider at Sutter as soon as possible to

discuss sleep medication adjustment.

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
HGBA1c & eAG			
HGBA1c	9.5 H	%	4.1 - 5.7
eAG	226 H	mg/dL	74 - 118
COMPREHENSIVE METABOLIC PANEL			
GLUCOSE	204 H	mg/dL	74 - 118
UREA NITROGEN	18	mg/dL	8 - 26
CREATININE	0.77	mg/dL	0.5 - 1.1
SODIUM	136	mmol/L	136 - 144
POTASSIUM	3.8	mmol/L	3.4 - 4.8
CHLORIDE	101	mmol/L	98 - 106
CO2	27	mmol/L	23 - 33
CALCIUM	9.0	mg/dL	8.7 - 10.2
PROTEIN, TOTAL	6.6	g/dL	6.5 - 8.1
ALBUMIN	4.0	g/dL	3.3 - 4.8
BILIRUBIN, TOTAL	0.5	mg/dL	.3 - 1.2
ALKALINE PHOSPHATASE	69	IntUnits/L	37 - 107
AST (SGOT)	37	IntUnits/L	8 - 42
ALT (SGPT)	36	IntUnits/L	5 - 55
eGFR (CKD-EPI)	>90		Ref: >=60
ANION GAP	8	mmol/L	2 - 13
LIPID PANEL			
TRIGLYCERIDE (Non-Fastin	88	mg/dL	Ref: <=150
CHOLESTEROL	133	mg/dL	Ref: <=200
HDL CHOLESTEROL	58	mg/dL	Ref: >=40
LDL CHOLESTEROL, CALCULAT	58	mg/dL	Ref: <=160

ASSESSMENT/PLAN: The patient is a 74 year old MALE with

1. uncontrolled diabetes mellitus

Add empagliflozin 12.5 mg p.o. daily along with metformin

Repeat labs in 3 months and then follow-up face-to-face with me

2. COPD

Status post pulmonary rehab

3. Coronary artery disease, atrial fibrillation

Followed by cardiology

On appropriate medication as well as anticoagulation

4. Hypertension

Controlled with current regimen

5. Fatigue

Improving

ORDERS: Labs

CONSULTS: None

FOLLOW UP: 3 months

Sooner if needed

Total time 18 minutes

MAS CLINIC VISITS FUTURE

03/12/2025 10:30 SAC PULMONARY FELLOW 5

07/14/2025 14:00 SAC CARDIO NP 2

07/16/2025 10:00 SAC PHONE NEURO NP

Letter Reminders

RECALL DATE	CLINIC

No data available

EDUCATION: The patient acknowledges and endorses the care plan delineated above.

**See clinical reminders below for additional educational efforts:

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 02/26/2025 11:06

Primary Care Secure Messaging

Details

Date entered: February 25, 2025

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: February 25, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: FEB 25, 2025@12:08 ENTRY DATE: FEB 25,
2025@09:08:23
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/25/2025 09:35 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Appointment:A1c Tomorrow phone appointment
Attachments: 2025 A1c HISTORY RONALD CAMPBELL 2702.png (13.23 KB)

Completed this review. Thought it would be helpful for our discussion
regarding
diabetes management plan.

Ron

-----Original Message-----

Sent: 02/25/2025 12:08 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Appointment:A1c Tomorrow phone appointment

thank you.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 02/25/2025 09:08

V21 PHARMACY CCC NOTE

Details

Date entered: February 11, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: DIANE MILDRED VALDEZ FLORES
Signed by: DIANE MILDRED VALDEZ FLORES
Date signed: February 11, 2025

Note

LOCAL TITLE: V21 PHARMACY CCC NOTE
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: FEB 11, 2025@10:30 ENTRY DATE: FEB 11,
2025@10:30:19
AUTHOR: VALDEZ FLORES,DIANE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Who is calling: Veteran

Previous RX (qty #3 for 90 day supply):
OUTPT GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML (Status = Discontinued)
INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE
PREVENTION
Rx# 27219139 Last Released: 1/13/25 Qty/Days Supply: 3/90
Rx Expiration Date: 1/3/26 Refills Remaining: 3
Indication: FOR HEADACHE PREVENTION

New Rx (edited qty #9 for 90 day supply):
OUTPT GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML (Status = Active/Suspended)
INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE

PREVENTION

Rx# 71450898 Last Released:

Qty/Days Supply: 9/90

Rx Expiration Date: 1/3/26

Refills Remaining: 3

Indication: FOR HEADACHE PREVENTION

REASON FOR CALL:

-Medication Question/Chief Complaint:

Pt called stating he received box of #3 injections for a 90 day supply, however he uses all 3 injections for one dose (= 300mg) once a month.

Pt

requesting rx to be shipped before March injection

Action(s) Taken:

- Edited Rx to reflect qty #9 for 90 day supply
- Rx processed for mail

=====

Mailing address & phone number confirmed with caller:

No

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Phone:(206) 295-2554

=====

Future Appointments: 6 months

03/12/2025 10:30 SAC PULMONARY FELLOW 5

07/14/2025 14:15 SAC CARDIO NP 2

07/16/2025 10:00 SAC PHONE NEURO NP

/es/ DIANE VALDEZ FLORES

V21 CCC CLINICAL PHARMACIST

Signed: 02/11/2025 10:33

V21 PHARMACY CCC MEDICATION RENEWAL REFILL REQUEST NOTE**Details****Date entered:** February 11, 2025**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** CYNTHIA I CURIEL**Signed by:** CYNTHIA I CURIEL**Date signed:** February 11, 2025**Note**

LOCAL TITLE: V21 PHARMACY CCC MEDICATION RENEWAL REFILL REQUEST

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: FEB 11, 2025@09:50 ENTRY DATE: FEB 11,
2025@09:50:47

AUTHOR: CURIEL, CYNTHIA I EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Request received through Telephone

Requestor: Veteran

=====
Type of Request: (Please take action on the following)

-Veteran is requesting a RENEWAL

=====
Medication(s) requested:

TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL (Status = EXPIRED)

INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR
BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Rx# 71356235 Last Released: 9/9/24 Qty/Days Supply: 3/90

=====
Veteran's requested method of pickup:

Mail

Mailing address & phone number confirmed with caller:

Yes

1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722
Phone:(206) 295-2554

=====
Primary care provider/specialist added as additional signer to review
request

=====
IMPORTANT: This note was created by VA Health Connect Clinical Contact
Center
staff. Please do not alert the staff member by adding them as an
Additional
Signer for future communications. Alerts are not monitored by this user.

/es/ CYNTHIA I CURIEL
PHARMACY TECHNICIAN
Signed: 02/11/2025 09:51

Receipt Acknowledged By:
02/12/2025 08:59 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

LAB RESULTS (AUTO PRINT)

Details

Date entered: February 7, 2025
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: February 13, 2025

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)

STANDARD TITLE: LETTERS

DICT DATE: FEB 07, 2025@03:15:12 ENTRY DATE: FEB 07,
2025@03:15:16

DICTATED BY: ISLAM, PARVEZ S EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

SUBJECT: LAB RESULTS - Single Note 37 lines - provider may edit or
comment

*** LAB RESULTS (AUTO PRINT) Has ADDENDA ***

Dear Veteran: RONALD CLARK CAMPBELL

Thank you for choosing the Northern California VA Healthcare System as
yourhealth care provider. Below are your Feb 06 2025 test results. For any
questions, please contact your health care team by calling the VA Call
Center

at 800-382-8387 or send a secure message in MyHealtheVet.

Your blood sugar/diabetes is out of control please make a follow-up
appointmenteither with me or your outside VA provider at Sutter as soon as possible
to
discuss sleep medication adjustment.

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
HGBA1c & eAG			
HGBA1c	9.5 H	%	4.1 - 5.7
eAG	226 H	mg/dL	74 - 118
COMPREHENSIVE METABOLIC PANEL			
GLUCOSE	204 H	mg/dL	74 - 118
UREA NITROGEN	18	mg/dL	8 - 26
CREATININE	0.77	mg/dL	0.5 - 1.1

SODIUM	136	mmol/L	136 - 144
POTASSIUM	3.8	mmol/L	3.4 - 4.8
CHLORIDE	101	mmol/L	98 - 106
CO2	27	mmol/L	23 - 33
CALCIUM	9.0	mg/dL	8.7 - 10.2
PROTEIN, TOTAL	6.6	g/dL	6.5 - 8.1
ALBUMIN	4.0	g/dL	3.3 - 4.8
BILIRUBIN, TOTAL	0.5	mg/dL	.3 - 1.2
ALKALINE PHOSPHATASE	69	IntUnits/L	37 - 107
AST (SGOT)	37	IntUnits/L	8 - 42
ALT (SGPT)	36	IntUnits/L	5 - 55
eGFR (CKD-EPI)	>90		Ref: >=60
ANION GAP	8	mmol/L	2 - 13
LIPID PANEL			
TRIGLYCERIDE (Non-Fastin	88	mg/dL	Ref: <=150
CHOLESTEROL	133	mg/dL	Ref: <=200
HDL CHOLESTEROL	58	mg/dL	Ref: >=40
LDL CHOLESTEROL, CALCULAT	58	mg/dL	Ref: <=160

02/13/2025 ADDENDUM

STATUS: COMPLETED

Please schedule a telephone appointment to discuss his recent blood test results.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 02/13/2025 08:32

Receipt Acknowledged By:

02/13/2025 10:49 /es/ MARY LIN
HELFRICK

Sincerely,

/es/ Parvez S. Islam, MD
Physician, Primary Care

Patient Record Number 7468482

Primary Care Secure Messaging

Details

Date entered: January 23, 2025

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: January 23, 2025

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JAN 23, 2025@11:49 ENTRY DATE: JAN 23,
2025@08:49:34
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 01/22/2025 11:36 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:A1c

I have gone through 78 pages of lab reports on the Blur Button report and I can't find any A1c test results.

I have my required Medicare annual physical coming up and would like to have the most recent A1c results.

Thanks

Ron Campbell

-----Original Message-----

Sent: 01/23/2025 11:49 AM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Test:A1c

Good morning

You have not had a hemoglobin A1c since 2023.

I have attached the results here. I also ordered new labs if you want to get it done in the next few weeks that would be helpful. Also some point make an appointment to see me as you have not been seen by me for quite some time.

Take care

Dr. Islam

----- HGBA1c -----

BLOOD	Oct 05 2023 09:41	Units	Reference Ranges

HGBA1c	6.5 H	%	4.1 - 5.7
eAG	140 H	mg/dL	74 - 118

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 01/23/2025 08:49

Neurology Secure Messaging

Details

Date entered: January 15, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: January 15, 2025

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: JAN 15, 2025@18:41 ENTRY DATE: JAN 15,
2025@15:41:35

AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 01/03/2025 12:52 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Medication:Emgality

Thanks for the fast response.

HAPPY NEW YEAR!

Ron

-----Original Message-----

Sent: 01/15/2025 04:37 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Medication:Emgality

Thanks

I received the first delivery. It was for one monthly injection series. In the past a (3 month supply was approved). Part of this is we live in the highest rated fire danger area in the state so try and keep additional medications available in case of evacuation or other.

Hopefully the prescription can be amended to what is was.

Regards

Ron Campbell

-----Original Message-----

Sent: 01/15/2025 06:41 PM ET

From: NICKERSON, GASONG YUN

To: CAMPBELL, RONALD CLARK

Subject: Medication:Emgality

Your prescription was put in for 3 months with 3 refills last time and this time. If they only delivered for 1 month, that is the pharmacy. That's not because of the prescription. You can please call the pharmacy number for refills if anything with deliver and dispense. Thank you.

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 01/15/2025 15:41

Pulmonary Nursing Note

Details

Date entered: January 9, 2025

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SHEILA PALAD FIRMACION

Signed by: SHEILA PALAD FIRMACION

Date signed: January 9, 2025

Note

LOCAL TITLE: Pulmonary Nursing Note
STANDARD TITLE: PULMONARY NURSING NOTE
DATE OF NOTE: JAN 09, 2025@09:41 ENTRY DATE: JAN 09,
2025@09:41:06
AUTHOR: FIRMACION, SHEILA PA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Called veteran to provide a courtesy reminder of F2F Pulmonary Appointment.
Verified full name/DOB/last 4. Veteran cancelled and will not be attending F2F appt on 01/09/25 @2:30pm

Denies: fever/chills/worsening cough/sob/muscle aches/sore throat/headache
Advised veteran to arrive 15mins before scheduled appointment. Denies any further questions or concerns.

/es/ Sheila Palad Firmacion
LVN, Medical Spec Clinic, SAC
Signed: 01/09/2025 09:42

CCC: CLINICAL TRIAGE

Details

Date entered: January 3, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: SHARA LYN COHN
Signed by: SHARA LYN COHN
Date signed: January 3, 2025

Note

LOCAL TITLE: CCC: CLINICAL TRIAGE
STANDARD TITLE: RN PROGRESS NOTE
DATE OF NOTE: JAN 03, 2025@12:45:48 ENTRY DATE: JAN 03,
2025@12:45:48

AUTHOR: COHN, SHARA LYN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient Demographics

Patient Name: RONALD CLARK CAMPBELL

Patient Primary Address: 1521 Whitehorse Rd Meadow Vista, CA 95722

Patient Primary Phone: 2062952554

Patient DOB: April 11, 1950

Patient Age: 74

Current Location: 1521 Whitehorse Rd Meadow Vista, CA 95722

Call Back Number: 2062952554

Caller/Recipient Relation to Patient: Self

Caller Name: RONALD CLARK CAMPBELL

Emergency Contact: SHEILA CAMPBELL

Triage Summary

Conducted triage/discussed symptoms

Pain Score: 0 (No Pain)

Utilized the Triage Tool: Yes

Chief Complaint: Cough Up Blood

System WHEN: Now

Nurse's Recommendation / WHEN: Now

System WHERE: Emergency department

Nurse's Recommendation / WHERE: ED Other

WHEN/WHERE modifier reason: Distance from Hospital

Patient Disposition

Patient/Caregiver agrees to plan of care: Yes

Patient WHERE: ED Other

Patient WHEN: Now

Patient is Urgent or Emergent

Nursing Plan and Disposition

Referred patient to higher level of care

Instructed to go to Emergency Room (ER)

Advised of Financial Disclaimer: Patient advised that recommendation for care

provided during the call does not constitute an approval or authorization for

payment by the VA or its staff. Patient advised to report a community ED visit to the national Office of Community Care at 1-844-724-7842 within 72 hours. Other course(s) of action
Generated msg to PACT/Provider
Provided guidance for worsening symptoms: *Caller/Patient* advised to call facilities VA Clinical Contact Center or seek immediate medical attention for new or worsening symptoms

Nurse Summary

Nurse Summary: S: Coughing up blood, cough - productive.

B: PMHx: covid 12/24, pneumonia, COPD, HTN, prostate cancer, CAD, A-fib, PE.

VS: BP 140/88, HR 76, 97.3f.

A: Veteran is speaking in calm, clear, complete sentences, no s/s of distress;

c/o above symptoms x10 days, intermittent dizziness.

Veteran reports diagnosed with pneumonia on 12/26, prescribed antibiotic, patient never received. Symptoms worsening.

R: TXCC outcome, see above.

Advised Veteran to seek medical care now at the nearest emergency department.

Veteran agrees with POC, wife will drive to ED now.

Veteran reports is going to the following Hospital: Local Community Hospital.

Veteran provided with (72H notification line) ED PHONE #: 1-844-724-7842 and

to call within the required 72 hours, to inform of treatment in non-VA-ED, verbalized understanding.

Vet advised to call CCCT RN 24/7 with additional or worsening symptoms . Pt verbalized understanding and agrees with POC.

Clinical Contact Center Codes

Clinic/Location: V21 NCAL PHONE CCC RN

Decision Support System Output:

Triage Complete

Triage Date: 01/03/2025, 12:33 PM

Triage Note:

Decision Support Tool Used: TXCC

Phone Triage

Fri, 03 Jan 2025 20:29:38 +0000 UTC

Demographics

74 y/o Male

Results

CC: Cough Up Blood

Software suggested: Now

Software suggested follow-up location: Emergency department

Values and Measures

Duration of CC: 10 Days

Positive Responses

HPI: lightheadedness, orthostatic

MEDS: Coumadin, heparin, low molecular weight heparin, or other potent anticoagulant

VS: pulse not taken

VS: respiratory rate not taken

Negative Responses

Denies: HPI: dyspnea, new or worsening

Denies: HPI: hemoptysis, more blood than sputum

Denies: HPI: hemoptysis, more than 120 ml within past 24 hours

Denies: HPI: hemoptysis, more than 30 ml

Denies: HPI: hemoptysis, more than 60 ml within past 12 hours

Denies: HPI: syncope

Denies: HPI: weakness, with diaphoresis

Veteran Education

Verbal Education Provided:

Based on your responses, you should be treated in the emergency room.

Take action:

You need to see a provider now or your condition could worsen.

/es/ SHARA LYN COHN, RN, MSN, CNL
V21 VA Health Connect Clinical Triage Nurse
Signed: 01/03/2025 12:45

urology Secure Messaging

Details

Date entered: January 2, 2025
Location: SACRAMENTO VA MEDICAL CENTER
Written by: GASONG YUN NICKERSON
Signed by: GASONG YUN NICKERSON
Date signed: January 2, 2025

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: JAN 02, 2025@19:25 ENTRY DATE: JAN 02,
2025@16:25:43
AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----
Sent: 01/02/2025 02:56 PM ET
From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@
Subject: Medication:Emgality

Medication has worked well. No major events and a few shadows only.

The prescription seems to have dropped off of the radar screen when I tried to reorder.

Can you renew?

Happy New Year. Hopefully another Cluster free one for me!

Ron Campbell

-----Original Message-----

Sent: 01/02/2025 07:25 PM ET
From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: Medication:Emgality

Hello,

Glad to hear you are doing well. Prescriptions are only good for 12 months.

Yes, galcanezumab expired in December, 2024 and I just renewed it for another 12 months. Hope this continues to help.

Happy New Year,

Gasong Nickerson, DNP

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 01/02/2025 16:25

LAB RESULTS (AUTO PRINT)

Details

Date entered: December 26, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: HOANG THUY NGUYEN
Signed by: HOANG THUY NGUYEN
Date signed: December 27, 2024

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)
STANDARD TITLE: LETTERS
DICT DATE: DEC 26, 2024@15:23:46 ENTRY DATE: DEC 26, 2024@15:23:47
DICTATED BY: NGUYEN,HOANG THUY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED
SUBJECT: LAB RESULTS - Single Note 15 lines - provider may edit or comment

Dear Veteran: RONALD CLARK
CAMPBELL
Thank you for choosing the Northern California VA Healthcare System as your health care provider. Below are your Dec 26 2024 test results. For any questions, please contact your health care team by calling the VA Call Center at 800-382-8387 or send a secure message in MyHealtheVet.

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
LIPID PANEL			
HDL CHOLESTEROL	60	mg/dL	Ref:
>=40			
CHOLESTEROL	135	mg/dL	Ref:
<=200			

LDL CHOLESTEROL, CALCULAT	45	mg/dL	Ref :
<=160			
TRIGLYCERIDE (Non-Fastin	152 H	mg/dL	Ref :
<=150			

Sincerely,

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology

Patient Record Number 7468482

LAB RESULTS (AUTO PRINT)

Details

Date entered: December 26, 2024
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: December 26, 2024

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)
STANDARD TITLE: LETTERS
DICT DATE: DEC 26, 2024@15:19:47 ENTRY DATE: DEC 26, 2024@15:19:48
DICTATED BY: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED
SUBJECT: LAB RESULTS - Single Note 11 lines - provider may edit or comment

Dear Veteran: RONALD CLARK
CAMPBELL
Thank you for choosing the Northern California VA Healthcare System as your health care provider. Below are your Dec 26 2024 test results. For any questions, please contact your health care team by calling the VA Call Center at 800-382-8387 or send a secure message in MyHealtheVet.

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
PSA POST TREATMENT	<0.01	ng/mL	0.00 -
0.30			

Sincerely,

/es/ Parvez S. Islam, MD
Physician, Primary Care

Patient Record Number 7468482

LAB RESULTS (AUTO PRINT)

Details

Date entered: December 26, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: NEHARIKA KHURANA
Signed by: NEHARIKA KHURANA
Date signed: February 25, 2025

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)
STANDARD TITLE: LETTERS
DICT DATE: DEC 26, 2024@15:17:10 ENTRY DATE: DEC 26, 2024@15:17:12
DICTATED BY: KHURANA, NEHARIKA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED
SUBJECT: LAB RESULTS - Single Note 35 lines - provider may edit or comment

Dear Veteran: RONALD CLARK
CAMPBELL
Thank you for choosing the Northern California VA Healthcare System as your health care provider. Below are your Dec 26 2024 test results. For any questions, please contact your health care team by calling the VA Call Center at 800-382-8387 or send a secure message in MyHealtheVet.

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
BNP	95	pg/mL	Ref:
<=100			
CBC (w/reflex Diff)			
WBC	19.9 H	K/cmm	4.8 -
10.8			
RBC	4.84	M/cmm	4.7 -
6.1			
HGB	13.9 L	g/dL	14 -
18			
HCT	43.8	%	42 -
52			
MCV	90.5	fL	80 -
99			

	MCH	28.7	uug	27 -
34				
	MCHC	31.7 L	gm/dL	31.8 -
35.3				
	RDW-SD	48.3 H	fL	35.1 -
43.9				
	PLT	314	K/cmm	130 -
400				
	MPV	10.1	fL	9.1 -
12.5				
	NEUT %	77.5	%	40 -
80				
	LYMPH %	13.0 L	%	20 -
51				
	MONO %	6.9	%	2.0 -
13.0				
	EOS %	0.7	%	0.5 -
7.0				
	BASO %	0.2	%	0 -
2.0				
	IG %	1.7	%	Ref:
<=4.9				
	NEUT #	15.5 H	K/cmm	1.5 -
7.9				
	LYMPH #	2.6	K/cmm	1.2 -
3.4				
	MONO #	1.4 H	K/cmm	0.2 -
1.2				
	EOS #	0.1	K/cmm	0.1 -
0.5				
	BASO #	0.0	K/cmm	0.0 -
0.2				
	IG #	0.3	K/cmm	Ref:
<=0.4				

Sincerely,

/es/ Neharika Khurana, MD
Pulmonary/Critical Care Medicine Fellow

Patient Record Number 7468482

Pulmonary Clinic Note 10707

Details

Date entered: December 26, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: NEHARIKA KHURANA
Signed by: NEHARIKA KHURANA
Date signed: December 29, 2024

Note

LOCAL TITLE: Pulmonary Clinic Note 10707
STANDARD TITLE: PULMONARY NOTE
DATE OF NOTE: DEC 26, 2024@12:24 ENTRY DATE: DEC 26,
2024@12:24:31
AUTHOR: KHURANA, NEHARIKA EXP COSIGNER: MORRISSEY, BRIAN M
URGENCY: STATUS:
COMPLETED

PULMONOLOGY CLINIC NOTE

CAMPBELL, RONALD CLARK is a 74 year old MALE
Primary Care Provider: ISLAM, PARVEZ S

REASON FOR CONSULTATION/CC: worsening shortness of breath

HISTORY OF PRESENT ILLNESS:

This is a 74 MALE with COPD, allergic rhinosinusitis afib, prior STEMI in 2021 referred for worseing sob. Followed in pulmonary clinic for COPD management.

Interval events:

- exposed to COVID on 11/21
- symptoms started 11/23: severe shortness of breath, afebrile, O2 sats would drop to 87, extreme fatigue at rest, and mild cough initially with no phlegm production
- found to be covid positive with 11/26 and was on paxlovid X 5 days with only mild improvement
- continued to have cough with lots of difficulty getting sputum out
- started having nose bleeds due to excessive cough starting 12/15 with up 1-3 times a day
- prescribed Z-pack + prednisone on dec 15th
 - Z-pack completed on dec 20th
 - Steroids - complete tomorrow
- For the past week, having thick white sputum production with difficult bringing it up, lots of coughing and causing gag due to difficulty getting it out
- last 2 days: started using mucinex which has improved symptoms mildly
- continues to have shortness of breath with coughin and difficult getting sputum out with severe fatigue.

Per initial consult note:

"PT states that he has a long h/o COPD that has been well managed on triple therapy until he had a respiratory infection Feb 2024 and feels that he hasn't completely recovered since. He has significantly worsen SOB and DOE with much less activity, some chest heaviness, phlegm and cough that are all much worse than before he had this illness. He states that he also has gained 20 lbs since all this started. Before this he was walking 3/4 mi 3-4x per week and now can only walk about 100 yards. Checks his sats at home and has desaturations even with mild activity. mucus worse in the morning and evenint, easy to cough up.

NO chest pain, fevers, chills, rashes, joint swelling, ns. Does have nasal allergies that are well managed on his current oral meds."

Pulm Meds

advair bid

spiriva qday

albuterol nebs

montelukast

loratidine

Pertinent occupational/exposure history:

Tobacco: 40 pack years quit 25 years ago

ETOH: Denies

IVDA: Denies

Military Hx: Navy in Vietnam - translator

Occupation: Building supply salesmen - ?toxic exposures

Exposures:

Birds: None

Hot Tub: None

TB: No history/no known contacts

Recent Travel: LA

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN, HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN, ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN, ELDI
KYOUNG		

Added from station 654 as a result of CBOC move.

7. Degenerative joint disease of knee (SCT 05/06/22
ISLAM, PARVEZ S
239873007)

Added from station 654 as a result of CBOC move.

8. Prostate cancer (SNOMED CT 254900004) 12/03/19 HAN, ELDI
KYOUNG

Added from station 654 as a result of CBOC move.

9. Chronic cluster headache (SNOMED CT 230473009) 09/21/20
NICKERSON, GASON

Added from station 654 as a result of CBOC move.

10. Adjustment Disorder with Mixed Emotional 09/30/19 LWIN, HTWE H
Features (SCT 55668003)

Added from station 654 as a result of CBOC move.

11. Polyp Colon (SCT 68496003) 09/30/19 LWIN, HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019

Added from station 654 as a result of CBOC move.

12. History of malignant neoplasm of prostate 11/05/16
FIECHTNER, BRIDG

13. Dysthymia 02/08/16
BAHTEN, REGINA S

14. Chronic pain syndrome 12/08/15
BAHTEN, REGINA S

15. Cervical radiculitis (SNOMED CT 11049006) 07/23/14 LEE, JEAN
16. Depressive Disorder NOS * 04/02/14

BAHTEN, REGINA S
17. Chronic cluster headache (SNOMED CT 230473009) 01/25/21
NICKERSON, GASON

18. Chronic obstructive lung disease 06/24/19
FIECHTNER, BRIDG

"severe" (nonVA)

19. Benign hypertension 11/26/13 CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004) 11/05/16

FIECHTNER, BRIDG
21. Type 2 diabetes mellitus (SNOMED CT 44054006) 11/05/16
FIECHTNER, BRIDG

22. Headache (SNOMED CT 25064002) 08/12/22
NICKERSON, GASON

23. Carcinoma, Prostate 11/26/13 CHANG, MYO S

24. Arthralgias NOS 11/26/13 CHANG, MYO S

25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

PAST SURGICAL HISTORY:

No surgeries on file.

Family History:

Family History

10/25/2013 Family History Of Colon Cancer
 none

Allergies:

PENICILLIN, PREDNISONE, BISOPROLOL

ACTIVE MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
===	
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.) Indication: SHORTNESS OF BREATH	ACTIVE
2) ALBUTEROL SO4 0.083% INHL 3ML USE 1 PILLOW (3 ML) IN NEBULIZER EVERY 6 HOURS AS NEEDED Indication: FOR BREATHING	ACTIVE
3) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -DO NOT TAKE WITH GRAPEFRUIT JUICE. Indication: FOR CHEST PAIN	ACTIVE
4) ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE DAILY STOP CLOPIDOGREL ONCE YOU START ASPIRIN Indication: TO PREVENT A STROKE OR HEART ATTACK	ACTIVE
5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY (S) MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
6) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME (S)	ACTIVE

Indication: FOR CHOLESTEROL

- 7) FLUTICASONE 230/SALMET 21MCG 120D INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 12 HOURS - RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER EACH DOSE. THIS REPLACES WIXELA. ACTIVE

Indication: FOR ASTHMA

- 8) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA. ACTIVE

Indication: FOR NERVE PAIN

- 9) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
Indication: FOR ALLERGIES

- 10) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ACTIVE

Indication: FOR DIABETES

- 11) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE

Indication: FOR ASTHMA

- 12) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID. ACTIVE

Indication: FOR STOMACH PROTECTION

- 13) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE

- 14) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS. ACTIVE

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

15 Total Medications

Medications reviewed and reconciled as appropriate.

PHYSICAL EXAM:

Vitals:

T:97.7 F [36.5 C] (09/04/2024 07:58)
BP:128/77 (09/04/2024 07:58)
HR:60 (09/04/2024 07:58)
RR:16 (09/04/2024 07:58)
Wt: 194 lb [88.00 kg] (09/04/2024 07:58)

REVIEW OF SYSTEMS (ROS):

Gen: NAD, can speak full sentences without shortness of breath, one episode of

cough with sputum production during visit

HEENT: MMM

CV: regular rate and rhythm

Pulm: no wheezing nor rhonchi

Abd: soft non-tender

MSK: no rashes

Ext: BLE edema

LABS:

Hematology:

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
05/01/2024 07:51	BLOOD	6.9	14.0	43.8	90.9	32.0	217
09/20/2022 08:02	BLOOD	6.5	14.9	45.4	92.8	32.8	266

Comprehensive Metabolic Panel:

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
06/10/2024 08:25	PLASM						0.77
05/01/2024 07:58	PLASM						0.79

Ige 16

BMP 24

eos 200

Imaging/Studies

CT Chest 5/2024

Impression:

1. No evidence of pulmonary embolus.

2. No acute process within the thorax.
3. Emphysema.

CXR 3/2024

Impression:

Mild bibasilar atelectasis. No convincing radiographic evidence of infectious pneumonitis/pneumonia.

CT Chest 2021

Impression:

No radiographic evidence of acute pulmonary embolism. COPD emphysematous changes without lobar pneumonia or pulmonary edema. 6 mm soft tissue pulmonary nodule in the left lower lobe is unchanged.

NM Spect 2022

Impression:

Normal sized left ventricular chamber. No evidence of transient ischemic dilatation of the left ventricle. Suggestion of old inferior wall myocardial infarct with mild peri-infarct ischemia. Normal left ventricular ejection fraction of 69% with normal left ventricular contractility.

ECHO 5/2024

Interpretation Summary

The left ventricular ejection fraction is normal.

There is mild mitral regurgitation.

Doppler findings do not suggest pulmonary hypertension.

PFT	5/2024
FVC	4.10 (103%)
FEV1	1.36 (45%)

F/F 33%
TLC 7.53 (110%)
RV 3.49 (141%)
RV/TLC 125%
DLCO 16.15 (65%)

interpretation: Severe obstruction and reduced DLCO

IMPRESSION/RECS:

This is a 74 MALE here for COPD now presenting with cough with sputum production and shortness of breath

COPD GOLD 3E

C/f acute bacterial respiratory infection

CAD with prior stemi

Prior PE on pradaxa

Th2 low emphysematous COPD previously well controlled on triple therapy and

pulmonary rehab now presenting with shortness of breath + cough with thick white

sputum production s/p one round of azithromycin and steroids burst.

Despite

treatment, patient continues to experience symptoms. Patient also presenting

with BLE edema but reports this is improved from prior

-Sputum culture

-hypertonic saline with nebulizer therapy and flutter valve for airway hygiene

-doxy 10 day course BID

-BNP + CBC

-telephone visit in pulm urgents in 2 weeks for follow-up

- cont advair, spiriva

- PRN albuterol nebs and HFA

- cont singulair and loratidine

HCM

*Immunizations

- PCV 13/PCV 23/PCV 20: UTD, consider PCV 20

- TDAP_ 2017
- COVID: s/p 3
- Flu: due in fall

*Lung Cancer Screening: n/a, quit >20 years ago

*Tobacco Cessation: quit

Patient was seen and evaluated with Attending Physician, Dr. Morrissey.

/es/ Neharika Khurana, MD
Pulmonary/Critical Care Medicine Fellow
Signed: 12/29/2024 19:45

/es/ Brian M. Morrissey, MD
Section Chief, Pulmonary Medicine
Cosigned: 01/21/2025 14:13

Pulmonary Secure Messaging

Details

Date entered: December 23, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MAKENZY L ANDERSON
Signed by: MAKENZY L ANDERSON
Date signed: December 23, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging
STANDARD TITLE: PULMONARY SECURE MESSAGING
DATE OF NOTE: DEC 23, 2024@12:47 ENTRY DATE: DEC 23,
2024@09:47:41
AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/23/2024 12:47 PM ET
From: ANDERSON, MAKENZY L
To: CAMPBELL, RONALD CLARK
Subject: General:Appointment

Hello, Ron!

The Pulmonologist would like to see you in person. We can see you on December 26th at 12:30 or 2:30. If either of these work for you please let me know and I will get you added to the schedule.

Merry Christmas!

Makenzy Anderson
Pulmonary RN Care Manager

/es/ MAKENZY L. ANDERSON, RN
Pulmonary Care Manager
Signed: 12/23/2024 09:47

Pulmonary Secure Messaging

Details

Date entered: December 23, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MAKENZY L ANDERSON
Signed by: MAKENZY L ANDERSON
Date signed: December 23, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging

STANDARD TITLE: PULMONARY SECURE MESSAGING

DATE OF NOTE: DEC 23, 2024@12:27 ENTRY DATE: DEC 23,
2024@09:27:30

AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Pulmonary Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/23/2024 11:44 AM ET

From: CAMPBELL, RONALD CLARK

To: Pulmonary - SAC.@

Subject: General:Post Covid Symptoms

MaKenzie-

here's an update on my status

Antibiotic was 5 day Z-Pak

Also on Prednisone regimine 10 mg tab

40 mg 1st 3 days, 30mg next 3 days, 20 mg next days, 10 mg

Here's the update.

1. Antibiotic completed Saturday.
2. Coughing exacerbated into spastic uncontrollable level
3. Triggering capillaries to burst in left nostril
4. On Pradaxa so bleeding has been excessive and difficult to control

Highest BP 176/90/92

Lowest 118/64/59

O2 sat high 97

O2 sat low 88

Temp 97.1

Shortness of breath experience during coughing

O2 recovers quickly.

Coughing getting worse and less controllable through last night.

Commenced Nebulizer treatments 2x/day

O2 administered @4L/min when O2 sat below 90

My son in law is a physician at Kaiser LA and is here visiting for Christmas

He wondered if a more aggressive anti-biotic might be available prior to deciding on deciding on more aggressive treatment options like ED or hospitalization.? .

THIS MORNING - AM is normally a difficult coughing period. This morning is a little more manageable.

Ron Campbell

Meadow Vista

-----Original Message-----

Sent: 12/23/2024 12:27 PM ET

From: ANDERSON, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: General:Post Covid Symptoms

Let me touch base with a Pulmonologist and get back to you. Thank you for the very detailed report. It does help a lot.

Makenzy Anderson

Pulmonary RN Care Manager

/es/ MAKENZY L. ANDERSON, RN

Pulmonary Care Manager

Signed: 12/23/2024 09:27

Receipt Acknowledged By:

02/11/2025 11:19 /es/ Neharika Khurana,

MD

Pulmonary/Critical Care Medicine

Fellow

12/23/2024 ADDENDUM

STATUS: COMPLETED

Patient to be in pulmonary urgents clinic this upcoming thursday.

/es/ Neharika Khurana, MD

Pulmonary/Critical Care Medicine Fellow

Signed: 12/23/2024 11:15

/es/ MAKENZY L. ANDERSON, RN

Pulmonary Care Manager

Cosigned: 12/23/2024 13:31

Pulmonary Secure Messaging

Details

Date entered: December 18, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MAKENZY L ANDERSON**Signed by:** MAKENZY L ANDERSON**Date signed:** December 18, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging

STANDARD TITLE: PULMONARY SECURE MESSAGING

DATE OF NOTE: DEC 18, 2024@15:25 ENTRY DATE: DEC 18,
2024@12:25:33

AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Pulmonary Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/18/2024 03:25 PM ET

From: ANDERSON, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: General:Symptom Follow-up

Hi, Ronald!

I was able to talk to the Cardio RN, Paige about your case. It sounds like you went to your outside primary care provider and they are treating you for possible COVID pneumonia. I heard that they are doing a 40 mg prednisone burst and z pack.

If your symptoms persist after these medications are done, please let us know here at pulmonary!

I also heard that you received a chest x-ray from Sutter auburn, I will request these images for our records. Thank you!

Makenzy Anderson
Pulmonary RN Care Manager

/es/ MAKENZY L. ANDERSON, RN
Pulmonary Care Manager
Signed: 12/18/2024 12:25

12/18/2024 ADDENDUM STATUS: COMPLETED
Sheila, can you request chset x-ray images from sutter auburn? Patient was seen on 12/17/24. Thank you!

/es/ MAKENZY L. ANDERSON, RN
Pulmonary Care Manager
Signed: 12/18/2024 12:26

Receipt Acknowledged By:
12/19/2024 11:42 /es/ Sheila Palad
Firmacion

LVN, Medical Spec Clinic,

SAC

* AWAITING SIGNATURE * ENLOW, AMBER
MARIE

12/20/2024 ADDENDUM STATUS: COMPLETED
Faxed request for chest x-ray results to Sutter Auburn imaging. Pending
reply.
Thank you!

/es/ Sheila Palad Firmacion
LVN, Medical Spec Clinic, SAC
Signed: 12/20/2024 07:58

Receipt Acknowledged By:
12/20/2024 09:55 /es/ MAKENZY L. ANDERSON,
RN
Pulmonary Care
Manager

Community Care-Coordination Plan

Details

Date entered: December 17, 2024
Location: MARTINEZ VA MEDICAL CENTER
Written by: JESSICA LYNNE ALON AIROSO
Date signed: None recorded

Note

LOCAL TITLE: Community Care-Coordination Plan
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: DEC 17, 2024@12:00 ENTRY DATE: DEC 23,
2024@13:46:44
AUTHOR: ALON AIROSO, JESSICA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

VistA Imaging - Scanned Document
CAMPBELL2701-CC-IMAGING-XR CHEST-17DEC2024-NO CONSULT

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 12/23/2024
by: JESSICA LYNNE ALON AIROSO
AMSA, Community Care

Receipt Acknowledged By:
12/23/2024 15:22 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

for PARVEZ S

ISLAM

12/24/2024 14:57 /es/ Grant Michael Ciffone, RN
BSN

PACT RN Care

Manager

Cardiology Secure Messaging

Details

Date entered: December 16, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: PAIGE LYNN SEXTON

Signed by: PAIGE LYNN SEXTON

Date signed: December 16, 2024

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: DEC 16, 2024@18:23 ENTRY DATE: DEC 16,
2024@15:23:34
AUTHOR: SEXTON, PAIGE LYNN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/16/2024 06:23 PM ET
From: SEXTON, PAIGE LYNN
To: CAMPBELL, RONALD CLARK
Subject: General:lower leg swelling

Hello Ron,

I am on the nurse in the cardiology clinic, I attempted to call you and your wife yesterday. I left a VM.

I am in the clinic Monday-Friday 8 to 4, Please give me a call so I can get more information in regards to any weight gain and log of BP/HR.

If you develop Shortness of breath or serve pain to lower extremities, Please go to ER to be evaluated.

Thank you,
Paige Cardiology RN
(916)843-2746

/es/ PAIGE LYNN SEXTON
Cardiology RNCM
Signed: 12/16/2024 15:23

Cardiology Secure Messaging

Details

Date entered: December 16, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: PAIGE LYNN SEXTON

Signed by: PAIGE LYNN SEXTON

Date signed: December 16, 2024

Note

LOCAL TITLE: Cardiology Secure Messaging

STANDARD TITLE: CARDIOLOGY SECURE MESSAGING

DATE OF NOTE: DEC 16, 2024@18:18 ENTRY DATE: DEC 16,
2024@15:18:44

AUTHOR: SEXTON, PAIGE LYNN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/15/2024 09:27 PM ET

From: CAMPBELL, RONALD CLARK

To: Cardiology - Mather.@"

Subject: General:lower leg swelling

I was taking off a pair of socks. My wife noticed the swelling on both of my legs.

She said she believes that could be a problem and that I should contact you

Actually, I recently ditched a pair of socks that I thought were too tight and

these are significantly looser, but the issue appears to have remained

Thanks

Ron Campbell

/es/ PAIGE LYNN SEXTON

Cardiology RNCM

Signed: 12/16/2024 15:18

12/16/2024 ADDENDUM

STATUS: COMPLETED

Pt attached a picture of lower extremity swelling, sent message to NP Nguyen.

Attempted to call listed phone number for patient and spouse, no answer, left

HIPPA complaint voicemail

/es/ PAIGE LYNN SEXTON

Cardiology RNCM

Signed: 12/16/2024 15:23

12/16/2024 ADDENDUM

STATUS: COMPLETED

Called patient, identified x2.

Weight gain: Pt normally weighs self in AM, weigh self while on phone, Weight

was 2lbs above average weight (183 Lbs), Picture sent 1-2+ lower extremity edema.

Diagnosed with COVID, 11/26. SOB with exertion, low oxygen saturation (Above

88%), Occasional Coughing fit. Low energy. Sputum is clear/white, thick. Since

having the 4th day of Covid.

Pt denies short of breath at this time, Oxygen saturation is 96%, HR 71, Pt

unable to find BP machine

Pt encouraged to elevate legs, Picture was taken at the end of day.

Pt is scheduled for PCP appointment tomorrow to address cough and sputum,
will
tag Pulm RN to notify.

Pt educated to go to ER if he develops too short of a breath to say a few
words
without wheezing or stopping to catch breath, or low pulse oximetry.

Vet states understanding. Denies any questions or concerns at this time.
Understanding = Good

#####

Time spent w/ vet: 10 minutes

#####

/es/ PAIGE LYNN SEXTON
Cardiology RNCM
Signed: 12/16/2024 16:17

Receipt Acknowledged By:

12/18/2024 09:24 /es/ MAKENZY L. ANDERSON,
RN

Pulmonary Care

Manager

12/16/2024 16:45 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

12/18/2024 ADDENDUM

STATUS: COMPLETED

Called patient, Identified x2.

RNCM called to follow up on patient after PCP appointment.

Pt states per PCP MD he saw at Sutter Auburn, Swelling in lower extremities
is
being caused from socks being too tight, pt states when he doesnt wear
socks, no
swelling present. NP Nguyen notified.

Pt states chest-xray was completed, Received prescription for prednisone 40 mg daily and z-pack. Pt states he was prescribed oxygen from neurology for cluster headaches, he has been wearing 2-3 L NC, Pt states Oxygen saturation was not low, Pt just wanted to try oxygen.

Pt educated is no improvement on new medications or develops chest pain or SOB, go to ER to be evaluated.

Pt verbalized understanding, all questions answered.

Will tag Pulmonary RN Makenzy Anderson to follow up with patient, thank you.

/es/ PAIGE LYNN SEXTON
Cardiology RNCM
Signed: 12/18/2024 12:36

Receipt Acknowledged By:
12/18/2024 12:44 /es/ MAKENZY L. ANDERSON,
RN
Pulmonary Care
Manager

Primary Care Secure Messaging

Details

Date entered: December 9, 2024

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** December 9, 2024**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 09, 2024@11:52 ENTRY DATE: DEC 09,
2024@08:52:32
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/06/2024 11:58 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Glucose Metering

Are glucose monitoring kits still available through the VA? I used to have
a
prescription for the lancets, test strips and meter.

Ron

-----Original Message-----

Sent: 12/09/2024 11:52 AM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Medication:Glucose Metering

Good morning

the glucometer is given through the nurse case manager and cannot be
mailed.

Please make a appointment with my nurse Grant ciffone for the glucometer
and

other diabetic supplies.

Please call 916 561 7400 to make this appointment. Take care

Dr. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 12/09/2024 08:52

Primary Care Secure Messaging

Details

Date entered: December 6, 2024

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: December 6, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 06, 2024@14:36 ENTRY DATE: DEC 06,
2024@11:36:09
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/06/2024 01:08 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Glucose Metering

A1c recent test was 7.1.

I'd like to monitor glucose daily again. It's been some time and I don't
have

the current supplies to accomplish that

Ron Campbell

-----Original Message-----

Sent: 12/06/2024 02:36 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Medication:Glucose Metering

for controlled diabetes- you only need to check 2-3 times per week.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 12/06/2024 11:36

Pulmonary Secure Messaging

Details

Date entered: December 2, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MAKENZY L ANDERSON

Signed by: MAKENZY L ANDERSON

Date signed: December 2, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging

STANDARD TITLE: PULMONARY SECURE MESSAGING

DATE OF NOTE: DEC 02, 2024@16:08 ENTRY DATE: DEC 02,
2024@13:08:49

AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 12/01/2024 07:49 AM ET

From: CAMPBELL, RONALD CLARK

To: Pulmonary - SAC.@
Subject: General:Covid& Pulmonary Fibrosis

Sutter Pulmonary rehab completed Thursday Nov 21. Feeling educated & strong.

Proceeded a Residential Care Home in Roseville for a Standing weekly music performance

Sunday morning noticed a slight cough
Became severe by days end. Symptoms exacerbated Monday & Tuesday.

The care home owner when I contacted her Tuesday about not playing on the upcoming Thursday, Thanksgiving told me "oh by the way...two residents tested positive for COBID the day after you left last week."

I received these anti-viral Paxlovid from my medicare provider right away.

In the interim I infected my wife and probably others by not having been advised the day the residents tested positive.

I improved until yesterday. I have now completely lost my voice and only able to manage a weak whisper without initiating a sever coughing jag.

I see reports that COVID impactti g voice has been seen in about 25% of the patients. Concerning to me is that in the same studies 70% of those patients experience some Pulmonary Fibrosis in the months following.
I current suffer from severe COPD. But Fibrosis is a game changer.

Any suggestions on how to proceed from here?

MacKenzie is familiar with my file

Thanks

-----Original Message-----

Sent: 12/02/2024 04:08 PM ET
From: ANDERSON, MAKENZY L

To: CAMPBELL, RONALD CLARK
Subject: General:Covid& Pulmonary Fibrosis

Hi, Ronald!

I am so sorry that you got COVID. Did you have a positive COVID test? I actually have not heard that 70% of COVID patients experience fibrosis. I have heard of "long COVID" in which symptoms of COVID can last longer than normal and be persistent. COVID symptoms can have the ability to last up to 2 weeks. At this time, you did the correct course of action, which was to start anti-viral medication as soon as you found out. Give your symptoms some time to heal. Drink hot tea and honey to coat your throat and vocal chords. Let them rest. If you cough persists, or your symptoms worsen, please let me know or go to your nearest ER.

Makenzy Anderson
Pulmonary RN Care Manager

/es/ MAKENZY L. ANDERSON, RN
Pulmonary Care Manager
Signed: 12/02/2024 13:08

Pulmonary Secure Messaging

Details

Date entered: November 20, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MAKENZY L ANDERSON
Signed by: MAKENZY L ANDERSON
Date signed: November 20, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging
STANDARD TITLE: PULMONARY SECURE MESSAGING
DATE OF NOTE: NOV 20, 2024@15:31 ENTRY DATE: NOV 20,
2024@12:31:36
AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Pulmonary Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 11/20/2024 01:56 PM ET
From: CAMPBELL, RONALD CLARK
To: Pulmonary - SAC.@
Subject: Appointment:Pulmonary Rehab ENT recommendation

I complete the three month pulmonary rehab community care program at Sutter tomorrow.

The results have been promising. I have had, however, difficulty increasing the intensity of the workouts, due to a restriction on intake of air through my nose.

In the past, I have far too often come down with bouts of pneumonia. I never understood the physiology of breathing, and that air intake through the nostrils helps filter out bad actors, attempting to enter the lungs.

The educational therapist at Sutter recommended I get checked out by an ENT provider to determine the source of this problem, and options for opening the airway and, thereby increasing the oxygen intake through my nostrils and reducing the possibility of severe lower lung infections

Please let me know if this can be accomplished

Regards

Ron Campbell

-----Original Message-----

Sent: 11/20/2024 03:25 PM ET

From: ANDERSON, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Pulmonary Rehab ENT recommendation

I will notify the doctor for your request of ENT. Thank you!

Makenzy Anderson

Pulmonary RN Care Manager

/es/ MAKENZY L. ANDERSON, RN

Pulmonary Care Manager

Signed: 11/20/2024 12:31

Receipt Acknowledged By:

11/21/2024 07:47 /es/ Parvez S. Islam,

MD

Physician, Primary

Care

12/02/2024 10:26 /es/ Jared Rosen,

MD

Pulmonary and Critical Care

Fellow

12/02/2024 ADDENDUM

STATUS: COMPLETED

Recommend evaluation by PCP for sinusitis, polyps, etc and a trial of medications before referral to ENT.

/es/ Jared Rosen, MD

Pulmonary and Critical Care Fellow

Signed: 12/02/2024 10:28

/es/ Parvez S. Islam, MD
Physician, Primary Care
Cosigned: 12/02/2024 12:27

Receipt Acknowledged By:
12/02/2024 14:05 /es/ MAKENZY L. ANDERSON,
RN

Pulmonary Care
Manager

Patient Scheduling Attempt Letter

Details

Date entered: November 12, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: CASSANDRA EVETTE LACY
Signed by: CASSANDRA EVETTE LACY
Date signed: November 12, 2024

Note

LOCAL TITLE: Patient Scheduling Attempt Letter
STANDARD TITLE: LETTERS
DATE OF NOTE: NOV 12, 2024@12:11 ENTRY DATE: NOV 12,
2024@12:11:31
AUTHOR: LACY,CASSANDRA EVET EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department of Veterans
Affairs

System (VANCHCS)

NOV 12, 2024

VA Northern California Health Care

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and then option 3 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

CARDIOLOGY Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

Scheduling Contact Note

Details

Date entered: November 12, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CASSANDRA EVETTE LACY

Signed by: CASSANDRA EVETTE LACY

Date signed: November 12, 2024

Note

LOCAL TITLE: Scheduling Contact Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: NOV 12, 2024@12:10 ENTRY DATE: NOV 12,
2024@12:10:59

AUTHOR: LACY,CASSANDRA EVET EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Scheduling Contact Note Has ADDENDA ***

RTC Contact: PID 07/08/25

Contact:

Contact 1 - Nov 12,2024: Call

Contact 2 - Nov 12,2024: Letter mailed

Minimum scheduling effort in progress. Follow up still needed.

/es/ CASSANDRA EVETTE LACY

ADVANCED MEDICAL SUPPORT ASSISTANT

Signed: 11/12/2024 12:11

11/14/2024 ADDENDUM

STATUS: COMPLETED

c2 l1 ex 11/26/24

/es/ MISTY ANN GOSSETT

MSA

Signed: 11/14/2024 11:25

Cardiology 10501

Details

Date entered: November 8, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** HOANG THUY NGUYEN**Signed by:** HOANG THUY NGUYEN**Date signed:** November 8, 2024

Note

LOCAL TITLE: Cardiology 10501

STANDARD TITLE: CARDIOLOGY NOTE

DATE OF NOTE: NOV 08, 2024@09:41
2024@09:41:12

ENTRY DATE: NOV 08,

AUTHOR: NGUYEN, HOANG THUY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

CARDIOLOGY NP TELEPHONE/VVC F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

** Phone/VVC appt per COVID19 protocol. Limitations of telehealth modality explained and Pt/family/caregiver consented to phone/VVC visit **

74MALE

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RELEVANT CARDIAC HX:

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Mr. Campbell is a 74 y/o M routine f/u

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES
andmLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis
of

the Circumflex and LAD requiring balloon angio. EF preserved
#hypertension,
#T2DM
#A. fib (on Pradaxa), 6/2019 at Kaiser
#COPD,
#PE 6/2019
#prostate cancer
#HLD
#OSA: CPAP compliant
#ED
#L common iliac artery aneurysm

Pt states he's doing much better, since pulmonary changed his medications
and he
started pulmonary Rehab. "No more shortness of breath"

Exercise: working with pulmonary rehab, have lost 9lbs

BP have been good

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CARDIAC ROS:

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[x]N []Y CP:
[x]N []Y SOB:
[x]N []Y Dizziness:
[x]N []Y Syncope:
[x]N []Y Palpitations:
[x]N []Y Orthopnea:
[x]N []Y PND:
[x]N []Y Edema:

Other:

no bleeding issues/dark stools

=====

[x]N []Y TOB:
[x]N []Y ETOH:
[x]N []Y ILLICIT DRUGS:

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Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

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ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

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MEDICATIONS:

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Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) AEROCHAMBER Z-STAT PLUS USE AEROCHAMBER BY MOUTH AS DIRECTED - USE WITH METERED-DOSE INHALER.	ACTIVE

- 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE
BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED
SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH
WATER AT LEAST ONCE WEEKLY.)
- 3) ALBUTEROL SO4 0.083% INHL 3ML USE 1 PILLOW (3 ML) IN ACTIVE
NEBULIZER EVERY 6 HOURS AS NEEDED FOR BREATHING
- 4) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH
GRAPEFRUIT JUICE.
- 5) ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE ACTIVE
DAILY TO PREVENT A STROKE OR HEART ATTACK STOP
CLOPIDOGREL ONCE YOU START ASPIRIN
- 6) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET ACTIVE
BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT
- 7) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE ACTIVE
BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP
IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
BOXES. DO NOT OPEN OR CHEW CAPSULE.
- 8) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE
BEDTIME FOR CHOLESTEROL
- 9) FLUTICASONE 230/SALMET 21MCG 120D INHL INHALE 2 PUFFS ACTIVE
BY ORAL INHALATION EVERY 12 HOURS FOR ASTHMA -
RINSE MOUTH WITH WATER WITHOUT SWALLOWING AFTER
EACH DOSE. THIS REPLACES WIXELA.
- 10) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG ACTIVE
(3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE
PREVENTION
- 11) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY ACTIVE
FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12
HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN &
DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS.
APPLY TO MOST PAINFUL AREA.
- 12) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE (S)
DAILY FOR ALLERGIES
- 13) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR BLOOD PRESSURE
- 14) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE
TWICE A DAY FOR DIABETES
- 15) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET ACTIVE
BY MOUTH ONCE DAILY FOR HEART

- 16) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA FOR ASTHMA ACTIVE
- 17) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID. ACTIVE
- 18) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE
- 19) TABLET CUTTER USE DEVICE AS DIRECTED TO SPLIT TABLETS. ACTIVE
- 20) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS. ACTIVE

Active Non-VA Medications

Status

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- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

21 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

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LABORATORY/STUDIES: Results reviewed with patient

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Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							
06/10/2024 08:25	PLASMA			0.77			
05/01/2024 07:58	PLASMA			0.79			

** Additional Results available outside occurrence limit **

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
05/01/2024 07:51	BLOOD	6.9	14.0	43.8	90.9	32.0	217

Collection DT	Spec	HGBA1c
10/05/2023 09:41	BLOOD	6.5 H
09/20/2022 08:02	BLOOD	7.5 H

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
10/20/2023 09:15	PLASM	150	64	63	75	

10/05/2023 09:41	PLASM	181	115	65	93
Collection DT	Spec	BNP			
05/01/2024 07:51	PLASM	24			

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.

Left ventricular systolic function is normal.

The ejection fraction estimate is 55-60%.

There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.

No significant valvular abnormalities identified.

Unable to estimate the RVSP due to the trivial TR jet.

Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.

Normal right ventricular size and function.

A trivial pericardial effusion is present.

2/2022

Interpretation Summary

There is mild concentric left ventricular hypertrophy.

Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.

Assessment of diastolic parameters indicates a relaxation abnormality of the

left ventricle, consistent with normal filling pressures.

The right ventricular systolic function is normal.

The aortic valve is mildly sclerotic without stenosis.

There is trace mitral regurgitation.

There is trace tricuspid regurgitation.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)

STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.

Obstructive stenosis of the mid LAD with reduced antegrade flow.

LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.

Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments:Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial.100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments:Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021 Start: 08:26 AM End: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as: Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021 Start: 09:47 AM End: 10:29 AM

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ASSESSMENT/PLAN:

=====

#HTN: goal<130/80 - mgmt per pcp

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS

-completed dual therapy with Plavix 75mg QD/DOAC x 30 months (9/24/2023),
-cont ASA 81mg daily, given stent thrombosis and no bleeding issues, preference is to maintain antiplatelet agent, if any concerns for bleeding in the future could stop ASA and do DOAC monotherapy.

-Beta-blocker: cont metoprolol succinate 12.5mg, prev stopped Bisoprolol due

to brady

-cont. amlodipine 5mg daily,

-cont. Losartan 50mg daily

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

-use pedal exerciser

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: at goal LDL <70

-cont. rosuvastatin 40mg QD

-cont. Zetia 10mg daily

-repeat LP

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM), pt tolerating doac

-Rate control: BB as above

-Anticoagulation: cont. dabigatran 150mg BID

#SOB:pt denies and SOB here, states for some reason his advir was stopped, SOB

resovled after pulm restarted advir and pt started pulm rehab.

non-cardiac

#T2DM
#COPD,
#PE 6/2019
#prostate cancer
#OSA: CPAP compliant
#ED
#L common iliac artery aneurysm

-Patient was counseled on dietary and lifestyle modifications to manage hypertension and cardiovascular risk to include consumption of a low-sodium (<1500mg/day), Pesco-Mediterranean diet; performance of 150 minutes/week moderate intensity aerobic exercise; moderation of alcohol consumption; avoidance of NSAIDs; receipt of age appropriate vaccinations/annual influenza vaccinations

F/U: 8 months or sooner prn

TOTAL time spent with patient on phone about above conditions and management plan, 22 minutes

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 11/08/2024 10:05

No Show Note

Details

Date entered: October 25, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: HOANG THUY NGUYEN
Signed by: HOANG THUY NGUYEN
Date signed: October 25, 2024

Note

LOCAL TITLE: No Show Note
STANDARD TITLE: NO SHOW NOTE
DATE OF NOTE: OCT 25, 2024@17:10 ENTRY DATE: OCT 25,
2024@17:10:28
AUTHOR: NGUYEN,HOANG THUY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

pt no showed to TAP

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 10/25/2024 17:12

Telephone Note

Details

Date entered: October 24, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JOSEPHINE ROGERS
Signed by: JOSEPHINE ROGERS
Date signed: October 24, 2024

Note

LOCAL TITLE: Telephone Note
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: OCT 24, 2024@09:08 ENTRY DATE: OCT 24,
2024@09:08:39
AUTHOR: ROGERS,JOSEPHINE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Outreach call to patient, the following voice mail was left for patient.

Hi, this is a courteous reminder you have an upcoming telephone appointment
for
cardiology on 10/25/24@09:00am please have your phone available 15-20
minutes

before your appointment time and 15-20 minutes after, have a list of your current concerns/issues and medications. If you cannot keep this appointment, please contact 916 366 5325 to reschedule. Thank you have a great day.

/es/ Josephine Rogers
LVN, COVID Vaccine & Testing/SAC
Signed: 10/24/2024 09:10

Primary Care Secure Messaging

Details

Date entered: October 21, 2024
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: October 21, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: OCT 21, 2024@11:41 ENTRY DATE: OCT 21, 2024@08:41:19
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 10/18/2024 06:01 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:flu and pneumonia vaccine

I called in yesterday and was given an appointment to go into the VA clinic in Auburn California for the flu and pneumonia vaccine. When I arrived, they said

in order for the pneumonia had not been ordered although when scheduling the appointment scheduler said that the order on the pneumonia would have been received in Auburn.
I'm in pulmonary rehab with Sutter and they are strongly recommended. It is stage three COPD. Patient had both vaccines as soon as possible.
in talking to today's scheduler, it was confusing as to whether or not yesterday's message had been sent to my current primary care provider to generate the pneumonia vaccine order

/es/ Eric Kraft, LVN
Primary Care
Signed: 10/21/2024 08:41

Receipt Acknowledged By:
10/21/2024 10:52 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

V21 CCC PATIENT CONTACT NOTE

Details

Date entered: October 18, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: VICTOR EUGENE SEARLES
Signed by: VICTOR EUGENE SEARLES
Date signed: October 18, 2024

Note

LOCAL TITLE: V21 CCC PATIENT CONTACT NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: OCT 18, 2024@14:33:22 ENTRY DATE: OCT 18,
2024@14:33:22
AUTHOR: SEARLES, VICTOR EUGE EXP COSIGNER:

URGENCY:
COMPLETED

STATUS:

*** V21 CCC PATIENT CONTACT NOTE Has ADDENDA ***

Patient Demographics

Patient Name: RONALD CLARK CAMPBELL

Patient Primary Phone: 2062952554

Patient Primary Address: 1521 Whitehorse Rd Meadow Vista, CA 95722

Patient DOB: April 11, 1950

Patient Age: 74

Call Back Number: 2062952554

Caller/Recipient Relation to Patient: Self

Scheduling

Patient Expects Callback: Yes

Scheduling Note Comments: Pnuemonia

Administrative

Administrative Note Reason: Other

Administrative Note Comments: Veteran is requesting a call back about
getting

a pneumonia vaccine shot.

Thank you call center Victor.

IMPORTANT: This note was created by VA Health Connect Clinical Contact
Center

staff. Please do not alert the staff member by adding them as a signer for
future communications. Alerts are not monitored by this user.

/es/ VICTOR EUGENE SEARLES

AMSA, VISN 21 CCC

Signed: 10/18/2024 14:33

Receipt Acknowledged By:

10/18/2024 15:13 /es/ Jane Addagatla,
MD

Physician, Primary

Care

for PARVEZ S

ISLAM

10/18/2024 ADDENDUM

STATUS: COMPLETED

Pneumonia vaccine ordered please let him know.

/es/ Jane Addagatla, MD

Physician, Primary Care

Signed: 10/18/2024 15:18

Receipt Acknowledged By:

10/21/2024 08:47

/es/ MARY LIN

HELFRICK

10/21/2024 ADDENDUM

STATUS: COMPLETED

pt. states he had it taked care of at CVS

/es/ MARY LIN HELFRICK

Signed: 10/21/2024 08:48

V21 CCC PATIENT CONTACT NOTE

Details

Date entered: October 17, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** DIGNA EMERITA LOZADA**Signed by:** DIGNA EMERITA LOZADA**Date signed:** October 17, 2024

Note

LOCAL TITLE: V21 CCC PATIENT CONTACT NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: OCT 17, 2024@12:16 ENTRY DATE: OCT 17,
2024@12:17:04

AUTHOR: LOZADA, DIGNA EMERIT EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Spoke with:

Contact info per CPRS:

CAMPBELL, RONALD CLARK
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722
(206)295-2554

What is the best number to reach you to return your call?

What is the best time to call you during regular business hours?

Reason for calling:

Additional Information: vet is asking if he need any vaccine updates like
pneumonia and he is also wanting to know if flu vaccine is avail and when
can
he come in.

/es/ DIGNA EMERITA LOZADA
AMSA, VISN 21 CCC
Signed: 10/17/2024 12:27

Receipt Acknowledged By:

10/17/2024 14:25 /es/ Eric Kraft,
LVN

Primary

Care

Cardiology Secure Messaging

Details

Date entered: October 7, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MICHELLE L PARLIER**Signed by:** MICHELLE L PARLIER**Date signed:** October 7, 2024

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: OCT 07, 2024@11:53 ENTRY DATE: OCT 07,
2024@08:53:57
AUTHOR: PARLIER,MICHELLE L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 10/06/2024 06:49 PM ET
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Medication:Pantoprozol

Contacted primary care for renewal of prescription and receive email confirmation on September 23 that it had been ordered and would be shipped by mail.

I review my prescription shipment emails often. And found the last prescription shipment. Confirmation was on another medication on September 16. No other medication confirmations have been received since September 16.

As pantoprazole helps control gastronomical bleeding is it a problem to wait for another prescription to arrive?

Thanks

Ron Campbell

-----Original Message-----

Sent: 10/07/2024 11:53 AM ET

From: PARLIER, MICHELLE L

To: CAMPBELL, RONALD CLARK

Subject: Medication:Pantoprozol

Good morning Mr. Campbell,

I verified your pantoprazole 40mg daily was released for mail on 9/25/24.

I

also tracked the Pantoprazole and it shows the following:

Delivered

Delivered, In/At Mailbox

MEADOW VISTA, CA 95722

September 27, 2024, 12:58 pm

If you did not receive this, I would encourage you to contact VA Mather pharmacy.

I hope this information helps.

Thank you,

Michelle RN

Cardiology

/es/ Michelle L. Parlier MSN, RN

CHF RN Care Manager, Cardiology/SAC

Signed: 10/07/2024 08:53

Primary Care Secure Messaging

Details**Date entered:** September 23, 2024**Location:** MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** September 23, 2024**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 23, 2024@14:05 ENTRY DATE: SEP 23,
2024@11:06
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/22/2024 08:14 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Pantoprazole Sodium prescription.

Please renew this prescription as no refills appear to be available for reorder.

Ron Campbell

-----Original Message-----

Sent: 09/23/2024 02:05 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Medication:Pantoprazole Sodium prescription.

It has been refilled and will be mailed to you.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 09/23/2024 11:06

Primary Care Secure Messaging

Details

Date entered: September 18, 2024**Location:** MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** September 18, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 18, 2024@19:21 ENTRY DATE: SEP 18,
2024@16:21:40
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/18/2024 04:43 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:PSA

Oct 5 2023 was my last test @<0.04
Since the prostate removal due to high gleason scores I had been tested
each
year.
Don't know if that's still the case. Am I due?

Thanks

Ron Campbell

-----Original Message-----

Sent: 09/18/2024 07:21 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Test:PSA

Hello,
post treatment psa ordered-
you can do it anytime.

DR. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 09/18/2024 16:21

Diagnostic Oxygen Testing Report

Details

Date entered: September 11, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MONIQUE S BALLEW
Signed by: MONIQUE S BALLEW
Date signed: September 11, 2024

Note

LOCAL TITLE: Diagnostic Oxygen Testing Report
STANDARD TITLE: RESPIRATORY THERAPY REPORT
DATE OF NOTE: SEP 11, 2024@12:14 ENTRY DATE: SEP 11,
2024@12:14:37
AUTHOR: BALLEW, MONIQUE S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

INITIAL OUTPATIENT SUPPLEMENTAL HOME OXYGEN EVALUATION

RESTING ROOM AIR EVALUATION

RESTING SpO2:_96%/ HR 67_

Type of Oxygen Delivery Used by patient: Room Air

EXERTIONAL ROOM AIR TESTING (ONLY IF ORDERED BY A VA PULMONARY PHYSICIAN)

Time (Min)	SpO2 (%)	HR (BPM)	Distance (Meters)
Rest	96	67	
1.0	92	85	50
2.0	94	86	100
3.0	92	84	150
4.0	92	83	200
5.0	92	86	250
6.0	93	81	300 Total; SOB 0
Post	95	65	

Tech Comments:

The patient ambulated on a 10 meter flat course for testing. A pulse oximeter was attached to the Left hand throughout testing. This is a room air 6MWT being conducted for this 74 year old male with a diagnosis of COPD who has a current UNIQUE consideration oxygen order for Migraines. The patient arrived to clinic on RA, SpO2 at rest was 96%. The patient ambulated in RA, Spo2 was maintained at 92% and above over the course of the test. The patient was rested and quickly recovered. While the patient rested it was discussed with the patient that no resting or exertional hypoxemia was noted during the testing, therefore oxygen is not indicated at this time. He states understanding. The patient tells me he

has seen improvement since switching his maintenance inhaler back to Advair and since beginning pulmonary rehab. He states he has not desaturated to 88% in 2 weeks while exercising in pulmonary rehab.

Patient tolerated test well and was released at or near all baseline vitals.

EDUCATION

The patient was educated on the proper and safe use and storage of supplemental home oxygen, prescription for use and need for follow up testing and evaluation in order to maintain the oxygen prescription. The patient confirmed knowledge of oxygen safety, placement of thermal fuses, gross filter cleaning and vendor equipment maintenance in line with the manufacturers guidelines and vendor contract. The patient acknowledges that the VAs contracted oxygen company will deliver oxygen to the patients home and inspect it to ensure safe oxygen use. The patient is aware that the VA may perform a home visit audit to ensure safe oxygen use. The patient acknowledges that oxygen represents a potential fire hazard and that they have been advised against smoking. The patient was advised to contact me or their primary care provider for any questions or concerns should arise regarding oxygen.

RECOMMENDATION

X No supplemental Oxygen (patient will keep his current UNIQUE consideration
order)

/es/ MONIQUE S BALLEW
Respiratory Therapist
Signed: 09/11/2024 12:24

Receipt Acknowledged By:

09/11/2024 13:08 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

09/11/2024 21:23 /es/ Jared Rosen,
MD

Pulmonary and Critical Care

Fellow

Pulmonary Clinic Note 10707

Details

Date entered: September 4, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JARED ROSEN

Signed by: JARED ROSEN

Date signed: September 4, 2024

Note

LOCAL TITLE: Pulmonary Clinic Note 10707

STANDARD TITLE: PULMONARY NOTE

DATE OF NOTE: SEP 04, 2024@08:03 ENTRY DATE: SEP 04,
2024@08:03:39

AUTHOR: ROSEN, JARED

EXP COSIGNER: KENYON, NICHOLAS J

URGENCY:

STATUS:

COMPLETED

*** Pulmonary Clinic Note 10707 Has ADDENDA ***

Pulmonary Fellow Clinic Note

Reason for consultation: COPD

cc: progressive sob

HPI: This is a 74 MALE with COPD, allergic rhinosinusitis afib, prior STEMI in 2021 referred for worseing sob.

Interval events:

- completed ECHO -> normal
- PFTs with severe obstruction
- had some episodes of desaturation with exertion, called and spoke to Dr. Denman who sent flutter valve and switched wixela to advair
- started Pulm rehab and really enjoys
- overall feels that sob is much better, cough is much better as well since switch to advair and starting pulm rehab
- using albuero1 only 1x per week
- able to walk 30min without stopping, improved

Per my initial consult note:

"PT states that he has a long h/o COPD that has been well managed on triple therapy until he had a respiratory infection Feb 2024 and feels that he hasn't completely recovered since. He has singnificantly worsen sob and DOE with much less activity, some chest heaviness, phlegm and cough that are all much worse that before he had this illness. He states that he also has gained 20 lbs since all this started. Before this he was walking 3/4 mi 3-4x per week and now can only walk about 100 yards. Checks his sats at home and has desaturations even with mild activity. muscous worse in the morning and evenint, easy to cough up. NO chest pain, fevers, chills, rashes, joint swelling, ns. Does have nasal

allergies that are well managed on his current oral meds."

Pulm Meds

advair bid
spiriva qday
albuterol nebs
montelukast
loratidine

Pertinent occupational/exposure history:

Tobacco: 40 pack years quit 25 years ago

ETOH: Denies

IVDA: Denies

Military Hx: Navy in Vietnam - translator

Occupation: Building supply salesman - ?toxic exposures

Exposures:

Birds: None

Hot Tub: None

TB: No history/no known contacts

Recent Travel: LA

ROS: A complete review of system is negative otherwise then stated in HPI.

Past Medical History

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN, HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN, ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN, ELDI
KYOUNG		

Added from station 654 as a result of CBOC move.

7. Degenerative joint disease of knee (SCT 05/06/22
ISLAM, PARVEZ S
239873007)

Added from station 654 as a result of CBOC move.

8. Prostate cancer (SNOMED CT 254900004) 12/03/19 HAN, ELDI
KYOUNG

Added from station 654 as a result of CBOC move.

9. Chronic cluster headache (SNOMED CT 230473009) 09/21/20
NICKERSON, GASON

Added from station 654 as a result of CBOC move.

10. Adjustment Disorder with Mixed Emotional 09/30/19 LWIN, HTWE H
Features (SCT 55668003)

Added from station 654 as a result of CBOC move.

11. Polyp Colon (SCT 68496003) 09/30/19 LWIN, HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019

Added from station 654 as a result of CBOC move.

12. History of malignant neoplasm of prostate 11/05/16
FIECHTNER, BRIDG

13. Dysthymia 02/08/16
BAHTEN, REGINA S

14. Chronic pain syndrome 12/08/15
BAHTEN, REGINA S

15. Cervical radiculitis (SNOMED CT 11049006) 07/23/14 LEE, JEAN
16. Depressive Disorder NOS * 04/02/14

BAHTEN, REGINA S
17. Chronic cluster headache (SNOMED CT 230473009) 01/25/21
NICKERSON, GASON

18. Chronic obstructive lung disease 06/24/19
FIECHTNER, BRIDG

"severe" (nonVA)

19. Benign hypertension 11/26/13 CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004) 11/05/16

FIECHTNER, BRIDG
21. Type 2 diabetes mellitus (SNOMED CT 44054006) 11/05/16
FIECHTNER, BRIDG

22. Headache (SNOMED CT 25064002) 08/12/22
NICKERSON, GASON

23. Carcinoma, Prostate 11/26/13 CHANG, MYO S

24. Arthralgias NOS 11/26/13 CHANG, MYO S

25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

Past Surgical History

Family History: mom with lung cancer - heavy smoker

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.)	ACTIVE
2) ALBUTEROL S04 0.083% INHL 3ML USE 1 PILLOW (3 ML) IN NEBULIZER EVERY 6 HOURS AS NEEDED FOR BREATHING	ACTIVE
3) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE (S)
4) ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE DAILY TO PREVENT A STROKE OR HEART ATTACK STOP CLOPIDOGREL ONCE YOU START ASPIRIN	ACTIVE
5) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
6) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE (S)
7) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE (S)
8) FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE.	ACTIVE
9) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE
10) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY	ACTIVE

FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.

11)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
12)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
13)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
14)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE
15)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
16)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
17)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
18)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE (S)
19)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications

Status

=====		
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

20 Total Medications

PENICILLIN, PREDNISONE, BISOPROLOL

Physical Examination:

97.7 F [36.5 C] (09/04/2024 07:58)

60 (09/04/2024 07:58)

128/77 (09/04/2024 07:58)

16 (09/04/2024 07:58)

Measurement DT POx
 (L/MIN)(%)

09/04/2024 07:58 96

04/25/2024 12:57 94

194 lb [88.00 kg] (09/04/2024 07:58)

GEN: NAD. A03. Non-toxic appearing.

HEENT: NC/AC. PERRL. EOMI. MMM. OP Clear. Neck supple. No cervical or supraclavicular LAD.

CV: reg without m/g/r.

LUNGS: CTAB with w/r/r

ABD: +BS. NT/ND. Soft. No HSM

EXT: WWP. No e/c/c.

NEURO: Non-focal

SKIN: no rashes

Labs:

No data available

SCL1 - Partial CBC

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
09/20/2022 08:02	BLOOD	6.5	14.9	45.4	92.8	32.8	266

SCL1 - Lab Cum Selected 1

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
10/20/2023 09:15	PLASM	140	3.7	105	29	9.0

SCL2 - Lab Cum Selected 2

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR(MD	eGFR CK

10/20/2023 09:15	PLASM	146 H	13	0.82	>90
10/05/2023 09:41	PLASM	162 H	20	0.81	>90

SCL3 - Lab Cum Selected 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST
10/20/2023 09:15	PLASM	6.5	4.0	0.6		55	25

Ige 16

BMP 24

eos 200

Imaging/Studies

CT Chest 5/2024

Impression:

1. No evidence of pulmonary embolus.
2. No acute process within the thorax.
3. Emphysema.

CXR 3/2024

Impression:

Mild bibasilar atelectasis. No convincing radiographic evidence of infectious pneumonitis/pneumonia.

CT Chest 2021

Impression:

No radiographic evidence of acute pulmonary embolism. COPD emphysematous changes without lobar pneumonia or pulmonary edema. 6 mm soft tissue pulmonary nodule in the left lower lobe is

unchanged.

NM Spect 2022

Impression:

Normal sized left ventricular chamber. No evidence of transient ischemic dilatation of the left ventricle. Suggestion of old inferior wall myocardial infarct with mild peri-infarct ischemia. Normal left ventricular ejection fraction of 69% with normal left ventricular contractility.

ECHO 5/2024

Interpretation Summary

The left ventricular ejection fraction is normal.

There is mild mitral regurgitation.

Doppler findings do not suggest pulmonary hypertension.

PFT	5/2024
FVC	4.10 (103%)
FEV1	1.36 (45%)
F/F	33%
TLC	7.53 (110%)
RV	3.49 (141%)
RV/TLC	125%
DLC0	16.15 (65%)

IMPRESSION/RECS:

This is a 74 MALE here for COPD and progressive SOB

COPD GOLD 3E

CAD with prior STEMI

Prior PE on Pradaxa

Th2 low emphysematous COPD now well controlled on triple therapy after switch to

Advair from Wixela. He has been participating in pulm rehab and has been benefitting from this as well.

- cont advair, spiriva
- PRN albuterol nebs and HFA
- cont singulair and loratidine

HCM

*Immunizations

- PCV 13/PCV 23/PCV 20: UTD, consider PCV 20
- TDAP_ 2017
- COVID: s/p 3
- Flu: due in fall

*Lung Cancer Screening: n/a, quit >20 years ago

*Tobacco Cessation: quit

RTC 6 months

Patient was seen and discussed with Dr. Kenyon, who agrees with the above plan and management.

Jared Rosen, MD
PCCM Fellow

/es/ Jared Rosen, MD
Pulmonary and Critical Care Fellow
Signed: 09/04/2024 08:28

/es/ Nicholas J. Kenyon, M.D.
Staff Physician, Pulmonary Medicine
Cosigned: 09/04/2024 10:12

09/04/2024 ADDENDUM

STATUS: COMPLETED

Pulmonary Attending

Pt discussed and data reviewed and agree with plan as detailed. Time 15min spent

in addition to fellow

/es/ Nicholas J. Kenyon, M.D.

Staff Physician, Pulmonary Medicine

Signed: 09/04/2024 10:14

Pulmonary Telephone Note

Details

Date entered: September 3, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: AMBER MARIE ENLOW

Signed by: AMBER MARIE ENLOW

Date signed: September 3, 2024

Note

LOCAL TITLE: Pulmonary Telephone Note

STANDARD TITLE: PULMONARY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: SEP 03, 2024@14:46 ENTRY DATE: SEP 03,
2024@14:46:50

AUTHOR: ENLOW, AMBER MARIE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Called vet to provide a friendly reminder of F2F Cardio/Pulm appt 9/4/24 @ 8 am

No answer. left a generic voicemail asking vet to return this writers call-direct office number provided.

/es/ Amber M. Enlow, BSA
LVN, BHICU/SAC
Signed: 09/03/2024 14:47

Primary Care Secure Messaging

Details

Date entered: July 30, 2024
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: July 30, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUL 30, 2024@16:53 ENTRY DATE: JUL 30,
2024@14:53:59
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 07/30/2024 04:40 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:Eye test

Should I be scheduling an eye test soon? I think one gets scheduled every year that's associated with either my medication's, or perhaps one of my treated diseases. perhaps this test was already completed

-----Original Message-----

Sent: 07/30/2024 05:53 PM ET
From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK
Subject: Test:Eye test

please contact optometry.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 07/30/2024 14:53

Pulmonary Secure Messaging

Details

Date entered: July 23, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MAKENZY L ANDERSON
Signed by: MAKENZY L ANDERSON
Date signed: July 23, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging
STANDARD TITLE: PULMONARY SECURE MESSAGING
DATE OF NOTE: JUL 23, 2024@11:23 ENTRY DATE: JUL 23,
2024@09:23:41
AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 07/22/2024 05:22 PM ET
From: CAMPBELL, RONALD CLARK
To: Pulmonary - SAC.@
Subject: Appointment:Community Care Request.

Your efforts are working. Dr. Denman.? and I talked today in length. He has
a
plan he wants to implement. Whether it's virtual or face-to-face didn't
matter

to me as long as action could be taken to address the problem. Thank you.

I show two appointments upcoming with Pulmonary. The first is on September 4

which I understood to be the reschedule appointment from the one canceled this

month the next on September 11 and I'm not sure who that is with is one of these going to be the appointment with the RT?

-----Original Message-----

Sent: 07/23/2024 12:23 PM ET

From: GARVEY, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Community Care Request.

I am glad we have a game plan and you feel better supported! Myself, and our

doctors here, truly do care.

I have you down for:

September 4th @ 0800 with Dr. Rosen Pulmonary

September 11th @ 1100 with the Respiratory Therapist.

Your prednisone and doxycycline were shipped out to you yesterday and should be

there soon.

Makenzy Garvey

Pulmonary RN Care Manager

/es/ Makenzy L. Garvey, RN BSN

Pulmonary Care Manager

Signed: 07/23/2024 09:23

Pulmonary Secure Messaging

Details

Date entered: July 22, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MAKENZY L ANDERSON**Signed by:** MAKENZY L ANDERSON**Date signed:** July 22, 2024**Note**

LOCAL TITLE: Pulmonary Secure Messaging

STANDARD TITLE: PULMONARY SECURE MESSAGING

DATE OF NOTE: JUL 22, 2024@11:37 ENTRY DATE: JUL 22,
2024@09:37:05

AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 07/19/2024 11:40 PM ET

From: CAMPBELL, RONALD CLARK

To: Pulmonary - SAC.@

Subject: Appointment:Community Care Request.

With my worsening symptoms, increased use of albuterol which cardio warns to limit and next appointment another 45 day wait yes.

I'm working with our local Congressional office on this issue so please let me know the plan so I can keep them current.

Thanks for trying to get me treatment sooner. It's much appreciated.

Ron

-----Original Message-----

Sent: 07/22/2024 12:36 PM ET

From: GARVEY, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Community Care Request.

Hello!

At this time, September is the soonest we can fit you in, I am sorry about that! I did reach out to a Pulmonologist to see if he can call you and discuss your concerns, your CT & PFT results, and possibly sending you through Community Care. It may take a few months to have you be seen by Community Care, and of course, we always suggest keeping your care within the same hospital for better care.

I did see that we also have you scheduled to see the Respiratory Therapist regarding your dropping oxygen numbers with exertion. I know we talked last time about how to manage your symptoms currently with albuterol, pursed lip breathing and pausing to catch your breath in the mean time. Please let me know if there is anything else I can do.

I will wait for the doctor to call you and let me know about sending you through to community care. Thank you!

Makenzy Garvey
Pulmonary RN Care Manager

/es/ Makenzy L. Garvey, RN BSN
Pulmonary Care Manager
Signed: 07/22/2024 09:37

Receipt Acknowledged By:
08/21/2024 07:55 /es/ TYLER D
DENMAN

Pulmonary and Critical Care

PGY-5
07/26/2024 10:32 /es/ Jared Rosen,
MD

Pulmonary and Critical Care

Fellow

Pulmonary Clinic Note 10707**Details****Date entered:** July 22, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** TYLER D DENMAN**Signed by:** TYLER D DENMAN**Date signed:** July 22, 2024**Note**

LOCAL TITLE: Pulmonary Clinic Note 10707

STANDARD TITLE: PULMONARY NOTE

DATE OF NOTE: JUL 22, 2024@11:19

ENTRY DATE: JUL 22,

2024@11:19:52

AUTHOR: DENMAN, TYLER D

EXP COSIGNER: HARPER, RICHART W

URGENCY:

STATUS:

COMPLETED

Brief Telephone Unscheduled Visit

Discussed prior workup with CT, echo, and PFT's. Discussed finding of some small mucus plugging and so ordering flutter valve. He describes mucus as thin and white but not worsening. He does have intermittent low O2 sats at home that are not sustained. he is able to still walk but is more limited than previous. He had a 14d course of pred and azithro in May which helped but one week after stopping he worsened again. We discussed this could be a mild AECOPD and so will trial a round of abx/steroids with changing his inhaler for better delivery and

starting increased mucus clearance. Ultimately, we also discussed pulm rehab.

This may be difficult in the setting of living in Placer but if he is able to attend would be beneficial to his quality of life. Ultimately, if he is doing well from a mucus clearance standpoint and stable without exacerbations after pulmonary rehab, may consider referral for EBV evaluation in the setting of his air trapping. Would consider adding azithro if continues to have exacerbations although his predominant phenotype appears to be emphysema with worsening bronchitic symptoms since his URI in February.

- wixela->Advair HFA; cont spiriva; cont PRN albuterol neb/HFA
- pulm rehab referral
- discussed flutter valve and will send this; holding off on HTS as secretions already thin
- Urgent mailing of doxy/pred for 5 day course
- 6MW test ordered
- discussed if O2 sats are prolonged below 88 would need to present to the hospital for evaluation

A total of 30 minutes was spent in review of chart, arranging appropriate care, and discussing with patient.

/es/ TYLER D DENMAN
Pulmonary and Critical Care PGY-5
Signed: 07/22/2024 12:04

/es/ Richard W. Harper, MD
Staff Physician, Pulmonary
Cosigned: 07/23/2024 09:14

Pulmonary Secure Messaging

Details

Date entered: July 18, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MAKENZY L ANDERSON

Signed by: MAKENZY L ANDERSON

Date signed: July 18, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging

STANDARD TITLE: PULMONARY SECURE MESSAGING

DATE OF NOTE: JUL 18, 2024@11:35 ENTRY DATE: JUL 18,
2024@09:35:50

AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 07/16/2024 09:38 AM ET

From: CAMPBELL, RONALD CLARK

To: Pulmonary - SAC.@

Subject: Appointment:Community Care Request.

Pulmonary Care single source -

I am investigating my single provider source options for pulmonary care.
The

next appointment to decided a treatment plan is Sept 2 which will be
months

since I first alerted my primary VA provider about my current symptoms.

1. Community Care - We discussed this as a viable option. You noted that
the

wait to begin approved Community Care could be extensive. I would,
however

like to investigate this option further. I have tried to access the
TriWest

site in order to see which outside providers might be available but have
not

succeeded. How might I find out which Pulmonary Care Providers in Placer County participate in the CCN?

2. Medicare Providers - I am investigating the Medicare providers options as well. However co-pays on labs, tests & appointments may be prohibitive for me.

I am rated at 60% with the VA which covers all of these out-of-pocket costs.

3. ER - I am keeping a close eye on my symptoms and will certainly contact the VA advice nurse if my symptoms worsen. At this juncture the O2 sat does continue to randomly drop during the day but is recoverable within a few minutes. ER is my last option due to past exposure and billing error experiences.

Thanks for any direction you can provide on the CCN providers in Placer County.

That will really help with my decision.

Regards;

Ron Campbell

-----Original Message-----

Sent: 07/18/2024 12:35 PM ET

From: GARVEY, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Community Care Request.

Hello, Mr. Campbell!

I understand that you want to view all of your available options. Unfortunately, I do not know the answers to your questions. I would reach out to our community care team to see if you can get some clarification.

Community Care: (707) 562-8430 (Option 4)

Makenzy Garvey
Pulmonary RN Care Manager

/es/ Makenzy L. Garvey, RN BSN
Pulmonary Care Manager
Signed: 07/18/2024 09:35

Pulmonary Secure Messaging

Details

Date entered: July 15, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MAKENZY L ANDERSON
Signed by: MAKENZY L ANDERSON
Date signed: July 15, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging
STANDARD TITLE: PULMONARY SECURE MESSAGING
DATE OF NOTE: JUL 15, 2024@11:15 ENTRY DATE: JUL 15,
2024@09:15:22
AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 07/09/2024 02:39 PM ET
From: CAMPBELL, RONALD CLARK
To: Pulmonary - SAC.@
Subject: Appointment:Community Care Request.

looks like you don't have access to the history on this issue which stage
back
143 days.

I'm working with my congressional office on this issue, so I'll have to rebuild
for you the history in the interim in the interim, please look for an
opportunity for me to get an

-----Original Message-----

Sent: 07/09/2024 06:39 PM ET

From: GARVEY, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Community Care Request.

Hi, Mr. Campbell,

I do have access to your records. As an RN, and due to the concerns you listed,

I am wanting more information on how you are doing currently so that I can assist you. I would love to talk about everything and triage your situation

with you if you can call. I can also try to get you a sooner appointment and/or

we can discuss community care. I can also relay any message that you might have

to the doctors. We are here to help you and assist you, I would like to clear

up any confusion that you might have. Thank you, and I hope you have a great day.

Makenzy Garvey

Pulmonary RN Care Manager

-----Original Message-----

Sent: 07/10/2024 06:23 PM ET

From: CAMPBELL, RONALD CLARK

To: Pulmonary - SAC.@

Subject: Appointment:Community Care Request.

Thanks very much for the discussion today. The information provided is invaluable in helping me understand my issues. Already I'm more tuned in on
what my "shortness of breath" is indicating.

Now that I'm more aware I found I had two low O2 sat events today. The first was following some minor exertion. The second was just awakening from a nap. The readings were 85 & 83 respectively. Both were recoverable in a few minutes.

Also received the schedule for the next test you mention. Sept 11 at 11 AM.

-----Original Message-----

Sent: 07/15/2024 12:15 PM ET

From: GARVEY, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Community Care Request.

You are more than welcome! I'm glad we were able to discuss it all. You definitely need to be seen for the 6 minute walk test (scheduled Sept 11th). I

know at this time your oxygen does recover (comes back up), but if it ever stays below 88% please be seen in the ER. It is also concerning that you are

waking up with low SpO2, this could indicate some sleep apnea as well.

Again,

the fastest way to be seen about this would be to coming into the ER here. If

you have any questions, I am here for you!

Makenzy Garvey

Pulmonary RN Care Manager

/es/ Makenzy L. Garvey, RN BSN

Pulmonary Care Manager

Signed: 07/15/2024 09:15

Receipt Acknowledged By:

07/16/2024 08:27

/es/ Jared Rosen,

MD

Pulmonary and Critical Care

Fellow

Medical Clerk Note

Details

Date entered: July 12, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** CASSANDRA EVETTE LACY**Signed by:** CASSANDRA EVETTE LACY**Date signed:** July 12, 2024

Note

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: JUL 12, 2024@14:00 ENTRY DATE: JUL 12,
2024@14:01:25

AUTHOR: LACY,CASSANDRA EVET EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Medical Clerk Note Has ADDENDA ***

Phone Call

WHO IS CALLING: Patient

REASON FOR CALL:pt would like a call back to discuss his "severe" breathing
problem that he feels is not being addressed. tagging rn/attending

TIME PATIENT WILL BE HOME FOR RETURN CALL: Jul 12,2024

MESSAGE MAY BE LEFT WITH: Patient

CALLER'S MOOD: Not calm

DISPOSITION: Note forwarded to RN, Other: attending

ADDRESS:

1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

AGE: 74 y.o.

PCP: ISLAM, PARVEZ S

FUTURE APPOINTMENT(S):

MAS CLINIC VISITS FUTURE

09/04/2024 08:00 SAC PULMONARY FELLOW 5
09/11/2024 11:00 SAC PULMONARY HOME OXYGEN
10/25/2024 09:00 SAC PHONE CARDIO NP 2A
11/08/2024 09:30 SAC PHONE CARDIO NP 2A
07/09/2025 10:00 SAC PHONE NEURO NP

Letter Reminders

RECALL DATE CLINIC

No data available

/es/ CASSANDRA EVETTE LACY

ADVANCED MEDICAL SUPPORT ASSISTANT

Signed: 07/12/2024 14:03

Receipt Acknowledged By:

07/17/2024 10:48 /es/ Makenzy L. Garvey, RN
BSN

Pulmonary Care

Manager

07/17/2024 ADDENDUM

STATUS: COMPLETED

RN has talked to the Veteran on the 10th about this matter. Veteran left voice mail message, most likely before our conversation on the 10th. Thank you!

/es/ Makenzy L. Garvey, RN BSN

Pulmonary Care Manager

Signed: 07/17/2024 10:55

Neurology Secure Messaging

Details

Date entered: July 11, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: July 11, 2024

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: JUL 11, 2024@12:39 ENTRY DATE: JUL 11,
2024@10:39:09

AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 07/11/2024 12:41 AM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Appointment:NP Nickerson

I'm watching the pulmonary 02 sat running under 88 daily and concerned that it

may trigger a "demand" signal for more oxygen needed for the brain.

So am now having 02 tanks with me and accessible at all times.

Thanks for all you are doing.

Ron

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 07/11/2024 10:39

Scheduling Contact Note

Details

Date entered: July 11, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SEE XIONG**Signed by:** SEE XIONG**Date signed:** July 11, 2024

Note

LOCAL TITLE: Scheduling Contact Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: JUL 11, 2024@09:17 ENTRY DATE: JUL 11,
2024@09:17:27

AUTHOR: XIONG, SEE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

RTC Contact: 071024

Contact:

Contact 1 - : Call

Contact 2 - : Letter mailed, Left Voicemail

Minimum scheduling effort in progress. Follow up still needed.

/es/ SEE XIONG

MEDICAL SUPPORT ASSISTANT

Signed: 07/11/2024 09:17

Patient Scheduling Attempt Letter

Details**Date entered:** July 11, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SEE XIONG**Signed by:** SEE XIONG**Date signed:** July 11, 2024**Note**

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: JUL 11, 2024@09:17 ENTRY DATE: JUL 11,
2024@09:17:56

AUTHOR: XIONG, SEE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

JUL 11, 2024

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to

schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and then option 3 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

SAC PHONE NEURO Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

Neurology Secure Messaging

Details

Date entered: July 10, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: July 10, 2024

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: JUL 10, 2024@18:29 ENTRY DATE: JUL 10,
2024@16:29:16

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 07/10/2024 06:30 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Appointment:NP Nickerson

I apologize for missing the call this morning. I've been dealing with a severe breathing issue for the past four months and finally had the head pulmonary nurse on the phone at the time of our appointment.

Right now the combination of the Emgality and availability of oxygen flow at 15

L per minute has been managing the headaches nicely. I continue to have a few

"shadows" indicating that headache may be coming, but none have turned into the severe clusters. I've been experiencing in the past.

-----Original Message-----

Sent: 07/10/2024 07:28 PM ET
From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: Appointment:NP Nickerson

I'm sorry to hear what you have been dealing with. No worries about missing the phone call. I just renewed your oxygen order which is good for another year.

There is still a refill left for 3 months on the current Emgality prescription.

After you exhaust that, request a new prescription. I understand headaches can

get worse depending on your other health issues. Hope that you are getting relief soon.

Take care,

DNP Nickerson

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 07/10/2024 16:29

Patient Scheduling Attempt Letter

Details

Date entered: July 10, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: SHAKAYLA MARIE LATRICE SHANKS
Signed by: SHAKAYLA MARIE LATRICE SHANKS
Date signed: July 10, 2024

Note

LOCAL TITLE: Patient Scheduling Attempt Letter
STANDARD TITLE: LETTERS
DATE OF NOTE: JUL 10, 2024@11:42 ENTRY DATE: JUL 10,
2024@11:42:38
AUTHOR: SHANKS, SHAKAYLA MAR EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANHCSCS)

JUL 10, 2024

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment or would like to further discuss this appointment over the phone, please call (833) 373-1459 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

SPECIALTY Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

Pulmonary Telephone Note

Details

Date entered: July 10, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MAKENZY L ANDERSON

Signed by: MAKENZY L ANDERSON

Date signed: July 10, 2024

Note

LOCAL TITLE: Pulmonary Telephone Note
STANDARD TITLE: PULMONARY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 10, 2024@09:36 ENTRY DATE: JUL 10,
2024@09:36:42
AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

RN PHONE CALL VISIT

Problem: Veteran returned this RNs call (last name, last 4 and DOB confirmed).

Veteran gave this RN a history of what has been going on with his care. Veteran stated that he received a cold in February (might of had PNA). Since

then he "wants answers" too if something new has come up or if his symptoms

are progressive COPD. Veteran reports that he has had episodes of low SpO2 with activity. He said it can drop to the mid 80s, but if he pauses or does

pursed lip breathing, he can catch his breath and his O2 rates goes back above 88%.

Symptoms: SOB, Low SpO2 with exertion, phlegm and present cough. Phlegm is clear, thin. Denies fever.

Medication Review: Currently using all prescribed medications. Veteran tries not to use his albuterol due to his "heart conditions" but understands that if his SOB becomes extreme he needs to use it. Veteran reports that he has seen a Pulmonologist at Sutter, who did put him on a 2 week round of Prednisone and Benzonate. Veteran reports both medications greatly helped.

RN Education: RN went over in detail Veterans current treatment plan and medications. Veteran explained the process of COPD and low SpO2 with exertion.

RN placed SPOXY consult to be evaluated in clinic. Veteran does not seem to be

having an acute episode of exacerbation or infection at this time. RN will also attempt to get the Veteran in for a sooner appt so that the MD can give

PFT and CT results to the patient. Veteran stated that he understands that this could be his "new normal" but he wants to make sure he is well educated

on what happens from here in his plan of care. Veteran has RNs call back number if he has further questions.

Education time: 45 Minutes.

Emergency Education:

Veteran notified to GET IMMEDIATE CARE if he/she has symptoms of:

- too short of a breath to say a few words without wheezing or stopping to

catch breath

- chest pain not relieved by rest or nitroglycerin, (may spread to the arms,

neck, tooth, jaw or back, feeling of tightness, burning, squeezing, fullness or heaviness in the chest, chest discomfort accompanied with shortness of breath, fast or uneven pulse,

sweating,

lightheadedness, severe indigestion that doesn't go away, nausea or fainting)

- fainting or blackout spells

- persistent heart racing

- green, thick phlegm especially associated with Fever
- SpO2 drops below 88%

Telephone Advice Nurse: 1-800-382-8387

Veterans Crisis Line: 1-800-273-8255 (press 1)

For veterans self-presenting to a non-VA ER or in-network urgent care facility, veteran/family/hospital was advised to contact the hospital notification line within 72 hours P: (844)724-7842

/es/ Makenzy L. Garvey, RN BSN

Pulmonary Care Manager

Signed: 07/10/2024 09:45

Receipt Acknowledged By:

07/16/2024 08:28 /es/ Jared Rosen,
MD

Pulmonary and Critical Care

Fellow

No Show Note

Details

Date entered: July 10, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: July 10, 2024

Note

LOCAL TITLE: No Show Note

STANDARD TITLE: NO SHOW NOTE

DATE OF NOTE: JUL 10, 2024@09:09 ENTRY DATE: JUL 10,
2024@09:09:15

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

No answer x2. Left a VM that if he needs a oxygen and/or medication refill, he can message me via MHV. Will place a RTCO to another year from today.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 07/10/2024 09:10

Pulmonary Secure Messaging

Details

Date entered: July 9, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MAKENZY L ANDERSON
Signed by: MAKENZY L ANDERSON
Date signed: July 9, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging
STANDARD TITLE: PULMONARY SECURE MESSAGING
DATE OF NOTE: JUL 09, 2024@12:26 ENTRY DATE: JUL 09, 2024@10:26:07
AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 07/08/2024 01:06 PM ET
From: CAMPBELL, RONALD CLARK
To: Pulmonary - SAC.@
Subject: Appointment:Community Care Request.

Breathing Problem -

Feb 9th onset

Feb 28th VA primary notified

Today is day 137 of waiting for a diagnosis and treatment plan while continuing to suffer from shortness of breath, low O2 sat, fatigue and insomnia.

I request community care authorization be provided so timely care can be secured.

Regards

Ronald Campbell

-----Original Message-----

Sent: 07/09/2024 01:26 PM ET

From: GARVEY, MAKENZY L

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Community Care Request.

Hello, Mr. Campbell!

It looks like you were seen here in May and we just completed your workup (which was the CT scan, ECHO and PFT).

It looks like you are being treated for COPD. Your treatment plan includes:

Wixela Inhaler, Spiriva Inhaler, Albuterol nebulizers, Montelukast and Loratadine.

We currently have you scheduled for a Follow-Up with the Doctor in September.

Is your current medication regimen not working for you? How low are your oxygen levels when you check? What are your current symptoms? Would you like to be seen sooner, if there is availability? I tried calling you today to discuss all of this. If you would like to discuss your current care plan and symptoms please give me a call and we can work it out together.

Makenzy Garvey
Pulmonary RN Care Manager
(916) 843-2747

/es/ Makenzy L. Garvey, RN BSN
Pulmonary Care Manager
Signed: 07/09/2024 10:26

TCP Telephone Care Staff Short Note Only

Details

Date entered: July 5, 2024
Location: MARTINEZ VA MEDICAL CENTER
Written by: DANIELLE MONIQUE BATISTE
Signed by: DANIELLE MONIQUE BATISTE
Date signed: July 5, 2024

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 05, 2024@15:17 ENTRY DATE: JUL 05,
2024@15:17:41
AUTHOR: BATISTE,DANIELLE MO EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Pt calling in because his Pulmonary appt was cancelled again. Pt states he is concerned as this has been going on since April and it has to do with his breathing.

Please contact and advise

Best contact number- 206-295-2954

Thank you

/es/ DANIELLE MONIQUE BATISTE

MSA

Signed: 07/05/2024 15:22

Receipt Acknowledged By:

07/05/2024 16:14 /es/ Parvez S. Islam,

MD

Physician, Primary

Care

07/11/2024 10:40 /es/ Makenzy L. Garvey, RN

BSN

Pulmonary Care

Manager

Scheduling Contact Note

Details

Date entered: July 5, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: APRIL LEE BARNHART

Signed by: APRIL LEE BARNHART

Date signed: July 5, 2024

Note

LOCAL TITLE: Scheduling Contact Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: JUL 05, 2024@14:44 ENTRY DATE: JUL 05,
2024@14:44:28

AUTHOR: BARNHART, APRIL LEE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Cancelled or No Show Appointment Follow Up

CVP - Past Clinic Visits

06/12/2024 10:30 SAC ANC RAD CT SCAN DAY

06/05/2024 14:00 SAC CARDIO ECHO TECH RAD

CANCELLED BY

CLINIC

05/30/2024 14:00 SAC PULMONARY FELLOW 3

CANCELLED BY

CLINIC

05/13/2024 12:00 SAC PULMONARY PFT

05/08/2024 16:15 SAC VVC CARDIO NP 2

05/05/2024 09:00 SAC CARDIO ECHO TECH RAD

04/25/2024 13:00 SAC PULMONARY FELLOW 5

04/16/2024 09:46 SAC PHARM VISN PADR REVIE

UNSCHEDULED

03/25/2024 10:30 SAC CARDIO NP 2

03/07/2024 09:20 COM CARE-ORTHOPEDICS GENE

02/12/2024 11:00 SAC PHYS THER LOCUM

Date(s) of appointment(s) being reviewed: 07/24/2024

Clinic Location/Specialty: SAC PULMONARY FELLOW 5

Contact:

Contact 1 - Jul 5, 2024: Call

Contact 2 - Jul 5, 2024: Letter mailed

Minimum scheduling effort in progress. Follow up still needed.

/es/ April Barnhart

Advanced Medical Support Assistant

Signed: 07/05/2024 14:45

Patient Scheduling Attempt Letter

Details

Date entered: July 5, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** APRIL LEE BARNHART**Signed by:** APRIL LEE BARNHART**Date signed:** July 5, 2024

Note

LOCAL TITLE: Patient Scheduling Attempt Letter
STANDARD TITLE: LETTERS
DATE OF NOTE: JUL 05, 2024@14:42 ENTRY DATE: JUL 05,
2024@14:43:10
AUTHOR: BARNHART, APRIL LEE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

JUL 05, 2024

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and then option 3 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment

request will be cancelled and returned to the requesting provider,
requiring
you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

CARDIOLOGY Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****
****THIS IS NOT AN APPOINTMENT****

Pulmonary Secure Messaging

Details

Date entered: June 14, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: AMBER MARIE ENLOW
Signed by: AMBER MARIE ENLOW
Date signed: June 14, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging
STANDARD TITLE: PULMONARY SECURE MESSAGING
DATE OF NOTE: JUN 14, 2024@16:14 ENTRY DATE: JUN 14,
2024@14:14:06
AUTHOR: ENLOW, AMBER MARIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 06/14/2024 05:12 PM ET
From: CAMPBELL, RONALD CLARK
To: Pulmonary - SAC.@
Subject: Test:Low O2 sat CT Scan Complete

clarification

Some errors on my report as I was dictating it, and it looks like it didn't come through accurately

The pulse rates were not low at 100 O2. It was the O2 sat that was low in the 80s

also experienced shortness of breath and drops below 90 of O2 saturation during very easy exertion. Recovery, however, is still fast.

/es/ Amber M. Enlow, BSA
LVN, BHICU/SAC
Signed: 06/14/2024 14:14

Receipt Acknowledged By:
06/15/2024 05:16 /es/ Jared Rosen,
MD

Pulmonary and Critical Care

Fellow

Pulmonary Secure Messaging

Details

Date entered: June 14, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: AMBER MARIE ENLOW
Signed by: AMBER MARIE ENLOW

Date signed: June 14, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging
STANDARD TITLE: PULMONARY SECURE MESSAGING
DATE OF NOTE: JUN 14, 2024@15:57 ENTRY DATE: JUN 14,
2024@13:57:22
AUTHOR: ENLOW, AMBER MARIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 06/13/2024 02:03 AM ET
From: CAMPBELL, RONALD CLARK
To: Pulmonary - SAC.@
Subject: Test:Low 02 sat CT Scan Complete

The CT scan was completed today.

I lead a music group in Auburn. One of the players is a Cardio Nurse at Sutter. During the past 3 weeks she became conviened with with my color and labored breathing while leading the group. She checked my 02 levels and there were between 86 and 87.

During the past 3 weeks my breathing has become labored doing the easiest of chores around the house. I have been checking my 02 levels and find pulse rates low between below 100 and 02 SAT in the 87, 88 range.

Finally I have been awakened at night with shortness of breath while on my CPAP machine and found low 02 levels as well. I have 02 prescribed for Chronic Cluster Headaches and have supplemented my 02 through my CPAP.

Just wanted to keep you updated

Ron Campbell.

-----Original Message-----

Sent: 06/14/2024 04:57 PM ET
From: ENLOW, AMBER MARIE
To: CAMPBELL, RONALD CLARK
Subject: Test:Low 02 sat CT Scan Complete

I have notified your doctor of your concerns.

/es/ Amber M. Enlow, BSA
LVN, BHICU/SAC
Signed: 06/14/2024 13:57

Receipt Acknowledged By:
06/15/2024 05:15 /es/ Jared Rosen,
MD

Pulmonary and Critical Care

Fellow

Pulmonary Nursing Note

Details

Date entered: May 17, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MAKENZY L ANDERSON
Signed by: MAKENZY L ANDERSON
Date signed: May 17, 2024

Note

LOCAL TITLE: Pulmonary Nursing Note
STANDARD TITLE: PULMONARY NURSING NOTE
DATE OF NOTE: MAY 17, 2024@09:18 ENTRY DATE: MAY 17,
2024@09:18:11
AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

RN uploaded Veterans PFTs from September 2016 completed at SUTTER HOSPITAL into VISTA for MD Review.

/es/ Makenzy L. Garvey, RN BSN
Pulmonary Care Manager
Signed: 05/17/2024 09:22

Receipt Acknowledged By:
05/21/2024 21:35 /es/ Jared Rosen,
MD

Pulmonary and Critical Care

Fellow

Pulmonary Consult 15055

Details

Date entered: May 15, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: NICHOLAS J KENYON
Signed by: NICHOLAS J KENYON
Date signed: May 15, 2024

Note

LOCAL TITLE: Pulmonary Consult 15055
STANDARD TITLE: PULMONARY CONSULT
DATE OF NOTE: MAY 15, 2024@09:13 ENTRY DATE: MAY 15,
2024@09:13:14
AUTHOR: KENYON, NICHOLAS J EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PFT Report

1. Severe obstructive pattern
2. Air trapping evident on lung volumes, TLC normal

3. DLCO moderately reduced

/es/ Nicholas J. Kenyon, M.D.
Staff Physician, Pulmonary Medicine
Signed: 05/15/2024 09:13

Pulmonary Clinic Note 10707

Details

Date entered: May 13, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: KENDALL RAE SCOTT
Signed by: KENDALL RAE SCOTT
Date signed: May 13, 2024

Note

LOCAL TITLE: Pulmonary Clinic Note 10707
STANDARD TITLE: PULMONARY NOTE
DATE OF NOTE: MAY 13, 2024@13:00 ENTRY DATE: MAY 13,
2024@13:00:18
AUTHOR: SCOTT, KENDALL RAE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PFT completed for this 74 year old patient with a diagnosis of COPD. Image uploaded to Vista Imaging.

/es/ KENDALL RAE SCOTT
Registered Respiratory Therapist
Signed: 05/13/2024 13:02

Cardiology 10501

Details

Date entered: May 8, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** HOANG THUY NGUYEN**Signed by:** HOANG THUY NGUYEN**Date signed:** May 8, 2024**Note**

LOCAL TITLE: Cardiology 10501

STANDARD TITLE: CARDIOLOGY NOTE

DATE OF NOTE: MAY 08, 2024@16:25
2024@16:25:42

ENTRY DATE: MAY 08,

AUTHOR: NGUYEN, HOANG THUY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Cardiology 10501 Has ADDENDA ***

CARDIOLOGY NP TELEPHONE/VVC F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

** Phone/VVC appt per COVID19 protocol. Limitations of telehealth modality explained and Pt/family/caregiver consented to phone/VVC visit **

pt was not able to get VVC to work, he can get in but can here or see.
visit
switched to phone.

74MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 73 y/o M routine f/u

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES
andmLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis
of
the Circumflex and LAD requiring balloon angio. EF preserved

#hypertension,
#T2DM
#A. fib (on Pradaxa), 6/2019 at Kaiser
#COPD,
#PE 6/2019
#prostate cancer
#HLD
#OSA: CPAP compliant
#ED
#L common iliac artery aneurysm

Pt still has SOB, a little better, raspy, still get winded with minimal exertions.

Doesn't have feeling of elephant sitting on chest like when this all started.

These symptoms doesn't feel similar to previous MI event, per pt he had CP at the time and quick in progression. none of his current symptoms feels similar to previous MI event

Per pt, saw Pulmonologist and was told PFT was bad 10 years ago and expected to worsen

=====

CARDIAC ROS:

=====

[x]N []Y CP:
[]N [x]Y SOB:
[x]N []Y Dizziness:
[x]N []Y Syncope:
[x]N []Y Palpitations:
[x]N []Y Orthopnea:
[x]N []Y PND:
[x]N []Y Edema:

Other:

no bleeding issues/dark stool

=====

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.)	ACTIVE
2)	ALBUTEROL S04 0.083% INHL 3ML USE 1 PILLOW (3 ML) IN NEBULIZER EVERY 6 HOURS AS NEEDED FOR BREATHING	ACTIVE
3)	AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE
4)	ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE DAILY TO PREVENT A STROKE OR HEART ATTACK STOP CLOPIDOGREL ONCE YOU START ASPIRIN	ACTIVE
5)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
6)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
7)	EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE (S)
8)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE.	ACTIVE
9)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE
10)	LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.	ACTIVE
11)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
12)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
13)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE

14)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE
15)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
16)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
17)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
18)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
19)	TABLET CUTTER USE DEVICE AS DIRECTED TO SPLIT TABLETS.	ACTIVE
20)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Inactive Outpatient Medications

Status

1)	AZITHROMYCIN 250MG TAB TAKE TWO TABLETS BY MOUTH NOW FOR 1 DAY, THEN TAKE ONE TABLET ONCE DAILY FOR 4 DAYS FOR INFECTION	EXPIRED

Active Non-VA Medications

Status

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

22 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

LABORATORY/STUDIES: Results reviewed with patient

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
05/01/2024 07:58	PLASMA			0.79			
10/20/2023 09:15	PLASMA	146 H	13	0.82	140	3.7	105

** Additional Results available outside occurrence limit **

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
05/01/2024 07:51	BLOOD	6.9	14.0	43.8	90.9	32.0	217
09/20/2022 08:02	BLOOD	6.5	14.9	45.4	92.8	32.8	266

Collection DT	Spec	HGBA1c
10/05/2023 09:41	BLOOD	6.5 H
09/20/2022 08:02	BLOOD	7.5 H

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
10/20/2023 09:15	PLASM	150	64	63	75	
10/05/2023 09:41	PLASM	181	115	65	93	

Collection DT	Spec	BNP
05/01/2024 07:51	PLASM	24

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
 Left ventricular systolic function is normal.
 The ejection fraction estimate is 55-60%.
 There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.
 No significant valvular abnormalities identified.
 Unable to estimate the RVSP due to the trivial TR jet.
 Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.
 Normal right ventricular size and function.
 A trivial pericardial effusion is present.

2/2022

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.
Assessment of diastolic parameters indicates a relaxation abnormality of the left ventricle, consistent with normal filling pressures.
The right ventricular systolic function is normal.
The aortic valve is mildly sclerotic without stenosis.
There is trace mitral regurgitation.
There is trace tricuspid regurgitation.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)
STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.
LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.
Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally

occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis,.

Comments:Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial.100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments:Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%..
Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021Start: 08:26 AMEnd: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021Start: 09:47 AMEnd: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS

-completed dual therapy with Plavix 75mg QD/DOAC x 30 months (9/24/2023),
-cont ASA 81mg daily, given stent thrombosis and no bleeding issues, preference is to maintain antiplatelet agent, if any concerns for bleeding in the future could stop ASA and do DOAC monotherapy.

-Beta-blocker: cont metoprolol succinate 12.5mg, prev stopped Bisoprolol due to brady

-cont. amlodipine 5mg daily,

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

-use pedal exerciser

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: at goal LDL <70

-cont. rosuvastatin 40mg QD
-cont. Zetia 10mg daily

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM), pt tolerating doac

-Rate control: BB as above

-Anticoagulation: cont. dabigatran 150mg BID

#SOB: improved a little but still limiting his activities, ECHO EF preserved, no

WMA, no valve issues, IVC nml, given no anginal symptoms doubt HF/ACS. Low suspicion for cardiac etiology, f/u with pcip and pulmonary.

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

F/U: 6 months

Total time spent on phone/VVC with patient/caregiver/family: 30 mins

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 05/08/2024 16:50

10/25/2024 ADDENDUM

STATUS: COMPLETED

called pt for TAP, no answer, lvm with name and clinic # for pt to call back

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 10/25/2024 09:06

CT APPOINTMENT LETTER (AUTOPRINT)**Details****Date entered:** May 7, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** DALE L HAMANN**Signed by:** DALE L HAMANN**Date signed:** May 7, 2024**Note**

LOCAL TITLE: CT APPOINTMENT LETTER (AUTOPRINT)

STANDARD TITLE: LETTERS

DATE OF NOTE: MAY 07, 2024@10:06
2024@10:06:41

ENTRY DATE: MAY 07,

AUTHOR: HAMANN, DALE L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MAY 07, 2024

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear RONALD CLARK CAMPBELL,

You have been scheduled for a CT appointment on Jun 12, 2024@10:30

Please remember to read the information below Closely. This exam requires 4 HOURS NO EATING NO DRINKING and CREATINE LABs within 30 days of appointment (please see lab information below for more info). Please arrive at least 15 minutes prior to your appointment to allow time to proceed through screening and check in. In order to keep our records current, please report any changes in your address, phone number, ,income or insurance to the clerk when you check in.

If you are unable to keep this appointment, please contact Radiology at 916-364-3170 - CT, Mather

Monday through Friday, 8:00 AM to 4:30 PM,excluding holidays.

*****PREP INSTRUCTIONS FOR CT-PLEASE READ CAREFULLY*****

This test is not painful, it does require that you lie flat and remain still in the scanner for up to 15 to 30 minutes. You may receive an injection of intravenous contrast (x-ray dye).

IMPORTANT LAB INFORMATION-FAILURE TO DO LABS WILL RESULT IN RESCHEDULE

Please complete labs within 30 days or within 3 days of this exam

*****ON THE DAY OF THE EXAM*****

NOTHING BY MOUTH: Please Do Not Eat Or Drink Food Or Liquids For 4 Hours Prior To The Exam. If You Do, The Appointment Will Be Cancelled As We'll be Unable To Perform The Test

If you are diabetic please find directions below. If you are not diabetic you may take your usual medications at the usual times with small sips of water ONLY.

*****FOR DIABETICS ONLY*****

HOLD DIABETIC MEDICATIONS: Since you will be fasting DO NOT TAKE insulin or other diabetic medications four hours prior to the scan. Bring any diabetic medications and supplies with you. If you become lightheaded, a sugar tablet

or small amount of juice is OK. DRINK EXTRA WATER and avoid simple sugars such as candy, baked goods, soda, etc.

IF YOU ARE DIABETIC AND TAKE Glucophage, Metformin, Glucovance, Metaglip or Avadamet, DO NOT TAKE these medications on the day of your scan. If you receive intravenous contrast (x-ray dye) for your scan, you will stay off your diabetic medication for two full days following the scan. CHECK WITH YOUR DOCTOR to see if you need another medication for your diabetes while you are off the Glucophage, Metformin, Glucovance, Metaglip or Avadamet after your scan.

If you take one of these medications, you will need to have a blood test to check your kidney function before restarting your medication. At the time of your scan, you will receive an instruction sheet. Two days after the scan report to the Laboratory to have a blood test.

CALL YOUR DOCTOR to find out the results of your blood test. If you cannot reach your doctor, call 925-372-2508. Once you have been informed that your test is normal, you may restart your oral diabetic medications.

Please call a day in advance for cancellations or to reschedule so another veteran may be accommodated.

If you need to speak with an Advise Nurse, they're available 24 hours. To reach them, please call 1-800-382-8387.

Thank you for choosing VA as your health care provider. We are committed to providing compassionate high-quality health care. We welcome your comments and suggestions

VA Northern California Health Care System
Sacramento Medical Center, Building 700, 1st Floor, Radiology Dept. 10535
Hospital Way , Mather, CA 95655

CP Cardiology Procedure Report

Details

Date entered: May 6, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DEVICE PROXY SERVICE CLINICAL

Date signed: None recorded

Note

LOCAL TITLE: CP Cardiology Procedure Report
STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY REPORT
DATE OF NOTE: MAY 06, 2024@12:06:35 ENTRY DATE: MAY 06,
2024@12:06:35
AUTHOR: CLINICAL,DEVICE PRO EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (XCELERA ISCV ECHO SAC) AUTO-INSTRUMENT DIAGNOSIS **

Procedure: ADULT Adult

Release Status: Released Off-Line Verified
Date Verified: May 06, 2024@12:06:16

CP Order Number: 3240505000016
Study location field not populated with appropriate location.
Transthoracic Echocardiogram Report

--+

:Name: CAMPBELL, RONALD CLARKStudy Date: 05/05/2024

Height:

69 in :

:MRN: 546-80-2701

CP #: 3240505000016

Weight:

180 lb:

:DOB: 04/11/1950

Gender: Male

BSA:

2.0 m2 :

:Age: 74 yrs

Patient Location: SAC CARDIO ECHO TECH

RAD

:

:

:

---+

:Referring Physician: ROSEN,
JARED

:

---+

Procedure: A two-dimensional transthoracic echocardiogram with color flow and Doppler was performed.

Left Ventricle: The left ventricle is normal in size. Proximal septal thickening is noted. The left ventricular ejection fraction is normal. The ejection fraction estimate is 60-65%. No regional wall motion abnormalities noted. The E/E' is normal.

Right Ventricle: The right ventricle is normal in size, thickness and function.

Atria: The left atrial size is normal. The right atrium is normal in size.

Aortic Valve: The aortic valve is normal in structure and function. There is no aortic valve stenosis. No aortic regurgitation is present.

Mitral Valve: The mitral valve is normal in structure and function. There is

no evidence of mitral valve prolapse. There is no mitral valve stenosis.
There
is mild mitral regurgitation.

Pulmonic Valve: The pulmonic valve is normal in structure and function.

Tricuspid Valve: The tricuspid valve is normal in structure and function.
There is no tricuspid valve prolapse. There is no tricuspid stenosis. There
is
a trace or physiologic amount of tricuspid regurgitation. Doppler findings
do
not suggest pulmonary hypertension.

Great Vessels: The aortic root is normal size. The inferior vena cava
appears normal.

MMode/2D Measurements \T\ Calculations

IVSd: 1.1 cm	LVIDd: 4.6 cm	Ao root diam:	asc Aorta Diam: 3.7 cm
LVPWd: 1.0 cm	LVIDs: 3.2 cm	3.6 cm	
		LA dimension:	
		3.4 cm	

LVOT diam:	EDV(MOD-sp4):	EDV(MOD-sp2):	TAPSE_ph1: 2.6 cm
2.5 cm	156.0 ml	150.0 ml	
	ESV(MOD-sp4):	ESV(MOD-sp2):	
	66.9 ml	60.9 ml	
	EF(MOD-sp4):	EF(MOD-sp2):	
	57.1 %	59.4 %	

IVC Diam_ph1:	LAV(MOD-sp2):	LAV(MOD-sp4):	LAV(MOD-sp4) index:
1.9 cm	43.1 ml	46.4 ml	23.5 ml/m2

Doppler Measurements \T\ Calculations

MV E max vel:	Lat Peak E' Vel:	MVP1/2T: 58.7 sec	e': 7.2 cm/sec
63.4 cm/sec	8.4 cm/sec	MV dec slope:	E/e': 8.8

MV A max vel:

63.4 cm/sec

316.1 cm/sec2

MV E/A: 1.00

MV dec time:

0.20 sec

--
Ao V2 max:

LV V1 max:

PA V2 max:

AV VR_ph1: 0.78

113.4 cm/sec

88.3 cm/sec

72.9 cm/sec

AVA(VTI)/

BSA_ph1:

Ao max PG: 5.1 mmHg LV V1 max PG: PA max PG: 2.1 mmHg 1.7

Ao mean PG:

3.1 mmHg

PA mean PG: 1.3 mmHg

2.7 mmHg

LV V1 mean PG:

PA V2 VTI: 17.9 cm

Ao V2 VTI: 27.4 cm 1.6 mmHg

AVA(I,D): 3.4 cm2 LV V1 VTI: 19.2 cm

AVA(V,D): 3.8 cm2

--
MV P1/2t-pr_ph1:

AVA(ID)index:

AVA(VD)Index:

58.8 msec

1.7 cm2/m2

1.9 cm2/m2

Interpretation Summary

The left ventricular ejection fraction is normal.

There is mild mitral regurgitation.

Doppler findings do not suggest pulmonary hypertension.

--
Electronically signed by: Ian Chan, MD on 05/06/2024

12:06

Reading Physician:PM

Administrative Closure: 05/06/2024

by:

CLINICAL, DEVICE PROXY SERVICE

Community Care-Consult Result

Details

Date entered: May 1, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** CELINE VICTORIA ATALIG SUAREZ**Signed by:** CELINE VICTORIA ATALIG SUAREZ**Date signed:** May 1, 2024

Note

LOCAL TITLE: Community Care-Consult Result

STANDARD TITLE: NONVA CONSULT

DATE OF NOTE: DEC 20, 2022

ENTRY DATE: MAY 01,

2024@14:00:05

AUTHOR: SUAREZ, CELINE VICTO EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

VistA Imaging - Scanned Document

C2701-CC-ORTHO GEN-20DEC2022 THRU 07JULY2023-5568947-B

/es/ CELINE VICTORIA ATALIG SUAREZ

ADVANCED MEDICAL SUPPORT ASSISTANT

Signed: 05/01/2024 14:00

Pulmonary Secure Messaging

Details

Date entered: April 29, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MAKENZY L ANDERSON**Signed by:** MAKENZY L ANDERSON**Date signed:** April 29, 2024**Note**

LOCAL TITLE: Pulmonary Secure Messaging

STANDARD TITLE: PULMONARY SECURE MESSAGING

DATE OF NOTE: APR 29, 2024@10:45 ENTRY DATE: APR 29,
2024@08:45:17

AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 04/26/2024 07:59 PM ET

From: CAMPBELL, RONALD CLARK

To: Pulmonary - SAC.@

Subject: Test:Echo Cardiogram

Attn: Dr Rosen

I've been scheduled for the PFT for May 8. I should be able to get the chest CT

completed soon as well Blood work will be done by Tuesday

The Eco scan, however, is not scheduled until June 8.

The scheduler advised me that sometimes the physicians can influence that scheduling in case they would like it completed sooner.

You had also mentioned changing the medication to something stronger. I have

not checked the pharmacy page yet to see if anything has been ordered. If not,

please have it mailed to my residence.

Ron Campbell.

-----Original Message-----

Sent: 04/29/2024 11:45 AM ET

From: GARVEY, MAKENZY L
To: CAMPBELL, RONALD CLARK
Subject: Test:Echo Cardiogram

Hello, Mr. Campbell!

I will check with our schedulers about moving your ECHO up if possible.

I will also let him know about your medication inquiry.

If you are getting your CT scan done at another hospital, please get a copy of the images and bring it with you (or you can drop it off at any time to me at the front desk) so that we can get it into the system for review.

Makenzy Garvey
Pulmonary RN Care Manager

/es/ Makenzy L. Garvey, RN BSN
Pulmonary Care Manager
Signed: 04/29/2024 08:45

Receipt Acknowledged By:
05/02/2024 15:37 /es/ Jared Rosen,
MD

Pulmonary and Critical Care

Fellow

Patient Scheduling Attempt Letter

Details

Date entered: April 26, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SHAWNA MARIE MILLWARD

Signed by: SHAWNA MARIE MILLWARD

Date signed: April 26, 2024

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: APR 26, 2024@16:02 ENTRY DATE: APR 26,
2024@16:02:12

AUTHOR: MILLWARD, SHAWNA MAR EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

APR 26, 2024

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call 833-373-1459 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

ECHOCARDIOGRAM Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****

****THIS IS NOT AN APPOINTMENT****

Patient Scheduling Attempt Letter

Details

Date entered: April 26, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SHAWNA MARIE MILLWARD

Signed by: SHAWNA MARIE MILLWARD

Date signed: April 26, 2024

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: APR 26, 2024@15:58 ENTRY DATE: APR 26,
2024@15:58:42

AUTHOR: MILLWARD, SHAWNA MAR EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

APR 26, 2024

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call 833-373-1459 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

PFT Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way

Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****

****THIS IS NOT AN APPOINTMENT****

Pulmonary Clinic Initial Consultation Note 60322

Details

Date entered: April 25, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JARED ROSEN

Signed by: JARED ROSEN

Date signed: April 26, 2024

Note

LOCAL TITLE: Pulmonary Clinic Initial Consultation Note 60322

STANDARD TITLE: PULMONARY CONSULT

DATE OF NOTE: APR 25, 2024@13:03 ENTRY DATE: APR 25,
2024@13:03:18

AUTHOR: ROSEN, JARED

EXP COSIGNER: STOLLENWERK, NICHOLAS

URGENCY:

STATUS:

COMPLETED

***** Pulmonary Clinic Initial Consultation Note 60322 Has ADDENDA *****

Pulmonary Fellow Consult Note

Reason for consultation:

cc: progressive sob

HPI: This is a 74 MALE with COPD, allergic rhinosinusitis afib, prior STEMI
in

2021 referred for worseing sob.

PT states that he has a long h/o COPD that has been well managed on triple therapy until he had a respiratory infection Feb 2024 and feels that he hasn't completely recovered since. He has singnificantly worsen sob and DOE with much less activity, some chest heaviness, phlegm and cough that are all much worse than before he had this illness. He states that he also has gained 20 lbs since all this started. Before this he was walking 3/4 mi 3-4x per week and now can only walk about 100 yards. Checks his sats at home and has desaturations even with mild activity. muscous worse in the morning and evenint, easy to cough up. NO chest pain, fevers, chills, rashes, joint swelling, ns. Does have nasal allergies that are well managed on his current oral meds.

Pulm Meds

wixela bid
spiriva qday
albuterol nebs
montelukast
loratidine

Pertinent occupational/exposure history:

Tobacco: 40 pack years quit 25 years ago

ETOH: Denies

IVDA: Denies

Military Hx: Navy in Vietnam - translator

Occupation: Building supply salesmen - ?toxic exposures

Exposures:

Birds: None

Hot Tub: None

TB: No history/no known contacts

Recent Travel: LA

ROS: A complete review of system is negative otherwise then stated in HPI.

Past Medical History

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN, HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN, ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
7. Degenerative joint disease of knee (SCT	05/06/22	
ISLAM, PARVEZ S		
239873007)		
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004)	12/03/19	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/20	
NICKERSON, GASON		
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional	09/30/19	LWIN, HTWE H
Features (SCT 55668003)		
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003)	09/30/19	LWIN, HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
12. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
13. Dysthymia	02/08/16	
BAHTEN, REGINA S		
14. Chronic pain syndrome	12/08/15	

BAHTEN, REGINA S		
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS *	04/02/14	
BAHTEN, REGINA S		
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/21	
NICKERSON, GASON		
18. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	08/12/22	
NICKERSON, GASON		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

Past Surgical History

Family History: mom with lung cancer - heavy smoker

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.)	ACTIVE
2)	ALBUTEROL SO4 0.083% INHL 3ML USE 1 PILLOW (3 ML) IN NEBULIZER EVERY 6 HOURS AS NEEDED FOR BREATHING	ACTIVE
3)	AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE (S)

4)	ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE DAILY TO PREVENT A STROKE OR HEART ATTACK STOP CLOPIDOGREL ONCE YOU START ASPIRIN	ACTIVE
5)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
6)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE (S)
7)	EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE (S)
8)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE.	ACTIVE
9)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE
10)	LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.	ACTIVE
11)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
12)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
13)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
14)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE
15)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
16)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
17)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE

- 18) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE (S)
- 19) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

20 Total Medications

PENICILLIN, PREDNISONE, BISOPROLOL

Physical Examination:

Temp: 97.4 F [36.3 C] (04/25/2024 12:57)

Pulse: 62 (04/25/2024 12:57)

Resp: 18 (04/25/2024 12:57)

BP: 146/72 (04/25/2024 12:59)

BMI: 28.8

GEN: NAD. A03. Non-toxic appearing.

HEENT: NC/AC. PERRL. EOMI. MMM. OP Clear. Neck supple. No cervical or supraclavicular LAD.

CV: reg without m/g/r.

LUNGS: CTAB with w/r/r

ABD: +BS. NT/ND. Soft. No HSM

EXT: WWP. No e/c/c.

NEURO: Non-focal

SKIN: no rashes

Labs:

No data available

SCL1 - Partial CBC

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
09/20/2022 08:02	BLOOD	6.5	14.9	45.4	92.8	32.8	266

SCL1 - Lab Cum Selected 1

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
10/20/2023 09:15	PLASM	140	3.7	105	29	9.0

SCL2 - Lab Cum Selected 2

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR(MD	eGFR CK
10/20/2023 09:15	PLASM	146 H	13	0.82		>90
10/05/2023 09:41	PLASM	162 H	20	0.81		>90

SCL3 - Lab Cum Selected 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST
10/20/2023 09:15	PLASM	6.5	4.0	0.6		55	25

ALT
20

Imaging/Studies

CXR 3/2024

Impression:

Mild bibasilar atelectasis. No convincing radiographic evidence of infectious pneumonitis/pneumonia.

CT Chest 2021

Impression:

No radiographic evidence of acute pulmonary embolism. COPD emphysematous changes without lobar pneumonia or pulmonary edema. 6 mm soft tissue pulmonary nodule in the left lower lobe is unchanged.

NM Spect 2022

Impression:

Normal sized left ventricular chamber. No evidence of transient ischemic dilatation of the left ventricle. Suggestion of old inferior wall myocardial infarct with mild peri-infarct ischemia. Normal left ventricular ejection fraction of 69% with normal left ventricular contractility.

PFT none

FVC

FEV1

FEV1/FVC

TLC

DLC0

IMPRESSION/RECS:

This is a 74 MALE here for COPD and progressive sob

#COPD GOLD E

#SOB

#CAD with prior stemoi

Prior PE on pradaxa

Patient with known COPD (no PFTs but with emphysema on imaging) with recently

progressive sob that is unclear if related to COPD or other causes such as cardiac especially in setting of recent rapid weight gain without other new

pulmoanry sx and prior extensive cardiac hx. He will need updated evaluation of

COPD with phenotyping as well as workup for sob evaluating for PE and cardiac disease as below.

- PFTs, ECHO, CT PE
- Ige, CBC w/ diff, BNP
- cont wixela, spiriva
- PRN albuterol nebs and HFA

- cont allergy meds

HCM

*Immunizations

- PCV 13/PCV 23/PCV 20: UTD, consider PCV 20
- TDAP_ 2017
- COVID: s/p 3
- Flu: due in fall

*Lung Cancer Screening: n/a, quit >20 years ago

*Tobacco Cessation: quit

Patient was seen and discussed with Dr. Stollenwerk, who agrees with the above plan and management.

Jared Rosen, MD
PCCM Fellow

/es/ Jared Rosen, MD
Pulmonary and Critical Care Fellow
Signed: 04/26/2024 15:54

/es/ Nicholas Stollenwerk, MD
Staff Physician, Critical Care
Cosigned: 05/24/2024 13:32

05/24/2024 ADDENDUM

STATUS: COMPLETED

Pulmonary Attending Addendum

Ronald Campbell was seen and evaluated with Dr. Rosen in clinic.

We have jointly developed out plan of care. I agree with Dr. Rosen's note as documented.

We are managing him for COPD. He has associated exacerbations. Will continue triple inhaler therapy.

Will need PFTs. Echo to eval for CHF. Will obtain chest CT to eval lung and vascular anatomy. He is already on DOAC.

/es/ Nicholas Stollenwerk, MD
Staff Physician, Critical Care
Signed: 05/24/2024 13:36

Pulmonary Secure Messaging

Details

Date entered: April 24, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MAKENZY L ANDERSON
Signed by: MAKENZY L ANDERSON
Date signed: April 24, 2024

Note

LOCAL TITLE: Pulmonary Secure Messaging
STANDARD TITLE: PULMONARY SECURE MESSAGING
DATE OF NOTE: APR 24, 2024@15:09 ENTRY DATE: APR 24,
2024@13:09:33
AUTHOR: ANDERSON, MAKENZY L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/18/2024 12:02 PM ET
From: CAMPBELL, RONALD CLARK
To: Pulmonary - SAC.@
Subject: General:Breathing event/Status

Linda,

I experienced severe shortness of breath while performing at a music event Tuesday. I have a Kaiser cardio nurse in our group. She checked hr,

evidence of
AFIB and O2 level. She noted my color was pale and O2 sat below 90.

Dr Islam put in a pulmonary referral. I cc allows today and the soonest
appoint
is May 30 @ 2 PM

Until I can be seen in the case of another event I will call in for VA
triage
and/or ask someone to take me to VA ED rather than wait until May 30

Ron.

-----Original Message-----

Sent: 04/24/2024 04:09 PM ET
From: GARVEY, MAKENZY L
To: CAMPBELL, RONALD CLARK
Subject: General:Breathing event/Status

Hello, Mr. Campbell!

I will pass this along to Linda. I just called you, so we are moving your
appointment with Pulmonary up to April 25th at 1 pm. Well see you
tomorrow!

If you feel lightheaded, dizzy or have a heart rate over 100 please go to
the
nearest ER.

Makenzy Garvey
Pulmonary RN Care Manager

/es/ Makenzy L. Garvey, RN BSN
Pulmonary Care Manager
Signed: 04/24/2024 13:09

Sleep Medicine Secure Messaging

Details**Date entered:** April 23, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SKYE M LAUGHRIDGE**Signed by:** SKYE M LAUGHRIDGE**Date signed:** April 23, 2024**Note**

LOCAL TITLE: Sleep Medicine Secure Messaging
STANDARD TITLE: SLEEP MEDICINE SECURE MESSAGING
DATE OF NOTE: APR 23, 2024@14:17 ENTRY DATE: APR 23,
2024@12:17:31
AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Sleep Medicine Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 04/22/2024 02:43 PM ET
From: CAMPBELL, RONALD CLARK
To: Sleep/CPAP - SAC.@
Subject: General:CPAP Mask

I have copd, ashtma & bronchitis issues so I don't think a closed mouth is an option.
I can stay with my current mask if I can reorder the mask (straps) on a more regular basis when the velcro curls and will no longer hold the mask in place.

Thanks for the response

Ron Campbell

-----Original Message-----

Sent: 04/23/2024 03:17 PM ET

From: LAUGHRIDGE, SKYE M
To: CAMPBELL, RONALD CLARK
Subject: General:CPAP Mask

Hello,
Ok, i ordered the current mask and it will be shipped to your home. Just ordering the head straps is not an option with the vendor, so i placed the order for 2 masks to be shipped to you.

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 04/23/2024 12:17

04/23/2024 ADDENDUM

STATUS: COMPLETED

Patient: CAMPBELL, RONALD CLARK ? 2701

Commodity Group Item	Delivery Category	Quantity	Unit Price
Total Price			
APNEA CARE PRODUCTS	AMARA-VIEW-FITPACK-CUSHN-S/M/L		
HCPCS:A7030			
Order #:32782910	Routine 2	120.69	\$241.38
Totals: 2			\$241.38

Deliver to:

Patient Facility

1521 WHITEHORSE RD
MEADOW VISTA, CA 95722

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 04/23/2024 12:17

Sleep Medicine Secure Messaging

Details

Date entered: April 22, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SKYE M LAUGHRIDGE

Signed by: SKYE M LAUGHRIDGE

Date signed: April 22, 2024

Note

LOCAL TITLE: Sleep Medicine Secure Messaging
STANDARD TITLE: SLEEP MEDICINE SECURE MESSAGING
DATE OF NOTE: APR 22, 2024@11:10 ENTRY DATE: APR 22,
2024@09:10:32
AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Sleep Medicine Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 04/20/2024 11:59 AM ET
From: CAMPBELL, RONALD CLARK
To: Sleep/CPAP - SAC.@
Subject: General:CPAP Mask
Attachments: 948D61E7-3CD5-420A-9B19-17B044294FDC.jpeg (3.87 MB)

The current full face mask I have that is held in place by 5 velcro straps.

After a short period of time the straps begin to curl causing the velcro to fail.

So each night I fight to get one or more straps reattached in order regain a good seal. This happens multiple times every night.

Recently my severe COPD has caused low O2 saturation. Cardiology pointed out to me how important it was to use my CPAP for both cardio and pulmonary purposes.

I have found that I wake up more tired now when using my CPAP than when not using it.

A friend of mine, another vet treated by your department, showed me a different item that looks like it could eliminate the problem

Pls see item photo attached.
Would this help solve the problem?

-----Original Message-----

Sent: 04/22/2024 12:10 PM ET
From: LAUGHRIDGE, SKYE M
To: CAMPBELL, RONALD CLARK
Subject: General:CPAP Mask

Hello,

The mask in the picture is the airfit P10 nasal pillows mask. That is a mask just for your nose and you would not be able to breathe through your mouth. I can order that mask and have it shipped to your home. I will also order a chin strap which will help to keep your mouth closed at night. The chin strap is a band that wraps around your head. I will place the order for both items to be shipped to you. Hopefully this new mask will help out with the issues you are having.

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 04/22/2024 09:10

04/22/2024 ADDENDUM STATUS: COMPLETED
Patient: CAMPBELL, RONALD CLARK ? 2701

Commodity Group Item	Delivery Category	Quantity	Unit Price

Total Price			
APNEA CARE PRODUCTS	AIRFITP10-NSL-PLW-SYSTEM-S/M/L		
HCPCS:A7034			
Order #:32760473	Routine 1	45.10	\$45.10
APNEA CARE PRODUCTS	CHIN-STRAP-PREMIUM-BLACK		
HCPCS:A7036			
Order #:32760473	Routine 1	12.87	\$12.87
Totals: 2		\$57.97	

Deliver to:

Patient Facility

1521 WHITEHORSE RD
MEADOW VISTA, CA 95722

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 04/22/2024 09:14

Primary Care Secure Messaging

Details

Date entered: April 18, 2024
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: April 18, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 18, 2024@11:08 ENTRY DATE: APR 18, 2024@09:08:24
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/18/2024 12:05 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Appointment:Oxygen Event

I experienced severe shortness of breath while performing at a music event Tuesday. I have a Kaiser cardio nurse in our group. She checked hr, evidence of AFIB and O2 level. She noted my color was pale and O2 sat below 90. I had become dizzy and disoriented

Until I can be seen, in the case of another event, I will call in for VA triage or ask someone to take me to VA ED rather than wait until May 30

I hope a cancellation will make an earlier appointment available. Symptoms started on 2/18/24

-----Original Message-----

Sent: 04/18/2024 12:08 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Oxygen Event

Hello,
Please call 911 or report to any nearest emergency room asap if this happens again because that way they can catch what the issue is immediately.
DR. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 04/18/2024 09:08

Primary Care Secure Messaging

Details**Date entered:** April 17, 2024**Location:** MCCLELLAN VA CLINIC**Written by:** GRANT MICHAEL CIFFONE**Signed by:** GRANT MICHAEL CIFFONE**Date signed:** April 17, 2024**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 17, 2024@20:15 ENTRY DATE: APR 17,
2024@18:15:52
AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/17/2024 12:12 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Medication Update - Breathing Issue

PFT - 2014

Are the (FVC), (FEV1), and the FEV1/FVC ratio from this test available?

-----Original Message-----

Sent: 04/17/2024 09:15 PM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: Medication:Medication Update - Breathing Issue
Attachments: RC PFT.pdf (149.48 KB)

Good Afternoon Ronald,

I stand corrected; the exact date of the PFT was 12/18/13 (I mistook the date of the note I was reading for the test date, sorry)

I did some digging and found the actual report, which has the requested information.

As to your RT I consult, I am sorry but I do not know of what report you are talking about, can you be more specific?

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 04/17/2024 18:15

Primary Care Secure Messaging

Details

Date entered: April 16, 2024
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: April 16, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 16, 2024@18:29 ENTRY DATE: APR 16, 2024@16:29:16
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/12/2024 10:31 PM ET
From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Medication Update - Breathing Issue

efore I do I'm trying to find my last 3 Pulmonary Function Tests.
My daughter is an MSN at LA & would like to see them.

I've been unable to find them on the blue button.

Ron

-----Original Message-----

Sent: 04/15/2024 07:32 PM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: Medication:Medication Update - Breathing Issue

Good Afternoon Ronald,

The last PFT (and only PFT I see is from 1/9/14:

"spirometry shows moderate to severe airflow limitation
Lung Volumes show air-trapping
Diffusing capacity is preserved"

I do not see any other PFT's in the system from the VA.

Regards,

Grant C., RN

-----Original Message-----

Sent: 04/15/2024 09:10 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Medication Update - Breathing Issue

I have an RT I consult. How can I access a copy of the complete report?

Thanks,

Ron

-----Original Message-----

Sent: 04/16/2024 07:23 PM ET

From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Medication Update - Breathing Issue

Today I experienced extreme dizziness that caused me to sit as I felt that I might fall.

A cardio nurse in our group grabbed her oximeter and the readings were below

90. She also noted that my coloring was poor.

She had me do some "pursed breathing" which brought the O2 sat up to 92.

I think the pulmonary referral should be scheduled. These events represent a significant change

Regards

Ron Campbell

-----Original Message-----

Sent: 04/16/2024 07:29 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Medication:Medication Update - Breathing Issue

referral to pulmonary sent.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 04/16/2024 16:29

NFDR Consult

Details

Date entered: April 16, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CHELSEA LYNN BECK-SMITH**Signed by:** CHELSEA LYNN BECK-SMITH**Date signed:** April 16, 2024**Note**

LOCAL TITLE: NFDR Consult

STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT

DATE OF NOTE: APR 16, 2024@09:46 ENTRY DATE: APR 16,
2024@09:46:38

AUTHOR: BECK-SMITH,CHELSEA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

--- CHART REVIEW - PRIOR AUTHORIZATION DRUG REVIEW (PADR) REQUEST ---
PADR review is based on EHR active problem list, medication trials,
laboratory
data, and most recent progress note/consult comments from requesting
provider
available at the time of adjudication.

Patient name: CAMPBELL,RONALD CLARK

Age: 74

Requested drug: FLUTICASONE/ UMECLIDINIUM/ VILANTEROL INHL,ORAL (Trelegy)

Indication: COPD

Allergies/Adverse Drug Events: PENICILLIN, PREDNISONE, BISOPROLOL

MEDICAL PROBLEMS RELEVANT TO REQUEST:

Code	Description

J44.9	Chronic obstructive lung disease (SCT 13645005)

Per provider note/consult submission:

LOCAL TITLE: Cardiology Secure Messaging

STANDARD TITLE: CARDIOLOGY SECURE MESSAGING

DATE OF NOTE: APR 15, 2024@10:55

I visited my Medicare provider last Thursday. I was advised that I was
moving

so a little air that they wanted me to be transported to the ER here in Auburn.

After further discussion he decided to release me with the medication I indicated on the email you received. They followed up with me daily to see how

I was doing. And within 48 hours my ability to move air significantly improved,

and the urgency of the issue eliminated.

Today I had a face-to-face follow up. And they advised that one of my inhalers

only contain the steroid. And the Trelegy medication contain three medication's

to treat all of the causes for my COPD. I sent a request for a prescription

for the medication the doctor Islam he responded quickly, indicating that the

medication was not available through the VA. I did not provide any other options.

The co-pay through my supplemental Medicare plan D provider is significant So I've asked Dr Islam for any other options. In the past with my other maladies the VA has approved medication. at this point all I know is after my

visit with you, my condition became so severe that I was very close to having

to be admitted. And with the medication provided the issue subsided quickly.

Which is something my current medication was unable to handle

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: APR 11, 2024@15:01

The Prednisone protocol prescribed combined with the Trelegy inhaler has cleared the airway significantly and minimized the symptoms to a comfortable level.

The Physician recommended I request a change of medication, eliminating the

Spiriva and seeking a prescription for the Trelegy.

The prognosis presented dealt with the Trelegy containing 3 components for a

more inclusive treatment for COPD (asthma, emphysema and bronchitis) of which I suffer all three.

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 12, 2024@10:56

I can send you to the Lung/pulmonary department within VA and see what options they can come up with.

MEDICATION HISTORY RELEVANT TO REQUEST:
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.)	ACTIVE
2)	ALBUTEROL SO4 0.083% INHL 3ML USE 1 PILLOW (3 ML) IN NEBULIZER EVERY 6 HOURS AS NEEDED FOR BREATHING	ACTIVE
8)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE.	ACTIVE
11)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
15)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
19)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Past medication trial(s): (SEARCH JLV PAST 10 years for (search in order of date): (Wixela Inhub), Budesonide/Formoterol (Breyna OR Symbicort), Mometasone/Formoterol (Dulera), Fluticasone/Vilanterol (Breo Ellipta), Fluticasone/Salmeterol (Advair HFA)), umeclidinium/vilanterol (Anoro

Ellipta), glycopyrrolate/formoterol (Bevespi Aerosphere), tiotropium/
olodaterol
(Stiolto Respimat), mometasone (Asmanex Twisthaler), Tiotropium (Spiriva
Respimat or Handihaler), budesonide/glycopyrrolate/formoterol (Breztri)

Last Fill	Drug Name
Days Supply	
Feb 12, 2024	FLUTICAS 500/SALMETEROL 50 INHL DISK 60
90	
Dec 26, 2023	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL
90	
Jul 31, 2023	FLUTICAS 500/SALMETEROL 50 INHL DISK 60
90	
Apr 27, 2023	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL
90	
Feb 06, 2023	FLUTICAS 500/SALMETEROL 50 INHL DISK 60
30	
Oct 30, 2022	FLUTICAS 500/SALMETEROL 50 INHL DISK 60
30	
Apr 05, 2022	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL
90	
Sep 24, 2021	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH
90	
Dec 29, 2020	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH
90	
Nov 15, 2020	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL
90	
Oct 04, 2020	FLUTICASONE PROP 50MCG 120D NASAL INHL
90	
Mar 27, 2020	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH
60	
Mar 03, 2020	FLUTICASONE PROP 50MCG 120D NASAL INHL
60	
Feb 19, 2020	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL
60	
Jun 20, 2019	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL
60	
Mar 30, 2019	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL
60	
Mar 27, 2019	MOMETASONE FUROATE 220MCG ORAL INHL 60
30	

Nov 05, 2018	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL
60	
May 14, 2018	BUDESONIDE 0.5MG/2ML INH SUSP 2ML
30	
Dec 15, 2017	ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML
30	
Sep 22, 2017	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL
60	
Jun 10, 2017	MOMETASONE FUROATE 220MCG ORAL INHL 120
90	
Dec 06, 2016	MOMETASONE FUROATE 220MCG ORAL INHL 120
90	
Sep 26, 2016	OLODATEROL/TIOTROP 2.5MCG/ACTUAT 60D INH
90	
Nov 13, 2015	FORMOTEROL FUMARATE 12MCG INHL CAP
90	
Aug 07, 2015	TIOTROPIUM 18MCG INHL CAP 30
90	
May 23, 2015	TIOTROPIUM 18MCG INHL CAP 30
90	
Apr 30, 2015	FORMOTEROL FUMARATE 12MCG INHL CAP
90	
Apr 30, 2015	MOMETASONE FUROATE 220MCG ORAL INHL 120
90	
Jun 07, 2014	TIOTROPIUM 18MCG INHL CAP 30
90	
May 21, 2014	FORMOTEROL FUMARATE 12MCG INHL CAP
90	
May 21, 2014	MOMETASONE FUROATE 220MCG ORAL INHL 120
90	
	NON-VA MOMETASONE FUROATE INHL,ORAL (Patient/Family
Reported)	
	NON-VA ARFORMOTEROL SOLN,INHL (Patient/Family Reported)
	NON-VA BUDESONIDE SUSP,INHL (Patient/Family Reported)

References:

1. PBM formulary sequencing <https://www.va.gov/formularyadvisor/drugs/4036937-FLUTICASONE--UMECLIDINIUM--VILANTEROL-INHL-ORAL>

2. Fluticasone Furoate/Umeclidinium/Vilanterol. In: DrugPoint/Micromedex [Internet Database]. Ann Arbor, MI: Truven Health Analytics. Updated 8 September 2023.

3. Criteria For Use: Budesonide/Glycopyrrolate/Formoterol (BREZTRI) Inhaler [2021-09] <https://www.va.gov/formularyadvisor/DOC/231>

In the absence of formal VA Criteria for Use for this agent, the following interim criteria will be used from references listed above.

EXCLUSION CRITERIA

[N] Hypersensitivity to requested agent or any ingredient in the formulation

[?] Primary treatment of status asthmaticus or acute episodes of COPD or asthma that require intensive measures

***Unsure if this was an acute episode- need records from Non-VA provider

[N] Severe hypersensitivity to milk proteins

[?] Avoid use with medications containing other long-acting beta (2)-adrenergic agonists, as overdoses resulting in death have occurred

***currently on FLUTICAS 500/SALMETEROL 50 INHL DISK 60

INCLUSION CRITERIA

The answers to one of the following must be fulfilled in order to meet criteria.

[Y] Indication is FDA approved

[] asthma

[Y] COPD

[] Off-label use supported by high-level published data

Additional Inclusion Criteria

[N] Initial prescription is by or in consult with a VA/VA Community Care pulmonologist or designated expert

[?] Receiving ICS/LABA or LAMA/LABA but requires additional maintenance treatment for uncontrolled asthma/COPD symptoms and/or exacerbations

***Unsure if needing additional maintenance treatment or change in therapy- need

records from Non-VA provider

[?] If currently receiving an ICS, patient is NOT a candidate for ICS de-escalation

*** Unsure -need records from Non-VA provider

AND

[?] Failure/intolerance/contraindication to wixela + Tiotropium
[N] Failure/intolerance/contraindication to Stiolto + Mometasone
[N] Failure/intolerance/contraindication to Dulera + Tiotropium
[N] Failure/intolerance/contraindication to Symbicort +
Tiotropium
[N] Failure/intolerance/contraindication to Breo Ellipta +
Tiotropium
[N] Failure/intolerance/contraindication to Anoro + Mometasone
[N] Failure/intolerance/contraindication to Bevespi Aerosphere +
mometasone

AND

Patient is NOT able to use 2 inhalers for one of the following reasons:

[N] Documented difficulty adhering to 3-drug therapy via 2
separate inhalers (ICS/LABA + LAMA or LABA/LAMA + ICS)

[N] Unable to use multiple inhalers due to underlying conditions
(e.g., cognitive deficits, dexterity or visual impairment, etc.)

AND

[N] Failure/intolerance/contraindication to Breztri
(budesonide/glycopyrrolate/formoterol)

The medical record has been reviewed with regard to this restricted drug
request.

Medication requested: TRELEGY ELLIPTA 200/62.5/25MCG INH 30D
Consult completed within 96 HRS of the request entry.

Medication indication: COPD

The request does not meet criteria

- Compelling evidence for the requested indication is lacking

*****REQUIRES PROVIDER ACTION FOR DISAPPROVED PADR*****

This is a SELF-DIRECTED CARE patient and there is insufficient clinical information provided within the PADR consult and CPRS note associated with this consult to evaluate this PADR.

Per VHA Directive 1310 under no circumstances will the VA provider be permitted to simply re-write prescriptions from an external health care provider.

VA providers must ensure treatment is consistent with the VA National Formulary.

Response to therapy outside the VA does not preclude conversion to VA preferred agents unless there is another patient-specific clinical reason to avoid them. Patients transferring their care to the VA on existing therapy must still follow the VA National Formulary.

Recommend: Request outside records to obtain the following missing information, then enter a new PADR consult:

1. Was this primary treatment of status asthmaticus or acute episodes of COPD or asthma that require intensive measures?

2. Patient is currently on FLUTICAS 500/SALMETEROL 50 INHL DISK 60
Avoid use with medications containing other long-acting beta
(2)-adrenergic agonists, as overdoses resulting in death have occurred
Is this to be discontinued?

3. Initial prescription needs to be by or in consult with a VA/VA
Community Care pulmonologist or designated expert
-The patient can be referred to Lung/pulmonary department within VA for
evaluation

4. Receiving ICS/LABA or LAMA/LABA but requires additional
maintenance treatment for uncontrolled asthma/COPD symptoms and/or
exacerbations

***Unsure if needing additional maintenance treatment or change in therapy

5. If currently receiving an ICS, patient is NOT a candidate for ICS de-escalation.

-unsure based on notes

6. Is patient is NOT able to use 2 inhalers for one of the following reasons:

- Documented difficulty adhering to 3-drug therapy via 2 separate inhalers (ICS/LABA + LAMA or LABA/LAMA + ICS)
- Unable to use multiple inhalers due to underlying conditions (e.g., cognitive deficits, dexterity or visual impairment, etc.)

And

Has patient had Failure/intolerance/contraindication to Breztri (budesonide/glycopyrrolate/formoterol)?

Outside records can be Faxed directly to the VISN PADR team at 833-706-0003. After outside records have been Faxed enter an new PADR indicating that outside records have been Faxed to the VISN PADR team.

NOTE: ADDED COMMENTS, CPRS ADDENDUMS AND CO-SIGNATURES ON NOTES DO NOT ALERT THE VISN PADR TEAM, SO WILL NOT BE REVIEWED. IF THERE IS ADDITIONAL CLINICAL INFORMATION IN SUPPORT OF THIS PADR, PLEASE SUBMIT A NEW PADR TO AVOID DELAYS IN PATIENT CARE.

/es/ CHELSEA BECK-SMITH PHARMD
VISN 21 PADR Clinical Pharmacist
Signed: 04/16/2024 10:46

Receipt Acknowledged By:

04/16/2024 10:54 /es/ Parvez S. Islam,

MD

Physician, Primary

Care

Cardiology Secure Messaging

Details

Date entered: April 15, 2024**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** JOMANA GERONIMO VILLAS**Signed by:** JOMANA GERONIMO VILLAS**Date signed:** April 15, 2024

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: APR 15, 2024@10:55 ENTRY DATE: APR 15,
2024@08:55:27
AUTHOR: VILLAS, JOMANA GERON EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/12/2024 12:08 AM ET
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Medication:Breathing Issue

Sorry I missed your call.
Are you in advertently sent my medication request to Cardio. Subsequently
I
sent the same information to Dr. Islam.
I visited my Medicare provider last Thursday. I was advised that I was
moving
so a little air that they wanted me to be transported to the ER here in
Auburn.
After further discussion he decided to release me with the medication I
indicated on the email you received. They followed up with me daily to see
how

I was doing. And within 48 hours my ability to move air significantly improved,
and the urgency of the issue eliminated.
Today I had a face-to-face follow up. And they advised that one of my inhalers
only contain the steroid. And the Trelegy medication contain three medication's
to treat all of the causes for my COPD. I sent a request for a prescription
for the medication the doctor Islam he responded quickly, indicating that the
medication was not available through the VA. I did not provide any other options.
The co-pay through my supplemental Medicare plan D provider is significant
So I've asked Dr Islam for any other options. In the past with my other maladies the VA has approved medication. at this point all I know is after my
visit with you, my condition became so severe that I was very close to having
to be admitted. And with the medication provided the issue subsided quickly.

Which is something my current medication was unable to handle

-----Original Message-----

Sent: 04/12/2024 09:58 AM ET

From: NGUYEN, HOANG THUY

To: CAMPBELL, RONALD CLARK

Subject: Medication:Breathing Issue

Good morning Mr. Campbell,

I'm sorry to hear you had such difficulty breathing but I am glad they were
able to find something that helped your COPD and you are breathing better!
Do
they know what triggered the COPD exacerbation?

Regarding the medication, I was curious, in general what do Veterans do when VA
doesn't carry the medication that they need. I sent a message to my pharmacist.

I will let you know if I get any Useful information.

Take care,
Linda Nguyen
Cardiology NP

-----Original Message-----

Sent: 04/12/2024 01:50 PM ET
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Medication:Breathing Issue

The current procedure that I am reading online is that if a medication is not part of the VA formulary, there is an exception process that can be requested by the providing physician.

In the past my providing neurologist, treating cluster headaches, have been able to secure an approval letter this process.

Dr. Islam has responded to my request to seek out options with a suggested referral to VA Pulmonary.

And considering this, I'm attempting to source VA records for my FEV1/FVC ratio from my last three Pulmonary function tests. I believe I have had two pulmonary function tests out of Mather one in 2014 and another possibly around 2020.

Thank you very much for your oversight on my overall health issues. You are truly a top of the line health care provider concerned for my health and my family's peace of mind.

Ron Campbell

-----Original Message-----

Sent: 04/15/2024 11:55 AM ET

From: VILLAS, JOMANA GERONIMO
To: CAMPBELL, RONALD CLARK
Subject: Medication:Breathing Issue

Hi Mr. Campbell. I will notify your cardiology provider and your primary care provider regarding this message.

Take care.

/es/ JOMANA G. VILLAS
BSN,RN,Clinical Resource Team,Mather VA
Signed: 04/15/2024 08:55

Receipt Acknowledged By:

04/15/2024 11:05 /es/ Parvez S. Islam,
MD
Physician, Primary

Care
04/16/2024 11:03 /es/ Hoang Thuy Nguyen,
NP
Medical Service,

Cardiology
04/15/2024 16:47 /es/ Grant Michael Ciffone, RN
BSN
PACT RN Care

Manager

Primary Care Secure Messaging

Details

Date entered: April 12, 2024
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: April 12, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 12, 2024@10:56 ENTRY DATE: APR 12,
2024@08:56:50
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/11/2024 04:07 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Medication Update - Breathing Issue
Attachments: trelegy.jpg (22.60 KB)

Trelegy Label

-----Original Message-----

Sent: 04/11/2024 10:43 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Medication Update - Breathing Issue

Also unfortunate is that the co-pay through outside insurance is
unaffordable
for me.

No other solutions?

Thanks

Ron

-----Original Message-----

Sent: 04/12/2024 11:56 AM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Medication:Medication Update - Breathing Issue

Hello,

I can send you to the Lung/pulmonary department within VA and see what options

they can come up with.

Please let me know.

Dr. Islam

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 04/12/2024 08:56

V21 CCC PATIENT CONTACT NOTE

Details

Date entered: April 12, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: STACY S JOHNSON

Signed by: STACY S JOHNSON

Date signed: April 12, 2024

Note

LOCAL TITLE: V21 CCC PATIENT CONTACT NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: APR 12, 2024@09:52 ENTRY DATE: APR 12,
2024@09:52:14

AUTHOR: JOHNSON, STACY S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** V21 CCC PATIENT CONTACT NOTE Has ADDENDA ***

Spoke with: Patient

Contact info per CPRS:

CAMPBELL, RONALD CLARK

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722
(206)295-2554

What is the best number to reach you to return your call? 206-295-2554
What is the best time to call you during regular business hours? any

Reason for calling:
Request to speak with Team Member: Nurse

Other:

Additional Information: Vet is requesting a call back from his primary care team about his recent pulmonary test. Please assist

/es/ STACY S JOHNSON
VISN 21-CLINICAL CONTACT CENTER
Signed: 04/12/2024 09:53

Receipt Acknowledged By:
04/24/2024 10:39 /es/ Grant Michael Ciffone, RN
BSN

PACT RN Care

Manager
04/12/2024 14:53 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

04/12/2024 ADDENDUM STATUS: COMPLETED
Please notify veteran that I have put special medication review request through
pharmacy for approval for Trelegy.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 04/12/2024 14:58

Receipt Acknowledged By:
04/24/2024 10:39 /es/ Grant Michael Ciffone, RN
BSN
PACT RN Care
Manager

Primary Care Secure Messaging

Details

Date entered: April 11, 2024
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: April 11, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 11, 2024@15:01 ENTRY DATE: APR 11,
2024@13:01:37
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/11/2024 03:57 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Medication Update - Breathing Issue

Auburn, CA - Auburn Medical Clinic follow-up visit
4/11/24

The Prednisone protocol prescribed combined with the Trelegy inhaler has cleared the airway significantly and minimized the symptoms to a comfortable level.

The Physician recommended I request a change of medication, eliminating the Spiriva and seeking a prescription for the Trelegy.

The prognosis presented dealt with the Trelegy containing 3 components for a more inclusive treatment for COPD (asthma, emphysema and bronchitis) of which I suffer all three.

TRELEGY - ELLIPTA

(Fluticasone furoate, umeclidinium, and vilanterol inhalation powder) 200 mcg/62.5 mcs/25mg
(photo attached)

Can these changes be approved and a prescription be written?

Thank you for your attention to this matter.

Ron Campbell

Meadow Vista CA

-----Original Message-----

Sent: 04/11/2024 04:01 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Medication:Medication Update - Breathing Issue

Hello,

Unfortunately Trelegy is not available through VA pharmacy- you can always have your outside provider prescribe it through outside pharmacy.

Take care.

DR. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 04/11/2024 13:01

Cardiology Secure Messaging

Details

Date entered: April 8, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JOMANA GERONIMO VILLAS
Signed by: JOMANA GERONIMO VILLAS
Date signed: April 8, 2024

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: APR 08, 2024@17:13 ENTRY DATE: APR 08,
2024@15:13:47
AUTHOR: VILLAS,JOMANA GERON EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 04/05/2024 08:07 PM ET
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Medication:Breathing Issue - New Medication

Linda - I sent this information to Dr. Islam for his information

"For the last 8 weeks we've been working on solving severe breathing issues that were exacerbated by the reintroduction of albuterol breathing treatments.

* The recent chest X-Ray was negative.

- * The Cardio department did require any further testing.
- * I have any instructions from Primary Care
 - I experienced these symptoms twice before in 2019 I was unable to get them addressed and was eventually rushed to ER with multiple PE's.
 - The second time, similar symptoms and I was eventually rushed to Kaiser ER, suffered two myocardial infarction's during which I coded out twice.
 - So this time my antenna and red flags are flying high.
 - I consulted my Medicare primary provider here in Auburn today. They found that my "airway" was severely constricted and prescribed Trelegy Illipta (fluticason furoate, umecclidinium and vilanterol inhalation powder. They also had me start a Deltasone regime 10MG tabs 4 x 3 days, 3 x 3 days, 2 x 3 days then 1 x 3 days.
 - I follow up with them next week on the 11th and call prior if symptoms continue to deteriorate.

-----Original Message-----

Sent: 04/08/2024 06:13 PM ET

From: VILLAS, JOMANA GERONIMO

To: CAMPBELL, RONALD CLARK

Subject: Medication:Breathing Issue - New Medication

Hi Mr. Campbell. I will notify your cardiology provider regarding this message.

And also it looks like our scheduler was trying to reach out to you to book an

VVC appointment with your cardiology provider. If you can please call (800)

382-8387 select

option 2 and then option 3 for the Specialty scheduling team, Monday-Friday

7:00am-6:00PM.

You may also try to call our Cardiology Front desk to schedule, 916-366-5325,

if we missed you on this phone number please leave your full name , last four,

and a brief message. We will be available MON-FRI 8am to 4pm.

Take care.

/es/ JOMANA G. VILLAS

BSN,RN,Clinical Resource Team,Mather VA

Signed: 04/08/2024 15:13

Receipt Acknowledged By:

04/12/2024 18:27 /es/ Hoang Thuy Nguyen,

NP

Medical Service,

Cardiology

04/08/2024 ADDENDUM

STATUS: COMPLETED

Merging this message to this latest message from SM from vet, :

" Test: Chest X-Ray Results CAMPBELL, RONALD CLARK (SSN: 2701, DOB: 04/11/1950)

03 Apr 2024 @ 1317 ET

To: Cardiology - Mather.@"

Linda - sorry I missed your call yesterday. I just received a call from a nurse

at Dr. Aslam's office. Basically she described the recent chest x-ray as negative. I explain my continued symptoms, but apparently there is no further plan for follow up.

Unless you feel there is a need to investigate a Cardio issue related to this my

plan is to contact my Medicare primary care provider here in Auburn and see if

Sutter will be able to shed any light on this.

I have been surviving in public with taking Robitussin to help update the cough

and I know this is not the best thing to do

So please let me know if there are any possible cardio issues do you want to

pursue. Thank you for your concern and diligence and helping me address this issue."

/es/ JOMANA G. VILLAS
BSN,RN,Clinical Resource Team,Mather VA
Signed: 04/08/2024 15:16

Receipt Acknowledged By:
04/11/2024 18:13 /es/ Hoang Thuy Nguyen,
NP
Medical Service,
Cardiology

04/11/2024 ADDENDUM STATUS: COMPLETED
called pt, no answer, lvm with name and clinic for pt to call back.

note, 4/11 SM with PCP, COPD meds helping with cough.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 04/11/2024 18:16

Scheduling Contact Note

Details

Date entered: April 4, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: CASSANDRA EVETTE LACY
Signed by: CASSANDRA EVETTE LACY
Date signed: April 4, 2024

Note

LOCAL TITLE: Scheduling Contact Note
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: APR 04, 2024@12:24 ENTRY DATE: APR 04,
2024@12:24:44

AUTHOR: LACY, CASSANDRA EVET EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

RTC Contact: PID 05/08/24

Contact:

Contact 1 - Apr 4, 2024: Call

Contact 2 - Apr 4, 2024: Letter mailed

Minimum scheduling effort in progress. Follow up still needed.

/es/ CASSANDRA EVETTE LACY
ADVANCED MEDICAL SUPPORT ASSISTANT
Signed: 04/04/2024 12:25

Patient Scheduling Attempt Letter

Details

Date entered: April 4, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CASSANDRA EVETTE LACY

Signed by: CASSANDRA EVETTE LACY

Date signed: April 4, 2024

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: APR 04, 2024@12:24 ENTRY DATE: APR 04,
2024@12:24:18

AUTHOR: LACY, CASSANDRA EVET EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

VA Northern California Health Care

System (VANCHCS)

APR 04, 2024

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The purpose of this letter is to inform you that we are attempting to schedule you an appointment with VA Northern California Health Care System.

If you would like to schedule this appointment, or would like to further discuss this appointment over the phone, please call (800) 382-8387 select option 2 and then option 3 for the Specialty scheduling team, Monday-Friday 7:00am-6:00PM.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

Medicine Clinic
Northern California Health Care System
Department of Veteran Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****

****THIS IS NOT AN APPOINTMENT****

Primary Care Secure Messaging

Details

Date entered: April 3, 2024

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: April 3, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: APR 03, 2024@14:16 ENTRY DATE: APR 03,
2024@12:16:43

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 04/02/2024 11:36 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Test:3/25 Cardio Appt Results

I completed chest x-ray @ 9:00 AM on Thursday but no results are posted.

Symptoms have worsened with more episodes of coughing, shortness of breath and resulting increased heart rates.

Radiology notes results are available 36 hrs following test. Thursday, Friday, Monday. Hoping for results for sure today.

Cardiology had requested the x-ray and wanted an update so I'll cover them

-----Original Message-----

Sent: 04/03/2024 03:16 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Test:3/25 Cardio Appt Results

no significant finding in the chest x-ray.

here is the report

Impression:

Mild bibasilar atelectasis. No convincing radiographic evidence of infectious pneumonitis/pneumonia.

4/1/2024 11:02 PDT

Primary Diagnostic Code: NO ALERT REQUIRED

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 04/03/2024 12:16

Primary Care Secure Messaging

Details

Date entered: March 27, 2024

Location: MCCLELLAN VA CLINIC

Written by: GRANT MICHAEL CIFFONE

Signed by: GRANT MICHAEL CIFFONE

Date signed: March 27, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 27, 2024@16:13 ENTRY DATE: MAR 27,
2024@14:13:06
AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 03/25/2024 11:16 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:3/25 Cardio Appt Results

Standard FU appointment with Cardio today. Provider expressed concern about continuation of fluid in the lungs after 5-6 weeks and antibiotic regimen

Noted albuterol & metoprolol interaction possibility (restriction of airways)
Suggested I restart metoprolol as I had stopped albuterol treatments.

Noted lack of recent chest x-ray to check anything that might be going on.

When you return please contact me and let me know what you think

Thanks

Ron

-----Original Message-----

Sent: 03/27/2024 05:13 PM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK

Subject: Test:3/25 Cardio Appt Results

Good Afternoon Ronald,

I see that you restarted the metoprolol 12.5 now that you stopped your albuterol, I will forward this information to Dr. Islam. The chest x-ray is ordered and you can come in to have it done at your convenience.

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 03/27/2024 14:13

Receipt Acknowledged By:
03/27/2024 14:49 /es/ Barbara Jean Febbo-Wilson,
M.D.
Primary Care
Physician
for PARVEZ S
ISLAM

04/01/2024 ADDENDUM STATUS: COMPLETED
CXR was unrevealing
Mild bibasilar atelectasis. No convincing radiographic evidence
of infectious pneumonitis/pneumonia.
There is no fluid or infection

/es/ Barbara Jean Febbo-Wilson, M.D.
Primary Care Physician
Signed: 04/01/2024 11:12

Receipt Acknowledged By:
04/03/2024 09:58 /es/ ALESSANDRA RAQUEL RESUELLO
MARTINEZ

RN

04/03/2024 ADDENDUM STATUS: COMPLETED

Informed veteran. Also alerting cardio NP as FYI.

/es/ ALESSANDRA RAQUEL RESUELLO MARTINEZ

RN

Signed: 04/03/2024 09:59

Receipt Acknowledged By:

04/03/2024 11:18 /es/ Hoang Thuy Nguyen,

NP

Medical Service,

Cardiology

Primary Care Secure Messaging

Details

Date entered: March 25, 2024

Location: MCCLELLAN VA CLINIC

Written by: GRANT MICHAEL CIFFONE

Signed by: GRANT MICHAEL CIFFONE

Date signed: March 25, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 25, 2024@15:07 ENTRY DATE: MAR 25,
2024@13:07:01

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 03/25/2024 04:06 PM ET

From: CIFFONE, GRANT MICHAEL

To: CAMPBELL, RONALD CLARK

Subject: General:Breathing Issue

Good Afternoon Ronald,

Dr. Islam is on leave currently, but the covering provider has ordered a chest

x-ray for you to have completed so we can see if there is a persistent infection or not. You can have this x-ray done at McClellan or Mather.

Regards,

Grant C., RN

/es/ Grant Michael Ciffone, RN BSN

PACT RN Care Manager

Signed: 03/25/2024 13:07

Primary Care Secure Messaging

Details

Date entered: March 25, 2024

Location: MCCLELLAN VA CLINIC

Written by: GRANT MICHAEL CIFFONE

Signed by: GRANT MICHAEL CIFFONE

Date signed: March 25, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 25, 2024@14:03 ENTRY DATE: MAR 25,
2024@12:03:33

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 03/25/2024 01:42 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: General:Breathing Issue

Completed the antibiotic regimen last week following almost 5 weeks of lung issues.

Minor improvement as still getting some fluid on the lungs. Have not experienced extreme shortness of breath needing breathing treatments however.

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 03/25/2024 12:03

03/25/2024 ADDENDUM STATUS: COMPLETED
Adding MD to this note to determine if imaging is appropriate and what recommendations should be given to the pt.

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 03/25/2024 12:05

Receipt Acknowledged By:
03/25/2024 12:25 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care
Physician
for PARVEZ S
ISLAM

03/25/2024 ADDENDUM STATUS: COMPLETED
I ordered a follow up chest xray
Thanks

/es/ Barbara Jean Febbo-Wilson, M.D.
Primary Care Physician

Signed: 03/25/2024 12:26

Receipt Acknowledged By:

03/25/2024 13:07 /es/ Grant Michael Ciffone, RN
BSN

PACT RN Care

Manager

Cardiology

Details

Date entered: March 25, 2024

Location: SACRAMENTO VA MEDICAL CENTER

Written by: HOANG THUY NGUYEN

Signed by: HOANG THUY NGUYEN

Date signed: March 25, 2024

Note

LOCAL TITLE: Cardiology

STANDARD TITLE: CARDIOLOGY NOTE

DATE OF NOTE: MAR 25, 2024@10:40 ENTRY DATE: MAR 25,
2024@10:40:44

AUTHOR: NGUYEN, HOANG THUY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Cardiology Has ADDENDA ***

CARDIOLOGY NP F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

Patient came in with: ☒ Self

☐ Spouse

☐ Other:

Last visit: 6/2023

73MALE

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RELEVANT CARDIAC HX:

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Mr. Campbell is a 73 y/o M routine f/u

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and
mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of

the Circumflex and LAD requiring balloon angio. EF preserved

#hypertension,

#T2DM

#A. fib (on Pradaxa), 6/2019 at Kaiser

#COPD,

#PE 6/2019

#prostate cancer

#HLD

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Pt reports ~5 weeks ago he started to have SOB, thought 2/2 COPD/Asthma exacerbation, have been working with PCP. Trials albuterol which worsened SOB.

pt checked on drugs.com and saw Bb and Pradaxa can cause lung constriction so he

decided to self dc BB 1 week ago, continued DOAC.

Symptoms seem to improved with Zpack. but still feels there's congestion in his
lungs.

exercise: prior to 5 weeks ago was walking 4x/week ~1 miles.

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CARDIAC ROS:

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[x]N []Y CP:

[]N [x]Y SOB:

☒N ☐Y Dizziness:
☒N ☐Y Syncope:
☒N ☐Y Palpitations:
☒N ☐Y Orthopnea:
☒N ☐Y PND:
☒N ☐Y Edema:
☒N ☐Y Myalgias:

Other:

"muscle twitch" started ~2 months ago, occurs ~1/2 week

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☒N ☐Y TOB:
☒N ☐Y ETOH:
☒N ☐Y ILLICIT DRUGS:

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Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016

22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

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ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

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MEDICATIONS:

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Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.)	ACTIVE
2) ALBUTEROL SO4 0.083% INHL 3ML USE 1 PILLOW (3 ML) IN NEBULIZER EVERY 6 HOURS AS NEEDED FOR BREATHING	ACTIVE
3) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE QD
4) ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE DAILY TO PREVENT A STROKE OR HEART ATTACK STOP CLOPIDOGREL ONCE YOU START ASPIRIN	ACTIVE QD
5) AZITHROMYCIN 250MG TAB TAKE TWO TABLETS BY MOUTH NOW FOR 1 DAY, THEN TAKE ONE TABLET ONCE DAILY FOR 4 DAYS FOR INFECTION	ACTIVE
6) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
7) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE QD
8) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE QD
9) FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE	ACTIVE

BREATHING - RINSE MOUTH OUT AFTER USE.

10)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR HEADACHE PREVENTION	ACTIVE
11)	LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY FOR NERVE PAIN - REMOVE AFTER 12 HOURS (WEAR 12 HOURS, LEAVE OFF FOR 12 HOURS). APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.	ACTIVE
12)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
13)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE QD
14)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
15)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR HEART	ACTIVE - not one x 1 week
16)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE (S)
17)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
18)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE QD
19)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE QD
20)	TABLET CUTTER USE DEVICE AS DIRECTED TO SPLIT TABLETS.	ACTIVE
21)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications

Status

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1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

22 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

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EXAM:

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Wt: 194.7 lb [88.31 kg] (03/25/2024 10:22) Measurement DT WEIGHT
 LB(KG)[BMI]
 03/25/2024 10:22 194.7(88.31)[29*]
 08/11/2023 11:12 190(86.18)[30*]
 06/26/2023 10:06 194(88.00)[31*]
 10/12/2022 08:42 191(86.64)[31*]
 Temp: 97.7 F [36.5 C] (03/25/2024 10:22)
 HR: 62 (03/25/2024 10:22)
 BP: 149/73 (03/25/2024 10:27)

pt ambulated into room in nad, speaking full sentences in nad

Neck:jvd not elevated, no hjr

Lungs:mod rhonchi to lower fields, good respiratory efforts

Cardiac:RRR S1 S2

Abdomen: soft, ntnd

Ext:no edema

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LABORATORY/STUDIES: Results reviewed with patient

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Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
10/20/2023 09:15	PLASMA	146 H	13	0.82	140	3.7	105

10/05/2023 09:41	PLASMA	162 H	20	0.81	137	4.1	103

09/20/2022 08:02	BLOOD	6.5	14.9	45.4	92.8	32.8	266

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
09/20/2022 08:02	BLOOD	6.5	14.9	45.4	92.8	32.8	266

Collection DT	Spec	HGBA1c

10/05/2023 09:41	BLOOD	6.5	H				
09/20/2022 08:02	BLOOD	7.5	H				
Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL	Dir
10/20/2023 09:15	PLASM	150	64	63	75		
10/05/2023 09:41	PLASM	181	115	65	93		

No data available for: BNP

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Left ventricular systolic function is normal.
The ejection fraction estimate is 55-60%.
There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.
No significant valvular abnormalities identified.
Unable to estimate the RVSP due to the trivial TR jet.
Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.
Normal right ventricular size and function.
A trivial pericardial effusion is present.

2/2022

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.
Assessment of diastolic parameters indicates a relaxation abnormality of the left ventricle, consistent with normal filling pressures.
The right ventricular systolic function is normal.
The aortic valve is mildly sclerotic without stenosis.
There is trace mitral regurgitation.
There is trace tricuspid regurgitation.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)
STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.
LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.

Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The

mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments:Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial.100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments:Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021Start: 08:26 AMEnd: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021 Start: 09:47 AM End: 10:29 AM

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ASSESSMENT/PLAN:

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#HTN: goal <130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS

- completed dual therapy with Plavix 75mg QD/DOAC x 30 months (9/24/2023),
- cont ASA 81mg daily, given stent thrombosis and no bleeding issues, preference is to maintain antiplatelet agent, if any concerns for bleeding in the future could stop ASA and do DOAC monotherapy.
- Beta-blocker: restart metoprolol succinate 12.5mg, prev stopped Bisoprolol due to brady, fall precautions discussed, stop if unable to tolerate and notify me via SM
- cont. amlodipine 5mg daily,
- nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no PDE5i
- use pedal exerciser
- discussed heart healthy diet and exercise as tolerated
- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: at goal LDL <70

- cont. rosuvastatin 40mg QD
- cont. Zetia 10mg daily

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM), pt tolerating doac

- Rate control: BB as above
- Anticoagulation: cont. dabigatran 150mg BID

#SOB: Rhonchi to lower fields on exam, pt working closely with PCP. Defer mgmt

to PCP

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

TOTAL TIME SPENT: 30 minutes reviewing records, labs/studies, speaking with Veteran on phone or in person about above conditions and management plan, and documenting episode of care"

F/U: 7 months

Surfaces wiped after visit.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 03/25/2024 12:18

04/02/2024 ADDENDUM STATUS: COMPLETED
received SM from pt he has not received his CXR results and he is still having cough, sob. called pt, no answer, lvm with name and clinic #.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 04/02/2024 15:58

Primary Care Secure Messaging

Details

Date entered: March 11, 2024
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: March 11, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 11, 2024@10:18 ENTRY DATE: MAR 11,
2024@08:18:19
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 03/09/2024 11:34 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Received Nebulizer Solution

I received the solution you sent but did not receive the kit (mouthpiece, tubing and hose and device that holds the solution. So I'm still unable to do a treatment.

I cannot purchase these locally but can get them on Thursday from Amazon.

Additionally I leave Friday for a week in LA to meet my new granddaughter.

I have concern that after 3 weeks of bronchitis that I may develop an infection before or on the trip

On Thursday could I pick up antibiotics at McClellan as a precaution. In the past I've had these issues develop into pneumonia

Thank you

Ron Campbell

-----Original Message-----

Sent: 03/11/2024 11:18 AM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Medication:Received Nebulizer Solution

Good morning.

Glad to hear you received the solution.

I would recommend to get the tubing from amazon this it might take more than a

few days to get it sent to you from us.

I will call in antibiotics for you to pick up on Thursday.

Have a good trip.

DR. Islam

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 03/11/2024 08:18

Primary Care Secure Messaging

Details

Date entered: March 5, 2024

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: March 5, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 05, 2024@15:42 ENTRY DATE: MAR 05,
2024@12:42:53

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 03/05/2024 03:35 PM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Medication:Albuterol Nebulizer Solution

I don't see an order for the solution I require to accompany the nebulizer equipment I requested.

Today I received 1 albuterol INHALER!

I don't remember ordering an inhaler.

Just checking to i sure the solution needed for the nebulizer treatments is on the way

Thank

Ron Camlb1

-----Original Message-----

Sent: 03/05/2024 03:42 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Medication:Albuterol Nebulizer Solution

Hi,

I mailed you the solution yesterday- you will receive it soon.

Take care.

Dr. Islam

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 03/05/2024 12:42

Primary Care Secure Messaging

Details

Date entered: March 4, 2024

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: March 4, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 04, 2024@12:19 ENTRY DATE: MAR 04,
2024@09:19:08
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 03/02/2024 11:53 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Nebulizer supplies

Thank you for the supplies order.

I checked my medication list and the medication that used in the nebulizer does

not appear. I'm hoping our prescription for this medication is included with

the supplies order. I'm unable to do it a treatment without both of them.

-----Original Message-----

Sent: 03/04/2024 12:19 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Medication:Nebulizer supplies

Yes- it has been ordered. thank you.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 03/04/2024 09:19

Primary Care Secure Messaging

Details

Date entered: March 1, 2024
Location: MCCLELLAN VA CLINIC
Written by: GRANT MICHAEL CIFFONE
Signed by: GRANT MICHAEL CIFFONE
Date signed: March 1, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 01, 2024@15:03 ENTRY DATE: MAR 01,
2024@12:03:53
AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/28/2024 06:57 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Nebulizer supplies

been sometime since I have needed to use my nebulizer but I came down with
a
respiratory issue and treatments would be of help

I need a new "Nebulizer Set" and current medication for the treatments
My medication has expired.

Thanks

Ron Campbell.

-----Original Message-----

Sent: 03/01/2024 03:03 PM ET

From: CIFFONE, GRANT MICHAEL

To: CAMPBELL, RONALD CLARK

Subject: Medication:Nebulizer supplies

Good morning Ronald,

I requested nebulizer supplies to be mailed to you.

Regards,

Grant C., RN

/es/ Grant Michael Ciffone, RN BSN

PACT RN Care Manager

Signed: 03/01/2024 12:03

Primary Care Secure Messaging

Details

Date entered: February 12, 2024

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: February 12, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: FEB 12, 2024@12:26 ENTRY DATE: FEB 12,
2024@09:26:18

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 02/12/2024 12:00 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Lidocaine Patch 5%

Can this prescription be renewed please. It dropped off my reorder list

Thanks

Ron Campbell

-----Original Message-----

Sent: 02/12/2024 12:26 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Medication:Lidocaine Patch 5%

Done too.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 02/12/2024 09:26

Primary Care Secure Messaging

Details

Date entered: February 12, 2024
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: February 12, 2024

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: FEB 12, 2024@12:24 ENTRY DATE: FEB 12,
2024@09:24:49

AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 02/12/2024 12:45 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Pharmacy dropping current medications

Pharmacy makes patient medication management when it arbitrarily dropped a current med from the renewal list without advising the veteran or, apparently the prescribing physician. This has happen to me for not heart and copd meds which I consider to be life sustaining.

Can you advise me who in the VA can help solve this issue?

It must cost the VA a bundle in emergency partial fills and shipments.

In the interim Fluticasone 500/Salmeterol 50 ONLH DISK 60 has been dropped from my reorder list.I would like to reorder.

Thanks

Ron Campbell
2701

-----Original Message-----

Sent: 02/12/2024 12:24 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Medication:Pharmacy dropping current medications

done

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 02/12/2024 09:24

PT Consult 60310

Details

Date entered: February 12, 2024
Location: SACRAMENTO VA MEDICAL CENTER
Written by: DAVID WONG
Signed by: DAVID WONG
Date signed: February 12, 2024

Note

LOCAL TITLE: PT Consult 60310
STANDARD TITLE: PHYSICAL THERAPY CONSULT
DATE OF NOTE: FEB 12, 2024@10:56 ENTRY DATE: FEB 12,
2024@10:56:57
AUTHOR: WONG, DAVID EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PHYSICAL THERAPY INITIAL EVALUATION
Identity verified by SSN & DOB

REFERRING SERVICE:

Order Information

To Service: PHYSICAL THERAPY OUTPT (SAC)
From Service: NSAC PACT PURPLE
Requesting Provider: ISLAM, PARVEZ S
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date: Jan 18, 2024
DST ID:
Orderable Item: PHYSICAL THERAPY OUTPT (SAC)

Consult: Consult Request

Provisional Diagnosis: Vertebrogenic low back pain(ICD-10-CM M54.51)

Reason For Request:

Verify any SC information with the patient prior to making any decisions based on what is listed in the computer:

S/C Disabilities: LOWER LEG CONDITION 20% SC

S/C Disabilities: BACK STRAIN 20% SC

S/C Disabilities: TRAUMATIC ARTHRITIS 10% SC

S/C Disabilities: IMPAIRMENT OF FEMUR 10% SC

S/C Disabilities: LOWER LEG CONDITION 20% SC

S/C Disabilities: KNEE CONDITION 10% SC

S/C Disabilities: KNEE CONDITION 10% SC

Does this patient live or work near Mather.

Is this referral related to recent surgery? No

Is this patient an OEF (Operation Enduring Freedom)/ OIF(Operation Iraqi Freedom) veteran? No

Additional Information:

low back pain

AGE: 73 GENDER: MALE

PAST MEDICAL HISTORY/PROBLEMS:

Computerized Problem List is the source for the following:

1. Coronary artery disease 06/01/21
NGUYEN, HOANG
TH
2. Long-term current use of anticoagulant 12/31/19 HAN, ELDI
KYOUNG
on pradaxa (afib/CVA risk reduction, and hx of PE)
3. Obstructive sleep apnea syndrome 09/30/19
PANOSSIAN, LORI
4. AF- Atrial Fibrillation (SCT 49436004) 06/20/19 HAN, ELDI
KYOUNG

Dx 6/2019

5. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
6. Hypertension (SNOMED CT 38341003) KYOUNG	01/23/20	HAN, ELDI
Added from station 654 as a result of CBOC move.		
7. Degenerative joint disease of knee (SCT ISLAM, PARVEZ S 239873007)	05/06/22	
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004) KYOUNG	12/03/19	HAN, ELDI
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	09/21/20	
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
12. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
13. Dysthymia BAHTEN, REGINA S	02/08/16	
14. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
17. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	01/25/21	
18. Chronic obstructive lung disease FIECHTNER, BRIDG "severe" (nonVA)	06/24/19	
19. Benign hypertension	11/26/13	CHANG, MYO S

20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	08/12/22	
NICKERSON, GASON		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

X-RAYS/TESTS (copied from CPRS/JLV records):

Report:

MRI of the lumbar spine without contrast.

Clinical statement: Low back pain, radiating to the left lower extremity.

Technique: An MRI of the lumbar spine was performed utilizing sagittal STIR, T1 and T2-weighted images, stacked axial T2-weighted images and angled proton density images through the disc spaces.

Comparison: None

Findings: For the purpose of this study, there are 5 lumbar type vertebral bodies. Mild levoscoliosis. Lumbar vertebral heights and alignment are normal. The bone marrow signal is preserved. The conus is normal in position, with no evidence for anatomic cord tethering. No definite epidural mass or collection is seen. There is degenerative disc disease with disc desiccation and loss of normal bright T2 signal intensity. Loss of disc height is noted from L2 through S1.

L1-L2: Disc space is unremarkable.

L2-L3: Disc bulge with facet arthropathy and ligamentum flavum hypertrophy causing moderate right and mild left neural foraminal narrowing. Prominent posterior epidural fat causing mild narrowing of the thecal sac.

L3-L4: Disc bulge with facet arthropathy and ligamentum flavum hypertrophy causing moderate bilateral neural foraminal narrowing. Prominent posterior epidural fat causing mild narrowing of the thecal sac.

L4-L5: Disc bulge with facet arthropathy and ligamentum flavum hypertrophy causing moderate bilateral neural foraminal narrowing. 8 mm synovial cyst adjacent to left facet causing mild canal stenosis.

L5-S1: Disc bulge with facet arthropathy and ligamentum flavum hypertrophy causing moderate left and mild right neural foraminal narrowing.

Impression:

Moderate degenerative changes as described above.

Note: The following findings are so common in people with low back pain that while be reported their presence, they must be interpreted with caution and in the context of the clinical situation. (Reference-Jarvik JG et al. "The longitudinal assessment of imaging and disability of the back (LAIDback) study: Baseline data." Spine 2001)

Findings (prevalence in patients without low back pain) Disc degeneration (decreased T2 signal, height loss, bulge) 91% Disc T2 signal loss (desiccation) 83% Disc height loss 56% Disc bulge 64% Disc protrusion 32% Annular fissure 38%

10/2/2023 9:26 PDT

SUBJECTIVE FINDINGS:

Pt presents with chief complaints of chronic left-sided LBP. He reports a history of L2-S1 pathology, revealed via imaging.

He admits to numbness of the right leg spanning from the right knee to the

level of the ankle, after sitting >75 minutes. The symptoms subside following a few minutes of walking.

He reports to experience headaches when deprived of oxygen. Reports elimination of headaches following 15-20 minutes treatments of 15 L supplemental oxygen.

MECHANISM & HISTORY: insidious onset of chronic left-sided LBP

BEHAVIOR OF SYMPTOMS

WHERE IS THE PAIN: "beneath the (left) lowest rib to the left hip"

PAIN: Now- 4/10 Best- 2/10 Worst- 8/10

TYPE: constant soreness, "grabbing" with certain movements

AGGRAVATING FACTORS:

1. Activity that increases Pain: standing >4-5 minutes, vacuuming, cooking, lifting of any capacity, walking >100 yards, trunk rotations to the right
2. What eases Pain: lidocaine, crawling on elbows

OCCUPATION/WORK, PERTINENT SOCIAL SITUATION, & ACTIVITIES:

- LIVING SITUATION: Lives with wife with three steps in front of property
- OCCUPATION/WORK: Retired
- ABLE TO PERFORM HOUSEWORK/YARDWORK INDEPENDENTLY? wife performs
- ABLE TO PERFORM ADLS INDEPENDENTLY? yes with difficulty
- INVOLVED IN A REGULAR EXERCISE ROUTINE? no; 45 minutes per day of treadmill walking

OTHER TX FOR THIS CONDITION: no

SPECIAL QUESTIONS:

1. PERTINENT SURGERIES/MEDS: yes
PRIOR PT FOR THIS CONDITION: no
2. UNEXPLAINED WEIGHT LOSS/GAIN: no

3. FUNCTIONAL ADL's: independent in ADL's & gait without AD

4. PENDING DISABILITY/WORKERS COMP/PENSION/LITIGATION? no

5. OTHER

Bowel or Bladder changes? no

Saddle Paresthesia? no

Increased Night Pain? no

6. PERTINENT MEDICAL HISTORY/TREATMENT PRECAUTIONS (i.e. heart conditions, cardiac pacemaker, cancer, etc.): yes

PATIENT'S GOALS IN PT:

Learn self-management techniques.

OBJECTIVE FINDINGS:

GAIT: presents to clinic with independent gait without AD

GAIT DEVIATIONS: right antero-lateral trunk lean, left hip hike during ipsilateral swing limb advancement, decreased knee flexion in loading response, bilaterally

STRENGTH:

-Iliopsoas (hip flexion): 5 bilaterally

-Glut minimus/tensor fasciae latae (hip internal rotation): 5 bilaterally

-Piriformis/obturator internus & externus/gemellus superior & inferior (hip external rotation): 5 bilaterally

-Glut med (hip abduction): NT

-Hamstrings (knee flexion): 5 bilaterally

-Quadriceps femoris (knee extension): 5 bilaterally

-Tibialis anterior (ankle dorsiflexion): 5 bilaterally

* indicates pain

LUMBAR RANGE OF MOTION(%):

Flexion: 80

Extension: 20 *left low back

Left Lateral Flexion: 45 *left low back

Right Lateral Flexion: 50 *left low back tightness

DTRs:

-Patellar (L4): Left: 2+ Right: 0

SLR's: passive WNL

SKIN ASSESSMENT

[x] No wounds

[] Wounds Present

- a. Skin assessment clinically indicated:
- b. Areas noted:
- c. Patient reported:
- d. Therapist observed:
- e. Provider notified and treatment plan in place:

PALPATION:

-palpable trigger points throughout left QL

SPECIAL TESTS:

- Slump Test: negative
- Neural Tension Test: Sciatic Nerve: negative
- Thomas Test: positive

BARRIERS TO LEARNING: none

VISION/HEARING: not impaired

PREFERRED METHOD OF LEARNING: no preference

PT TREATMENT AND PATIENT EDUCATION PROVIDED:

- PT eval
- manual therapy: STM/Manual Stretch to L QL
- education on role of PT in treating back pain, gait impairments relative to left-sided LBP
- education on exercises in HEP including: SL Trunk Rotation, LTR's, Piriformis Stretch, Hip Flexors Stretch, Gait Training

Patient verbalized understanding & returned proper demonstration. Patient was given/emailed instructions and pictures/videos of the exercises via HEP2go (www.my-exercise-code.com):

access code: 4Y8YP4S

ASSESSMENT:

Pt presented with chief complaints of left-sided LBP. Upon examination, he presented with palpable increased soft tissue tension throughout his left QL,

in addition to frontal plane hip instability in mid-stance of gait. Manual intervention was performed, following by initiation of therapeutic exercises.

Pt reported significant relief in symptoms following. He was then educated on

gait impairments and was encouraged to work on maintaining frontal plane hip

stability in gait independently. Due to reported inconvenience with traveling

to the clinic, pt was agreeable to performing independent home exercises and

to scheduled follow-up visits on a PRN basis. He will likely continue to benefit from skilled intervention to facilitate return to performance of his

ADL's at his PLOF. All questions were answered.

RISKS & BENEFITS: Risks and benefits of physical therapy intervention have been

explained and the patient agrees to the following goals and treatment plan.

PT GOALS:

Short-Term Goals (STGs) to be achieved in 6-8 weeks:

- 1) Patient will perform HEP with minimal cues. (achieved)
- 2) Patient will demonstrate frontal plane hip stability in mid-stance of gait
- 3) Patient will experience a reduction in overall pain severity to 5/10 at worst

POTENTIAL TO MEET SET PT GOALS: good

TREATMENT PLAN: manual therapy, therapeutic exercise, therapeutic modalities,

orthotic fit/train, postural/body mechanics education, instruction in use of
heat/ice as needed, instruction in home exercise program

FREQUENCY: 1 x per month

DURATION: 4-6 treatments

PT Re-Certification to be completed every 90 days.

PLAN:

Patient to perform home management program including exercises per instruction
& handouts. Patient to contact clinic for follow-up visits PRN, due to inconvenience with traveling to clinic.

CUMULATIVE TREATMENT DATA:

- Patient's initial PT eval date: 2/12/24
- PT re-certification due on 5/12/24
- Number of PT sessions to date: 1 eval, 0 f/u treatments
- Equipment that has been issued: none

TODAY'S PT TREATMENT:

PT Eval (97163)

Ther ex (97110) 15'

Manual Therapy (97140) 10'

Instruction/discussion/self-care management (97535) 10'

/es/ David Wong, DPT

Physical Therapist

Signed: 02/12/2024 12:12

Primary Care Secure Messaging

Details

Date entered: January 18, 2024

Location: MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** January 18, 2024**Note**

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JAN 18, 2024@18:17 ENTRY DATE: JAN 18,
2024@15:17:38

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 01/18/2024 12:38 PM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Appointment:Mather Physical therapy referral

Last month I thought the referral to Mather Physical Therapy was reissued
as

the original had been cancelled.

I may have misunderstood as I have not heard from them.

Sorry to bother you on this again. I continue us to experience problems

Thanks

Ron Campbell

-----Original Message-----

Sent: 01/18/2024 06:17 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Mather Physical therapy referral

Hello,

Referral to Physical therapy at Mather has been sent.
DR. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 01/18/2024 15:17

Neurology Secure Messaging

Details

Date entered: December 22, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: GASONG YUN NICKERSON
Signed by: GASONG YUN NICKERSON
Date signed: December 22, 2023

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: DEC 22, 2023@13:01 ENTRY DATE: DEC 22,
2023@10:01:29
AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/21/2023 11:20 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Medication:Emgality
Attachments: E0ACD066-FFB3-4D81-A888-5CAD5062C864.png (345.39 KB)

Prescription has expired. Please renew

Thanks

Ron

-----Original Message-----

Sent: 12/22/2023 01:01 PM ET

From: NICKERSON, GASONG YUN

To: CAMPBELL, RONALD CLARK

Subject: Medication:Emgality

Hi, I renewed it with 90 day supply which means then 9 pens every 3 months.

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 12/22/2023 10:01

Primary Care Secure Messaging

Details

Date entered: December 18, 2023

Location: MCCLELLAN VA CLINIC

Written by: GRANT MICHAEL CIFFONE

Signed by: GRANT MICHAEL CIFFONE

Date signed: December 18, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 18, 2023@12:45 ENTRY DATE: DEC 18, 2023@09:45:16

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 12/16/2023 12:43 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Medication:Cholecalciferol

This prescription has expired. Please renew

Thanks

-----Original Message-----

Sent: 12/18/2023 12:45 PM ET

From: CIFFONE, GRANT MICHAEL

To: CAMPBELL, RONALD CLARK

Subject: Medication:Cholecalciferol

Good morning Ronald,

I renewed your cholecalciferol 50mcg, it should arrive in the mail.

Regards,

Grant C., RN

/es/ Grant Michael Ciffone, RN BSN

PACT RN Care Manager

Signed: 12/18/2023 09:45

Primary Care Secure Messaging

Details

Date entered: December 14, 2023

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: December 14, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 14, 2023@17:28 ENTRY DATE: DEC 14,
2023@14:28:46

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 12/14/2023 02:44 PM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Appointment:Community Care Referral. PT

Thanks. I'll make the "evaluation appointment" with Physical Therapy or Surgeon
or whoever makes the decision on viability of treatment(s) proposed in
light of
the patient's overall health as noted in the policy.

Thanks

Ron

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 12/14/2023 14:28

Primary Care Secure Messaging

Details

Date entered: December 14, 2023**Location:** MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** December 14, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 14, 2023@11:45 ENTRY DATE: DEC 14,
2023@08:45:32
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/13/2023 03:07 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Appointment:Community Care Referral. PT

The MRI report indicated no need for surgery. Was that determination made by
Neurosurgery or another department. In that past the back service
connected
disability decisions were made by a neurosurgeon

-----Original Message-----

Sent: 12/14/2023 11:45 AM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Community Care Referral. PT

Good morning,
I am adding the MRI report for your review- I do not see any findings that
indicate need for surgical intervention.
Feel free to make an appointment to discuss in further details if you
wish.

Thank You.
Dr. Islam

Report:
MRI of the lumbar spine without contrast.

Clinical statement: Low back pain, radiating to the left lower
extremity.

Technique: An MRI of the lumbar spine was performed utilizing sagittal STIR, T1 and T2-weighted images, stacked axial T2-weighted images and angled proton density images through the disc spaces.

Comparison: None

Findings: For the purpose of this study, there are 5 lumbar type vertebral bodies. Mild levoscoliosis. Lumbar vertebral heights and alignment are normal. The bone marrow signal is preserved. The conus is normal in position, with no evidence for anatomic cord tethering. No definite epidural mass or collection is seen. There is degenerative disc disease with disc desiccation and loss of normal bright T2 signal intensity. Loss of disc height is noted from L2 through S1.

L1-L2: Disc space is unremarkable.

L2-L3: Disc bulge with facet arthropathy and ligamentum flavum hypertrophy causing moderate right and mild left neural foraminal narrowing. Prominent posterior epidural fat causing mild narrowing of the thecal sac.

L3-L4: Disc bulge with facet arthropathy and ligamentum flavum hypertrophy causing moderate bilateral neural foraminal narrowing. Prominent posterior epidural fat causing mild narrowing of the thecal sac.

L4-L5: Disc bulge with facet arthropathy and ligamentum flavum hypertrophy causing moderate bilateral neural foraminal narrowing. 8 mm synovial cyst adjacent to left facet causing mild canal stenosis.

L5-S1: Disc bulge with facet arthropathy and ligamentum flavum hypertrophy causing moderate left and mild right neural foraminal narrowing.

Impression:

Moderate degenerative changes as described above.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 12/14/2023 08:45

Primary Care Secure Messaging

Details

Date entered: December 13, 2023

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: December 13, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 13, 2023@13:32 ENTRY DATE: DEC 13,
2023@10:32:09
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/13/2023 12:17 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Appointment:Community Care Referral. PT

Thanks. I was confused as I thought the policy required a licensed physician to

make these determinations. And especially when talking about the impact on the general health & welfare of the patient. It didn't sound like that was going to be included in the pervuew of an appointment with a physical therapist.

I was an advisor to Director Stockwell's office during COVID and the Community Care program was discussed in detail. I had hoped that the extenuated circumstances i.e. health & travel burdens were considered as stated in the policy. Perhaps they still will be as I pursue this option.

-----Original Message-----

Sent: 12/13/2023 01:32 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Community Care Referral. PT

Good Morning,
Yes- the policy is the same but as I understand the current directive, as a primary care provider our role is to refer to appropriate department within VA and let them judge the need for outside referral.
Thank you for your understanding.
Dr. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 12/13/2023 10:32

Primary Care Secure Messaging

Details

Date entered: December 12, 2023**Location:** MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** December 12, 2023**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 12, 2023@16:39 ENTRY DATE: DEC 12,
2023@13:39:30
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/10/2023 11:45 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Appointment:Community Care Referral. PT

I believe the policy for Community Care includes considerations for 1. Travel time over 1 hr Without traffic the best time is 57 minutes from my location. During normal appointment time it runs well over an hour.

2. The overall well being of the patient and 3. That being determined by the patient's health care provider. In my case. Dr Islam. I suffer from stage 3 heart disease, COPD, chronic cluster headaches and 4 chronic service connected orthopedic disabilities rated at 60%.

3. The burden of traveling 2 to 3 times per week that long distance with my

maladies I do not believe is in the best interest of this patient's health.

-----Original Message-----

Sent: 12/12/2023 04:38 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Community Care Referral. PT

Hello,

I understand completely.

But the new policy is we have to send it within VA and when they call you for

appointment you tell them your situation and they can refer you outside.

We primary care are not allowed any longer to refer to community care directly.

Hope that answer your questions.

Take care.

DR. Islam

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 12/12/2023 13:39

Primary Care Secure Messaging

Details

Date entered: December 7, 2023

Location: MCCLELLAN VA CLINIC

Written by: GRANT MICHAEL CIFFONE

Signed by: GRANT MICHAEL CIFFONE

Date signed: December 7, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 07, 2023@19:36 ENTRY DATE: DEC 07,
2023@16:36:38

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 12/05/2023 06:07 PM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Appointment:Community Care Referral. PT

MCClellan PT did want to schedule PT. They said that treatment would be 2 to 3

times per week.

Sitting and driving a trip that takes over an hour each way during appointment

hours is not possible for me.

I also suffer from chronic cluster headache, heart disease and COPD. These all

contribute to a high degree of difficulty making this type of schedule. It

also would defeat the benefit of any PT session.

This is a service connected injury, commute is over an hr. I believe my primary

care provider has the last say per the policy.

If the policy isn't being implemented by Mather PT please let me know. i.e.

Primary Care has the last call.

I have some other avenues within the VA I can pursue.

Thanks for the quick response.

Ron Campbell

-----Original Message-----

Sent: 12/07/2023 07:36 PM ET

From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Community Care Referral. PT

Good Afternoon Ronald,

We placed the community care consult previously and they sent it to McClellan

PT to determine if community care was appropriate. Per community care it is up to the specialty to determine if they can see the someone in the clinic or if the community is more appropriate.

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 12/07/2023 16:36

Primary Care Secure Messaging

Details

Date entered: December 5, 2023
Location: MCCLELLAN VA CLINIC
Written by: GRANT MICHAEL CIFFONE
Signed by: GRANT MICHAEL CIFFONE
Date signed: December 5, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 05, 2023@12:35 ENTRY DATE: DEC 05,
2023@09:35:59
AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 12/04/2023 04:54 PM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Appointment:Community Care Referral. PT

On Oct 17 an email noted that a Community Care Referral was put through to Community care for physical therapy. I have found a reputable Physical Therapy

provider that is contracted with Community Care Both my wife and I have experience with these excellent providers.

Unfortunately, Community Care has yet to contact me.

What do you recommend I do?

Ron Campbell

Meadow Vista

-----Original Message-----

Sent: 12/05/2023 12:35 PM ET

From: CIFFONE, GRANT MICHAEL

To: CAMPBELL, RONALD CLARK

Subject: Appointment:Community Care Referral. PT

Good morning Ronald,

Dr. Islam placed the community care consult for you, but they sent it to McClellan PT to have them determine if you are eligible for community care PT.

It looks like McClellan PT tried to schedule you in their clinic, which tells me that they may have said no to community care and would like to see you here.

I can place a PT consult for McClellan, but I am afraid that if I place another

community care consult for PT it will eventually end up at McClellan. If you want a PT consult at McClellan let us know and we will gladly place another.

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 12/05/2023 09:35

V21 PHARMACY CCC MEDICATION RENEWAL REFILL REQUEST NOTE

Details

Date entered: December 1, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: KATIE WIN CHAN
Signed by: KATIE WIN CHAN
Date signed: December 1, 2023

Note

LOCAL TITLE: V21 PHARMACY CCC MEDICATION RENEWAL REFILL REQUEST
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: DEC 01, 2023@09:26 ENTRY DATE: DEC 01, 2023@09:26:29
AUTHOR: CHAN, KATIE WIN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Request received through Telephone
Requestor: Veteran

=====
Type of Request: (Please take action on the following)

-Veteran is requesting: PARTIAL FILL

Reason: Pt is out of medication while waiting for renewal.

=====
Medication(s) requested:

Metoprolol

=====
Veteran's requested method of pickup:

Mail

Mailing address & phone number confirmed with caller:

Yes

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Phone:PHONE NUMBER [CELLULAR] - (206)295-2554(206)295-2554

=====
Clinical contact center pharmacist will process 14 days supply to mail out locally so pt may continue care.

/es/ KATIE WIN CHAN

V21 CCC CLINICAL PHARMACIST

Signed: 12/01/2023 09:27

V21 PHARMACY CCC MEDICATION RENEWAL REFILL REQUEST NOTE

Details

Date entered: December 1, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: AMBER M BRIGANTI

Signed by: AMBER M BRIGANTI

Date signed: December 1, 2023

Note

LOCAL TITLE: V21 PHARMACY CCC MEDICATION RENEWAL REFILL REQUEST

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: DEC 01, 2023@09:14 ENTRY DATE: DEC 01,
2023@09:14:16

AUTHOR: BRIGANTI, AMBER M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Request received through Telephone

Requestor: Veteran

=====
Type of Request: (Please take action on the following)

-Veteran is requesting a RENEWAL

=====
Medication(s) requested:

OUTPT LOSARTAN 50MG TAB (Status = EXPIRED)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

Rx# 26469439 Last Released: 9/6/23 Qty/Days Supply: 90/90

Rx Expiration Date: 10/4/23 Refills Remaining: 0

Indication: FOR BLOOD PRESSURE

OUTPT METOPROLOL SUCCINATE 25MG SA TAB (Status = EXPIRED)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL
CUTTER, REPLACES VERAPAMIL**

Rx# 71150725A Last Released: 7/14/23 Qty/Days Supply: 45/90

Rx Expiration Date: 9/10/23 Refills Remaining: 0

=====
Veteran's requested method of pickup:

Mail

Mailing address & phone number confirmed with caller:

Yes

1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Phone:PHONE NUMBER [CELLULAR] - (206)295-2554(206)295-2554

=====

Primary care provider/specialist added as additional signer to review request.

/es/ AMBER M. BRIGANTI
V21 CCC Pharmacy Technician
Signed: 12/01/2023 09:15

Receipt Acknowledged By:
12/01/2023 13:02 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

Primary Care Secure Messaging

Details

Date entered: November 1, 2023
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: November 1, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: NOV 01, 2023@16:00 ENTRY DATE: NOV 01,
2023@14:00:04
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 10/30/2023 05:50 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:9/30 MRI Results

Yr thanks for your referral to Community Care. I have some confusion however.

Contact last week by Mather Physical Therapy. They said more than likely a 2 to 3 appointments per week could be needed. I knew this and that's why we discussed Community Care.

I don't do well sitting for a long persons of time. The commute to Mather is just over an hr during most business hours. Kind of difficult.

I also avoid freeways where possible.

And finally, this is far more debilitating than it was 22 years ago when it was determined at 20% service connected.
(I tried to find the Puget Sound VA medical records to compare but only the determination was available)

So I'm hoping we are still waiting for Community Care for accommodation.

Thanks again for your efforts

Ron

/es/ Eric Kraft, LVN
Primary Care
Signed: 11/01/2023 14:00

Receipt Acknowledged By:

11/09/2023 15:13 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

11/09/2023 ADDENDUM

STATUS: COMPLETED

We are waiting to see outcome of community care referral.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 11/09/2023 15:14

Primary Care Secure Messaging

Details

Date entered: October 24, 2023**Location:** MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** October 24, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: OCT 24, 2023@10:49 ENTRY DATE: OCT 24,
2023@08:49:11

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 10/24/2023 11:47 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: General:PG&E Medical Baseline

I'm communicating with Neurology and they can sign it.

Sorry for the confusion.

Ron

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 10/24/2023 08:49

Primary Care Secure Messaging

Details

Date entered: October 23, 2023
Location: MCCLELLAN VA CLINIC
Written by: GRANT MICHAEL CIFFONE
Signed by: GRANT MICHAEL CIFFONE
Date signed: October 23, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: OCT 23, 2023@12:35 ENTRY DATE: OCT 23,
2023@10:35:32
AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 10/22/2023 05:27 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: General:PG&E Medical Baseline

Yes! She was in the neurology department (oxygen concentrator)
Since my equipment was prescribed by her and two other primary care
physicians

(C-Pap and nebulizer) for two other medical issues she signed the document to keep from have to do three forms. and confuse PG&E.

-----Original Message-----

Sent: 10/23/2023 01:35 PM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: General:PG&E Medical Baseline

Good morning Ronald,

Do you still need Dr. Islam to sign the document? and if so are you able to change the issuing provider to Dr. Islam?

The issue right now is when he goes to electronically sign the document is changed to her name.

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 10/23/2023 10:35

Primary Care Secure Messaging

Details

Date entered: October 20, 2023
Location: MCCLELLAN VA CLINIC
Written by: GRANT MICHAEL CIFFONE
Signed by: GRANT MICHAEL CIFFONE
Date signed: October 20, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: OCT 20, 2023@15:27 ENTRY DATE: OCT 20,
2023@13:27:25

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 10/20/2023 11:04 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: General:PG&E Medical Baseline

Pacific Gas & Electric periodically requires renewal
of the Medical Baseline program allowing credit for medical devices used. I
use

C-Pap, Oxygen Concentrator and Nebulizer which all qualify under the
program.

My medical provider is need to complete a form. The link for the form is
<https://www.pge.com/medicalpractitioner>

The form asks for my "confirmation number" which is HgHHezGASpWc

I think they renew about every 2 to 3 years.

Please let me know if there are any questions.

Thanks

Ron Campbell

-----Original Message-----

Sent: 10/20/2023 04:27 PM ET

From: CIFFONE, GRANT MICHAEL

To: CAMPBELL, RONALD CLARK

Subject: General:PG&E Medical Baseline

Attachments: PG&E RC.png (113.37 KB)

Good Afternoon Ronald,

Was your previous provider Gasong Nickerson? When Dr. Islam
electronically

signs the document it changes to their signature (picture attached).

I am unsure if this is a setting that you will need to change on your profile to fix, but as of right now Dr. Islam can not sign under his name. If you are able to change the provider to Dr. Islam we will be more than willing to try again to fill out the forms.

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 10/20/2023 13:27

LAB RESULTS (AUTO PRINT)

Details

Date entered: October 20, 2023
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: October 20, 2023

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)
STANDARD TITLE: LETTERS
DICT DATE: OCT 20, 2023@12:58:06 ENTRY DATE: OCT 20,
2023@12:58:06
DICTATED BY: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED
SUBJECT: Lab Result Letter - Single Note 46 lines for
comment

To: RONALD CLARK

CAMPBELL

Thank you for choosing the Northern California VA Healthcare System as your healthcare resource. Following is a report of your recent testing:

	TEST NAME	RESULT	UNITS	REF. RANGE
=====				
=				
1605303 - SCH 1020 339 Collected on: Oct 20				
2023				
COMPREHENSIVE METABOLIC PANEL				
118	GLUCOSE	146 H	mg/dL	74 -
26	UREA NITROGEN	13	mg/dL	8 -
1.1	CREATININE	0.82	mg/dL	0.5 -
>=60	eGFR (CKD-EPI)	>90		
144	SODIUM	140	mmol/L	136 -
4.8	POTASSIUM	3.7	mmol/L	3.4 -
106	CHLORIDE	105	mmol/L	98 -
33	CO2	29	mmol/L	23 -
10.2	CALCIUM	9.0	mg/dL	8.7 -
8.1	PROTEIN	6.5	g/dL	6.5 -
4.8	ALBUMIN	4.0	g/dL	3.3 -
42	AST (SGOT)	25	IntUnits/L	8 -
55	ALT (SGPT)	20	IntUnits/L	5 -

ALKALINE PHOSPHATASE	55	IntUnits/L	37 -
107			
TOTAL BILIRUBIN	0.6	mg/dL	.3 -
1.2			
LIPID PANEL			
HDL CHOLESTEROL	63	mg/dL	
>=40			
CHOLESTEROL	150	mg/dL	
<=200			
TRIGLYCERIDE	64	mg/dL	
<=150			
LDL CHOLESTEROL	75	mg/dL	
<=160			

Sincerely,

/es/ Parvez S. Islam, MD
Physician, Primary Care

Patient Record Number 7468482

Primary Care Secure Messaging

Details

Date entered: October 19, 2023
Location: MCCLELLAN VA CLINIC
Written by: GRANT MICHAEL CIFFONE
Signed by: GRANT MICHAEL CIFFONE
Date signed: October 19, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: OCT 19, 2023@07:56 ENTRY DATE: OCT 19,
2023@05:56:37

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 10/17/2023 07:26 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:9/30 MRI Results

Thanks very much.

American River Rehabilitation was my community care provider for a rehab following my knee replacement surgery in March. They are very good.

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 10/19/2023 05:56

Primary Care Secure Messaging

Details

Date entered: October 17, 2023
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: October 17, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: OCT 17, 2023@12:14 ENTRY DATE: OCT 17,
2023@10:14:26
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 10/05/2023 06:19 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:9/30 MRI Results

Thanks

I was rated in 2001 for a service connected disability for my knees, left hip and back. So if this shows normal then it sounds like an improvement over the 2001 determination. I was led to believe at that time that it would not improve with time and it certainly has become more debilitating over the last 22 years.

I'll discuss it with my new son-in-law (anesthesiologist - epidural) and ortho surgeon (perhaps the hip is involved as the backpack sound like it has t regressed.

Thanks again

-----Original Message-----

Sent: 10/17/2023 12:57 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:9/30 MRI Results

I think for now a chiropractor or physical therapy would be my best options. Problem is availability. My transportation costs to Mather are impacting our fixed retirement budget and sitting in traffic for long periods exacerbates the problems.

I don't know if there would be any local options in Auburn through the VA. I am

service connected for the back and perhaps Community Care would be an option?

Thanks

Ron

-----Original Message-----

Sent: 10/17/2023 01:05 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Test:9/30 MRI Results

Good morning

I understand your current situation. I will put a referral to physical therapy through community care today.

Hopefully they will be able to find somebody close to you who is contracted with VA.

Take care

Dr. Islam

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 10/17/2023 10:14

Dermatology Secure Messaging

Details

Date entered: October 12, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GEETA ROY CHANG

Signed by: GEETA ROY CHANG

Date signed: October 12, 2023

Note

LOCAL TITLE: Dermatology Secure Messaging
STANDARD TITLE: DERMATOLOGY SECURE MESSAGING
DATE OF NOTE: OCT 12, 2023@16:58 ENTRY DATE: OCT 12,
2023@14:58:56
AUTHOR: CHANG, GEETA ROY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Dermatology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 10/08/2023 11:11 PM ET
From: CAMPBELL, RONALD CLARK
To: Dermatology - Mather.@
Subject: General:Suspicious recent change
Attachments: F0106BCE-2C58-4E87-AF1E-04AA1FDCBF8A.jpeg (694.03 KB)

A "mole" on my shoulder has changed recently. A dry white surface has developed. I asked my primary care provider about this and haven't heard back.

Since I am a previous Mather dermatology patient I thought I should make contact. A photo of the area is attached

Regards

Ron Campbell

/es/ GEETA CHANG, RN MSN
RN CARE MANAGER, DERMATOLOGY CLINIC, MATHER VA
Signed: 10/12/2023 14:58

Receipt Acknowledged By:
10/13/2023 09:46 /es/ Apra Sood,
MD

Staff Physician-

Dermatology

10/12/2023 ADDENDUM

STATUS: COMPLETED

One photo sent by pt uploaded to Vista imaging.

/es/ GEETA CHANG, RN MSN

RN CARE MANAGER, DERMATOLOGY CLINIC, MATHER VA

Signed: 10/12/2023 15:01

10/13/2023 ADDENDUM

STATUS: COMPLETED

Patient has not been seen in dermatology since 2019. For any new concern the PCP

has to place a new consult/e consult or teledermatology consult. Please let the

patient know. I am also copying the PCP. Thanks

/es/ Apra Sood, MD

Staff Physician-Dermatology

Signed: 10/13/2023 09:46

Receipt Acknowledged By:

10/13/2023 09:52

/es/ GEETA CHANG, RN

MSN

RN CARE MANAGER, DERMATOLOGY CLINIC, MATHER

VA

10/13/2023 13:06

/es/ Parvez S. Islam,

MD

Physician, Primary

Care

No Show Note

Details

Date entered: October 6, 2023**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** HOANG THUY NGUYEN**Signed by:** HOANG THUY NGUYEN

Date signed: October 10, 2023

Note

LOCAL TITLE: No Show Note
STANDARD TITLE: NO SHOW NOTE
DATE OF NOTE: OCT 06, 2023@15:01 ENTRY DATE: OCT 10,
2023@08:01:23
AUTHOR: NGUYEN, HOANG THUY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

called pt for tap no answer lvm with name and clinic # To call back.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 10/10/2023 08:02

LAB RESULTS (AUTO PRINT)

Details

Date entered: October 5, 2023
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: October 5, 2023

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)
STANDARD TITLE: LETTERS
DICT DATE: OCT 05, 2023@15:28:31 ENTRY DATE: OCT 05,
2023@15:28:31
DICTATED BY: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED
SUBJECT: Lab Result Letter - Single Note 15 lines for
comment

To: RONALD CLARK

CAMPBELL

Thank you for choosing the Northern California VA Healthcare System as your healthcare resource. Following is a report of your recent testing:

TEST NAME	RESULT	UNITS	REF. RANGE
=====			
=			
1299327 - SCH 1005 351 Collected on: Oct 05 2023			
OTHER SCH TESTS			
TSH	1.58	uIUnits/mL	0.34 - 5.60
VITAMIN D, 25-HYDROXY	48.9	ng/mL	20 - 100
1299327 - SCH 1005 352 Collected on: Oct 05 2023			
COMPREHENSIVE METABOLIC PANEL			
UREA NITROGEN	20	mg/dL	8 - 26
CREATININE	0.81	mg/dL	0.5 - 1.1
eGFR (CKD-EPI)	>90		>=60
SODIUM	137	mmol/L	136 - 144
POTASSIUM	4.1	mmol/L	3.4 - 4.8
CHLORIDE	103	mmol/L	98 - 106
CO2	24	mmol/L	23 - 33
CALCIUM	9.2	mg/dL	8.7 - 10.2
PROTEIN	6.5	g/dL	6.5 - 8.1
ALBUMIN	4.1	g/dL	3.3 - 4.8

42	AST (SGOT)	26	IntUnits/L	8 -
55	ALT (SGPT)	27	IntUnits/L	5 -
107	ALKALINE PHOSPHATASE	68	IntUnits/L	37 -
1.2	TOTAL BILIRUBIN	0.8	mg/dL	.3 -
LIPID PANEL				
>=40	HDL CHOLESTEROL	65	mg/dL	
<=200	CHOLESTEROL	181	mg/dL	
<=150	TRIGLYCERIDE	115	mg/dL	
<=160	LDL CHOLESTEROL	93	mg/dL	
OTHER SCH TESTS				
118	GLUCOSE	162 H	mg/dL	74 -
1299327 - SCH 1005 353 Collected on: Oct 05 2023				
MICROALBUMIN (RANDOM URINE)				
d1	Albumin, Urine	0.40	mg/	
300	Creatinine, Urine	115.9	mg/dl	27 -
29	mAlb/Creat mg/g	3.5	mg/g Creat	0 -
1299327 - SSC 1005 236 Collected on: Oct 05 2023				
HGBA1c & eAG				
5.7	HGBA1c	6.5 H	%	4.1 -
118	eAG	140 H	mg/dL	74 -
1299327 - SUA 1005 36 Collected on: Oct 05 2023				
URINALYSIS				
8.0	URINE PH	5.5		5.0 -

	URINE PROTEIN	Negative	mg/dL	NEG -
TRACE				
	URINE GLUCOSE	Negative	mg/dL	
NEG				
	URINE KETONES	Negative	mg/dL	
NEG				
	URINE BILIRUBIN	Negative		
NEG				
	URINE BLOOD	Negative		
NEG				
	URINE NITRITE	Negative		
NEG				
	UR. UROBILINOGEN	Negative	mg/dL	0.2 -
1.0				
	LEUKOCYTE ESTERASE	Negative	Leu/uL	
NEG				
	SPECIFIC GRAVITY	1.031		1.003 -
1.035				
	URINE COLOR			
YELLOW				
	APPEARANCE			
Clear				

1299417 - SCH 1005 354 Collected on: Oct 05 2023

OTHER SCH TESTS

	PSA POST TREATMENT	<0.01	ng/mL	0.00 -
0.30				

Sincerely,

/es/ Parvez S. Islam, MD
Physician, Primary Care

Patient Record Number 7468482

Primary Care Secure Messaging

Details

Date entered: October 5, 2023

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: October 5, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: OCT 05, 2023@11:48 ENTRY DATE: OCT 05,
2023@09:48:52

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 10/04/2023 11:45 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Test:9/30 MRI Results

Attachments: 25CD0759-4365-423F-8A6A-29F618BCA884.jpeg (2.07 MB)

1. MRI results are now posted. Where do we go from here? Shows a number of issues but I don't know how to interpret.

2. Dermatology change. - My wife noticed a mole that has changed very recently developing a white scab. There has been no injury that might have caused this.

Ron.

-----Original Message-----

Sent: 10/05/2023 12:48 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Test:9/30 MRI Results

Good morning

Your MRI is mostly showing chronic degenerative/arthritis/age-related changes causing mild narrowing and low-grade pinching in different levels. Typically in this kind of the situation surgery is not indicated. H all You might benefit from chiropractor, acupuncture or epidural injection

Let me know which way you want to proceed.

When it comes to any dermatological condition you need to be seen physically in the clinic by me or by my nurse-so please make an appointment. Thank you

Dr. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 10/05/2023 09:48

Primary Care Secure Messaging

Details

Date entered: October 5, 2023
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: October 5, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: OCT 05, 2023@11:48 ENTRY DATE: OCT 05,
2023@09:48:36
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 10/04/2023 11:45 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:9/30 MRI Results
Attachments: 25CD0759-4365-423F-8A6A-29F618BCA884.jpeg (2.07 MB)

1. MRI results are now posted. Where do we go from here? Shows a number of issues but I don't know how to interpret.

2. Dermatology change. - My wife noticed a mole that has changed very recently developing a white scab. There has been no injury that might have caused this.

Ron.

-----Original Message-----

Sent: 10/05/2023 12:48 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Test:9/30 MRI Results

Good morning

Your MRI is mostly showing chronic degenerative/arthritis/age-related changes

causing mild narrowing and low-grade pinching in different levels.
Typically in this kind of the situation surgery is not indicated. H all
You
might benefit from chiropractor, acupuncture or epidural injection

Let me know which way you want to proceed.

When it comes to any dermatological condition you need to be seen
physically in
the clinic by me or by my nurse-so please make an appointment. Thank you

Dr. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 10/05/2023 09:48

Primary Care Secure Messaging

Details

Date entered: September 28, 2023
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: September 28, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 28, 2023@17:56 ENTRY DATE: SEP 28,
2023@15:56:56
AUTHOR: ISLAM, PARVEZ S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/28/2023 06:20 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Metformin A1C

On 6/29 I was shipped the first fill of Metformin 500 Mg
I added it to my daily medication shortly after

We had set a 90 day follow up for A1C lab to measure results.

Is it time to have that order in?

Thanks

Ron Campbell

-----Original Message-----

Sent: 09/28/2023 06:56 PM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Medication:Metformin A1C

Hello

Yes no orders are in
you can get those labs done anytime you want.
Take care
Dr. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 09/28/2023 15:56

Cardiology Case Manager Note

Details

Date entered: September 14, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JOMANA GERONIMO VILLAS

Signed by: JOMANA GERONIMO VILLAS**Date signed:** September 14, 2023**Note**

LOCAL TITLE: Cardiology Case Manager Note

STANDARD TITLE: CARDIOLOGY CASE MANAGER NOTE

DATE OF NOTE: SEP 14, 2023@10:05 ENTRY DATE: SEP 14,
2023@10:05:18

AUTHOR: VILLAS, JOMANA GERON EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Cardiology Case Manager Note Has ADDENDA ***

Veteran sent a secure message:

Sent

13 Sep 2023 @ 2105 ET

From

CAMPBELL, RONALD CLARK (SSN: 2701, DOB: 04/11/1950)

To

Cardiology - Mather.@

Subject

General: Low Heart Rate

Message ID

4845785619

Message

I have been experiencing heart rates as low as 52 regularly at rest in the afternoons and evenings.

I have been moderately exercising daily and watching my diet.

My RN daughter suggested I report this.

Ron Campbell

CARDIOLOGY RNCM F/U Note

=====

[] F2F encounter

[x] Phone encounter

Veteran identified by full name/DOB/SS#

Telephone Conversation with: [x] patient [] significant other [] caregiver
[]
other:

=====

Follow up for:

[x] follow-up symptom
[] weight check after initiation of or change in diuretics
[] lab review after medication initiation or titration
[] vitals review after medication initiation or titration
[] other (please describe):

Veteran said, " 4 nights now and during I am at rest and I feel fatigued recently. So I decided to check my BP and HR because it has been a long time since I my HR has been on 60's and no fatigue. I have lowered down my carb intake and increase my daily walks and i actually am 180 lb now and i lost 4 lbs of wt within a week. I have also decrease my sugar intake. I have notified you guys because my daughter who is an RN advised me to let my cardiology provider know. I will also be traveling to Seattle on coming tuesday 9/19/23 and i will have to stay there for 10 days. If my cardiology provider wants to see me earlier i wont be able to come but i will have my phone if she wants to have telephone appointment with me. But i will do update your clinic and my daughter if anything changes or worsen"

Staff instructed vet for ER precaution specially he will be travelling. If his HR and symptoms worsens to call 911 or have someone to drive him to the ER.

Staff also instructed to check his BP and hr in the morning before he takes his medication and if his HR is lower than 50 symptoms are worsening is to hold his metoprolol and let clinic know and contact 911/ go to er. Staff will alert cardiology provider and told vet that if his cardiology provider has more instruction or different instruction that staff will call him and update. Staff also encouraged him to continue his healthy walks and heart healthy diet. Low sodium diet, low sugar diet, and continue to efficiently hydrate himself. Vet verbalized understanding.checked it. And then it said 58, and rechecked it 54 then 52. My BP is around 113/62- 112/58. I have increase my walking exercise and the highest HR i can achieve when i really push my walking is 105. Before this all happened too

Review of Cardiac symptoms:

☒N ☐Y Chest pain:

☒N ☐Y Shortness of breath:

-Ease of breathing 0-5: __occasional; ____ exertional/ __non exertional

☒N ☐Y Orthopnea

☒N ☐Y PND paroxysmal nocturnal dyspnea

☒N ☐Y Syncope

☒N ☐Y Palpitations:

☐N ☒Y Weakness or fatigue:

☒N ☐Y Lightheadedness/Dizziness

☒N ☐Y Swelling of legs, ankles, or feet:

☒N ☐Y Weight gain >=3 lbs in <5 days OR Weight loss:

Urine output ☒ good ☐ fair ☐ poor

Urine color ☒ light yellow ☐ dark yellow ☐ amber

[x]N []Y Tobacco use
[x]N []Y Substance abuse
[x]N []Y ETOH

=====

OBJECTIVE:

=====

Vitals:

Wt: |PATIENT WEIGHT| 180
HR: |PULSE| 58-54-52
BP: |BLOOD PRESSURE| 112/58-113/62

=====

MEDICATION INVENTORY:

The veteran's current medications (including non-VA medications and any changes made today) were reviewed with the patient and/or caregiver. A written list was offered and/or provided.

[]N [x]Y Veteran said that he/she takes prescribed medications regularly.
[]N [x]Y Veteran takes medications as directed.
[x]N []Y Has the veteran missed or skipped any treatment.

|ACTIVE/PENDING/EXPIRED MEDICATIONS|

REVIEW CARDIAC/CHF MEDICATION:

READ and REVIEW CARDIOLOGY PROVIDER`S LAST NOTE:

Last Cardiology appointment was on 6/26/23 with NP Nguyen
Review orders/recommendations:

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS

-completed dual therapy with Plavix 75mg QD/DOAC x 30 months (9/24/2023),
-stop Plavix, start ASA 81mg daily, given stent thrombosis and no bleeding issues, preference is to maintain antiplatelet agent, if any concerns for bleeding in the future could stop ASA and do DOAC monotherapy.

-Beta-blocker: cont. metoprolol succinate 12.5mg, prev stopped Bisoprolol due to brady

-cont. amlodipine 5mg daily,

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

-use pedal exerciser

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: need better control. LDL 98

-cont. rosuvastatin 40mg QD

-cont. Zetia 10mg daily

-repeat FLP

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM), sob stable, pt

tolerating doac

-Rate control: BB as above

-Anticoagulation: cont. dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Patient discussed with Attending Physician, Dr. and the treatment plan was developed jointly.

TOTAL TIME SPENT: 30 minutes reviewing records, labs/studies, speaking with Veteran on phone or in person about above conditions and management plan, and documenting episode of care

F/U: 6 months

Surfaces wiped after visit.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 07/18/2023 12:16

=====

PATIENT EDUCATION:

=====

Veteran/caregiver instructed on the following:

- * Veteran instructed to continue taking his prescribed medications regularly.

- * Continue to monitor symptom; monitor blood pressure and heart rate once daily;

preferably 1-2 hours after taking his BP/HR meds; record it.

- * Patient advised to weigh himself daily, keep a record and to contact provider

if having weight gain of >2-3 lbs overnight or 3-5 lbs in a week).

- * Follow instructions on taking water pill/s for weight gain of >2-3 lbs overnight or 3-5 lbs in a week.

- * Limit salt intake to 1.5- 2 gm/day and fluid restriction of 1.5- 2 L/day (6-8

ounce glasses/day) or as discussed with your provider.

- * Elevate lower extremities when sitting/resting.

- * Eat a heart healthy diet, low fat low cholesterol diet, more fruits and vegetables.

- * Stay active as you can. Get regular exercise. Follow doctor's advice.

Practice

relaxation techniques.

- * Modify daily activities as needed. Pace yourself and do not place too heavy a

demand on your heart.

- * Alternate activity with rest. Sit up when you rest, if it makes breathing

easier.

- * Advised low or no ETOH consumption recommended;

- * Advised smoking cessation.

- * Sleep on 2 or more pillows or raise the head of your bed 6 inches when you

sleep.

- * Maintain a normal body weight.

- * Take water pill early in the morning for daily medication and /or in the afternoon if taken twice a day. Night

time diuresis will disturb sleep.

- * Advised on cardiac diet: limit saturated and trans fat such as fried foods,

high fat meats, high fat dairy products, butter and creams, processed food.

Limit cholesterol in your diet such as egg yolk, fatty meats, whole milk, cheese, shrimp. Limit sodium in your diet.

- * Low carbohydrate diet.

- * Call and notify the clinic if having cardiac concerns.

Veteran given Emergency Room precaution if symptom recur or worsen or if he/she

has symptoms of:

- too short of a breath to say a few words without wheezing or stopping to

catch breath

- chest pain not relieved by rest or nitroglycerin, relaxation, or rest, or

increasing in frequency;

- chest pain that may spread to the arms, neck, tooth, jaw or back, feeling of tightness, burning, squeezing, fullness or heaviness in the chest, chest discomfort accompanied with shortness of breath, fast or uneven pulse, sweating, lightheadedness, severe indigestion that doesn't go away, nausea or fainting.
- fainting or blackout spells
- persistent heart racing

Or if he has warning signs and symptoms of stroke such as:

- Sudden numbness or weakness in the face, arm or leg (especially on one side of the body)
- Sudden confusion or trouble speaking or understanding speech.
- Sudden vision problems in one or both eyes.
- Sudden difficulty walking or dizziness. Loss of balance or problems with coordination.

Veteran expressed understanding of these instructions.

=====

* LEVEL OF UNDERSTANDING: [x]good []fair []poor

=====

REMINDER OF UPCOMING APPTS:

09/30/2023 08:45 SAC ANC RAD MRIW
03/25/2024 10:30 SAC CARDIO NP 2
07/10/2024 09:00 SAC PHONE NEURO NP

/es/ JOMANA G. VILLAS

BSN, RN, Clinical Resource Team, Mather VA

Signed: 09/14/2023 10:25

Receipt Acknowledged By:

09/14/2023 14:32 /es/ Rosemarie P. Macalisang,
RN

RN Care Manager, Cardiology Clinic/

SAC

09/19/2023 08:45

/es/ Hoang Thuy Nguyen,

NP

Medical Service,

Cardiology

09/19/2023 ADDENDUM

STATUS: COMPLETED

rtc placed

/es/ Hoang Thuy Nguyen, NP

Medical Service, Cardiology

Signed: 09/19/2023 08:46

Neurology Secure Messaging

Details

Date entered: September 6, 2023**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** GASONG YUN NICKERSON**Signed by:** GASONG YUN NICKERSON**Date signed:** September 6, 2023

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: SEP 06, 2023@13:58 ENTRY DATE: SEP 06,
2023@11:58:24

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 09/03/2023 10:15 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: General:NP Nickerson PG&E verification

I have been on the PG&E baseline program due to dependence on oxygen equipment in operation which includes concentrator, CPAP1, and nebulizer which assist in abating the cluster headaches. The program also qualifies me to get notified of existing and planned power outage status.

They are asking for certification every two years.

This year the provider certification form is online at

https://m.pge.com/?WT.mc_id=Vanity_medicalpractitioner#medicalpractitioner

And my application number to access my particular application for your completion is

HgHHezGASpWc

Please let me know if you have any questions or encounter any problems

This online digital verify program I believe is new this year.

Regards

Ron Campbell

-----Original Message-----

Sent: 09/05/2023 12:39 PM ET

From: MEHARI, ANCHINALU M

To: CAMPBELL, RONALD CLARK

Subject: General:NP Nickerson PG&E verification

Hello,

I believe your primary care physician need to couplet this.

If there are any modifications that I am not aware of, DNP Nickerson from the

neurology is added to the message.

i hope it helps

Anchinalu Mehari

RNCM

-----Original Message-----

Sent: 09/05/2023 01:11 PM ET

From: NICKERSON, GASONG YUN

To: CAMPBELL, RONALD CLARK

Subject: General:NP Nickerson PG&E verification

I submitted the application. Hope this helps.

Thank you,

-----Original Message-----

Sent: 09/06/2023 09:43 AM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: General:NP Nickerson PG&E verification

Thanks for such a fast response and support. If the VA ever comes out with "BEST PROVIDER's" list. YOU are definitely on mine. My entire family thanks you.

Ron

-----Original Message-----

Sent: 09/06/2023 09:49 AM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: General:NP Nickerson PG&E verification

Thanks for such a fast response and support. If the VA ever comes out with "BEST PROVIDER's" list. YOU are definitely on mine. My entire family thanks you.

Ron

-----Original Message-----

Sent: 09/06/2023 10:22 AM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@
Subject: General:NP Nickerson PG&E verification

Thanks. NP Nickerson filled out year's prior request and is the
prescribing
physician on the equipment and diagnosis to be described on the form

Already responded and sent to the power company

Thanks

-----Original Message-----

Sent: 09/06/2023 02:58 PM ET
From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: General:NP Nickerson PG&E verification

Thank you for your kind words. So there is nothing else to be done, right?
If
anything, feel free to let me know anytime.

Take care,

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 09/06/2023 11:58

Neurology Secure Messaging

Details

Date entered: September 5, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: GASONG YUN NICKERSON
Signed by: GASONG YUN NICKERSON
Date signed: September 5, 2023

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: SEP 05, 2023@12:13 ENTRY DATE: SEP 05,
2023@10:13:05
AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/03/2023 10:15 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: General:NP Nickerson PG&E verification

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And my application number to access my particular application for your completion is

HgHHezGASpWc

Please let me know if you have any questions or encounter any problems

This online digital verify program I believe is new this year.

Regards

Ron Campbell

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Sent: 09/05/2023 12:39 PM ET

From: MEHARI, ANCHINALU M

To: CAMPBELL, RONALD CLARK

Subject: General:NP Nickerson PG&E verification

Hello,

I believe your primary care physician need to couplet this.

If there are any modifications that I am not aware of, DNP Nickerson from the

neurology is added to the message.

i hope it helps

Anchinalu Mehari

RNCM

-----Original Message-----

Sent: 09/05/2023 01:11 PM ET

From: NICKERSON, GASONG YUN

To: CAMPBELL, RONALD CLARK

Subject: General:NP Nickerson PG&E verification

I submitted the application. Hope this helps.

Thank you,

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 09/05/2023 10:13

Community Care-Request for Service Note

Details

Date entered: August 31, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CARISSA SABINA LEATHEM

Signed by: CARISSA SABINA LEATHEM**Date signed:** August 31, 2023**Note**

LOCAL TITLE: Community Care-Request for Service Note
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: JUL 25, 2023 ENTRY DATE: AUG 31,
2023@12:30:49
AUTHOR: LEATHEM, CARISSA SAB EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

VistA Imaging - Scanned Document
CAMPBELL2701-RFS-CC-ORTH0-25JUL2023-5568947

/es/ CARISSA SABINA MASCULINE

Signed: 08/31/2023 12:30

COMMUNITY CARE-CARE COORDINATION PLAN NOTE**Details**

Date entered: August 22, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JENNIFER ANN CARRAS
Signed by: JENNIFER ANN CARRAS
Date signed: August 22, 2023

Note

LOCAL TITLE: COMMUNITY CARE-CARE COORDINATION PLAN NOTE
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: AUG 22, 2023@16:32 ENTRY DATE: AUG 22,
2023@16:32:13
AUTHOR: CARRAS, JENNIFER ANN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Community Care Consult: Orthopedics General
Consult No: 612_6002343
HSRM Referral #: VA0031155633

Chief Complaint: Other specified Arthritis, right Knee(ICD-10-CM
M13.861)

Patient Admitted? No
Level of Care Coordination
Moderate
Care Coordination was determined from:
Chart Review

Facility Community Care Office Contact
Care Coordination Point of Contact: Office of Community Care
Phone Number: 707-562-8430, opt 2

Services:
Basic Care Coordination Services
Direct communication to referring provider
Care management, if appropriate

Plan:
Assist PRN with communication between Community Care providers and the interdisciplinary VA team. Coordinate appropriate patient care along the continuum of the Community Care Consult.

/es/ JENNIFER ANN CARRAS
BSN, RN, Community Care, MCC
Signed: 08/22/2023 16:33

RADIOLOGY NO CONTACT LETTER (AUTO PRINT)

Details

Date entered: August 17, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JESSICA LYNN SILVA
Signed by: JESSICA LYNN SILVA

Date signed: August 17, 2023

Note

LOCAL TITLE: RADIOLOGY NO CONTACT LETTER (AUTO PRINT)
STANDARD TITLE: LETTERS
DATE OF NOTE: AUG 17, 2023@11:29 ENTRY DATE: AUG 17,
2023@11:29:12
AUTHOR: SILVA, JESSICA LYNN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

AUG 17, 2023

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear RONALD CLARK CAMPBELL,

Your medical provider has requested that you be seen in the Radiology Clinic for an MRI examination

We have attempted to call you, using the telephone number we have on file,
and we have not been able to reach you.

To ensure that you are seen in the Radiology Clinic in a timely manner,
we

need to schedule an appointment for you. Please note: If we do not hear from you within 14 business days, we will notify your medical provider and

discontinue the imaging order. Should your order be discontinued, your provider will need to request a new order.

Please call us at 916-364-3169. Our goal is to attempt to schedule an appointment on a day and time that is convenient for you.

We look forward to hearing from you. It is important that you help us make

this appointment for you to meet your medical needs.

Thank you for choosing the VA Northern California Health Care System as your health care provider.

Sincerely,

Imaging/Radiology Department

Radiology Note

Details

Date entered: August 17, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JESSICA LYNN SILVA

Signed by: JESSICA LYNN SILVA

Date signed: August 17, 2023

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: AUG 17, 2023@11:28 ENTRY DATE: AUG 17,
2023@11:28:26

AUTHOR: SILVA, JESSICA LYNN EXP COSIGNER:

URGENCY :

STATUS :

COMPLETED

RADIOLOGY APPOINTMENT TRACKING NOTE

Attempted to schedule the patient:

1st call

MRI

Date desired: Aug 14,2023

No preference

Type of MRI Exam:

Spine/Cord Screen: Lumbar

IV Contrast:

Without contrast

"No Contact" letter sent stating patient needs to call to schedule an imaging test.

Comments:

/es/ JESSICA LYNN SILVA

Advanced Medical Support Assistant

Signed: 08/17/2023 11:29

Community Care-Request For Services (RFS) Letter (AUTOPRINT)**Details****Date entered:** August 16, 2023**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** HYDEE MENESES**Signed by:** HYDEE MENESES**Date signed:** August 16, 2023**Note**

LOCAL TITLE: Community Care-Request For Services (RFS) Letter (A

STANDARD TITLE: LETTERS

DATE OF NOTE: AUG 16, 2023@15:23

ENTRY DATE: AUG 16,

2023@15:23:15

AUTHOR: MENESES, HYDEE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Community Care-Request For Services (RFS) Letter (AUTOPRINT) Has
ADDENDA ***

8/16/23

SUTTER MEDICAL FOUNDATION
Gaskin, Alexis, MD
11795 Education St Ste 110
Auburn, CA 95602
P: 530-886-6820
F: 530-886-6821
NPI: 1407192206

Re:

VA Referral #: VA0023816601

TW Referral #: 0019472825

Service Date

12/20/2022 - 06/18/2023

Dear Provider,

Veteran Information:

Patient Name: CAMPBELL, RONALD CLARK

Date of birth: APR 11, 1950

The VANCHCS Community Care has received the request for Continuation of
care

from you for services for this Veteran.

Upon review, the following determination has been made:

Service has been denied: This episode of care has met or exceeded days as specified on the SEOC and cannot be extended beyond 06/18/2023 . VA clinic to review for new referral.

Should you have questions, please contact us at 707 562 8430 to speak with a patient service representative. As a reminder, if applicable, return medical records within 30 days for routine services.

08/16/2023 ADDENDUM

STATUS: COMPLETED

Rightfax confirms transmission of above is OK.

/es/ Hydee Meneses, RN

Clinical Reviewer

Signed: 08/16/2023 15:29

Community Care-Request for Service Note

Details

Date entered: August 16, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: HYDEE MENESES

Signed by: HYDEE MENESES

Date signed: August 16, 2023

Note

LOCAL TITLE: Community Care-Request for Service Note
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: AUG 16, 2023@15:20 ENTRY DATE: AUG 16,
2023@15:20:16
AUTHOR: MENESES, HYDEE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

RFS 7/25/2023 reviewed from
SUTTER MEDICAL FOUNDATION
Gaskin, Alexis, MD
11795 Education St Ste 110
Auburn, CA 95602
P: 530-886-6820
F: 530-886-6821
NPI: 1407192206

VA Referral #: VA0023816601
TW Referral #: 0019472825
Service Date
12/20/2022 - 06/18/2023
for Diagnosis: Other specified Arthritis, right Knee(ICD-10-CM M13.861)

Requested Service: Continuation of care for R TKA and also additional PT visits at American River Rehabilitation.

s/p R TKA on 3/6/2023.

CC Ortho auth expired 6/18/2023. Alerting ordering provider and Ortho RN CM to this request. A new CC ortho consult is required if appropriate for continuation of care in the community. Thank you.

/es/ Hydelee Meneses, RN

Clinical Reviewer

Signed: 08/16/2023 15:22

Receipt Acknowledged By:

08/21/2023 11:32 /es/ Dorrit Ahbel,
MD

Orthopaedic

Surgeon

08/17/2023 08:38 /es/ Brandae M. Johnston, RN, BSN,
AA

Nursing Service, Surg Spec Ortho/

SAC

Primary Care Scheduled Visit 60297

Details

Date entered: August 11, 2023**Location:** MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** August 11, 2023

Note

LOCAL TITLE: Primary Care Scheduled Visit 60297

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: AUG 11, 2023@11:42 ENTRY DATE: AUG 11,
2023@11:42:57

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Primary Care Scheduled Visit 60297 Has ADDENDA ***

The patient was identified by the with the following methods: Name, DOB,
and
SSN.

The patient is a 73 year old MALE here to follow up.

CHIEF COMPLAINT / REASON FOR VISIT:

Low back pain with left-sided radicular symptoms

HISTORY OF PRESENT ILLNESS:

Veteran 73-year-old gentleman who is comanaged with Sutter healthcare system, recently had right knee surgery doing well. He thought it was lower back pain as well as left hip and knee radicular symptoms will improve following the surgery.

But his symptoms are ongoing.

He cannot walk more than few 100 feet without stopping.

Feels better when he bends forward.

He stable from cardiac standpoint. Sees cardiologist outside VA.

Had prior prostate cancer-also followed by urology.

Denies chest pain, palpitation, shortness of breath.

Last labs VA is almost-year-old.

No other acute complaints at this time.

Recent ultrasound shows no change in his common iliac aneurysm.

Patient denies bowel changes, BRBPR, CP, LOC, rash, SOBfever, lack of appetite, weight gain, weight loss.

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN, HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN, ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		

4. AF- Atrial Fibrillation (SCT 49436004) KYOUNG Dx 6/2019	06/20/19	HAN, ELDI
5. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
6. Hypertension (SNOMED CT 38341003) KYOUNG Added from station 654 as a result of CBOC move.	01/23/20	HAN, ELDI
7. Degenerative joint disease of knee (SCT ISLAM, PARVEZ S 239873007) Added from station 654 as a result of CBOC move.	05/06/22	
8. Prostate cancer (SNOMED CT 254900004) KYOUNG Added from station 654 as a result of CBOC move.	12/03/19	HAN, ELDI
9. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON Added from station 654 as a result of CBOC move.	09/21/20	
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
11. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
12. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
13. Dysthymia BAHTEN, REGINA S	02/08/16	
14. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
17. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	01/25/21	
18. Chronic obstructive lung disease FIECHTNER, BRIDG "severe" (nonVA)	06/24/19	
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	

21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	08/12/22	
NICKERSON, GASON		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

MEDICATIONS:

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

FLUTICAS 500/SALMETEROL 50 INHL DISK 60 Sig: INHALE 1 PUFF BY ORAL INHALATION
TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE.

METFORMIN HCL 500MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES

ASPIRIN 81MG CHEW TAB Sig: CHEW ONE TABLET BY MOUTH ONCE DAILY TO PREVENT A
STROKE OR HEART ATTACK STOP CLOPIDOGREL ONCE YOU START ASPIRIN

METOPROLOL SUCCINATE 25MG SA TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**

GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML Sig: INJECT 300 MG (3 ML) UNDER THE
SKIN ONCE A MONTH FOR CLUSTER HEADACHE

GABAPENTIN 100MG CAP Sig: TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN

PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.

DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: TAKE ONE CAPSULE BY MOUTH TWICE A
DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.

LORATADINE 10MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES

LOSARTAN 50MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Sig: INHALE 2 PUFFS BY ORAL
INHALATION
FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE
WITH
WATER AT LEAST ONCE WEEKLY.)
EZETIMIBE 10MG TAB Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR
CHOLESTEROL
NITROGLYCERIN 0.4MG SL TAB Sig: DISSOLVE ONE TABLET UNDER THE TONGUE
EVERY 5
MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL
911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED

Active Non-VA Meds

=====

1) ACETAMINOPHEN 650MG MOUTH TWICE A DAY AS NEEDED

OVER THE COUNTER/SUPPLEMENTS:

UPDATED LIST GIVEN TO PATIENT AT END OF VISIT

ALLERGIES:

PENICILLIN, PREDNISONE, BISOPROLOL

PHYSICAL EXAMINATION:

Vitals - most recent

BMI: 30.5
Height: 66.25 in [168.3 cm] (10/07/2022 07:46)
Weight: 190 lb [86.18 kg] (08/11/2023 11:12)
Temp: 96.6 F [35.9 C] (08/11/2023 11:12)
Pulse: 72 (08/11/2023 11:12)
Respirations: 14 (08/11/2023 11:12)
BP: 118/60 (08/11/2023 11:12)
Pain: 4 (08/11/2023 11:12)

EXAM:

General :Alert, awake and oriented to time, place and person.

Eyes- conjunctivae clear- normal ocular movement, normal eyelid, no pain or tenderness.

Neck-supple, normal range of motion, no lymphadenopathy, no mass

Cardiac/ Chest- Normal rate and rhythm, no murmur, rub or gallop

Lungs - clear bilaterally without any added sound

Abdomen- soft, non-tender, no organomegaly

Extremity- no edema- normal pulses, no discoloration

Skin- no erythema ,no open wound or ulcer

Neuro- no focal weakness, normal speech, normal reflexes, no skin sensation changes

No recent labs

ASSESSMENT/PLAN: The patient is a 73 year old MALE with

1. Low back pain with left-sided radiculopathy

Suspicious for lumbar spinal stenosis

Order an MRI of the lumbosacral spine once labs are obtained

2. Coronary artery disease

Followed by cardiologist outside VA

Stable at this time

Has follow-up with VA cardiologist also next year

No no symptoms suggesting decompensation.

3. Recent right knee surgery

Doing well, getting some physical therapy

Dr. Gaskin was the surgeon

4. Hypertension

Optimally controlled

5. Illiac aneurysmal dilatation

Stable-ultrasound done this morning

6. Non-insulin-dependent diabetes

On metformin

Repeat labs

Has been in good control in the past

7. Cluster headaches

Followed by neurology

Has upcoming appointment

ORDERS: Labs, MRI of lumbosacral spine

CONSULTS: None

FOLLOW UP: Yearly and as needed

MAS CLINIC VISITS FUTURE

03/25/2024 10:30 SAC CARDIO NP 2

07/10/2024 09:00 SAC PHONE NEURO NP

Letter Reminders

RECALL DATE CLINIC

No data available

EDUCATION: The patient acknowledges and endorses the care plan delineated above.

**See clinical reminders below for additional educational efforts:

Clinical Reminders:

Foot Risk and Intervention:

Interventions for patients at normal risk (Level 0)

The patient was educated on the implications of sensory loss, the importance of general foot care, the need for daily foot inspections and

the importance of not walking barefoot.

Patient is currently being provided foot care and treatment in Primary Care.

Diabetes - Urine Microalbumin:

Glucose ordered.

Hemoglobin A1c ordered.

Lipid panel ordered.

Urinalysis and urine microalbumin ordered.

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Allergies/ADRs (Tool #5)

FACILITY	ALLERGY/ADR
-----	-----
DEPARTMENT OF DEFENSE DEERS	bisoprolol
IOANNIS A. LOUGARIS VAMC	PENICILLIN
IOANNIS A. LOUGARIS VAMC	PREDNISONE
NORTHERN CALIFORNIA HCS	BISOPROLOL
NORTHERN CALIFORNIA HCS	PENICILLIN
NORTHERN CALIFORNIA HCS	PREDNISONE
SAN FRANCISCO VAMC	BISOPROLOL
SAN FRANCISCO VAMC	PENICILLIN
SAN FRANCISCO VAMC	PREDNISONE
SEATTLE VA MEDICAL CENTER	PENICILLIN
SEATTLE VA MEDICAL CENTER	PREDNISONE
SEATTLE VA MEDICAL CENTER	PROPRANOLOL

Med Recon NoGlossary (Tool #1)

INCLUDED IN THIS LIST: Alphabetical list of active outpatient prescriptions dispensed from this VA (local) and dispensed from another

VA or DoD facility (remote) as well as inpatient orders (local pending and active), local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 90 days.

Non-VA Meds Last Documented On: Oct 18, 2019

NOTE The display of VA prescriptions dispensed from another VA or DoD facility (remote) is limited to active outpatient prescription entries matched to National Drug File at the originating site and may not include some items such as investigational drugs, compounds, etc.

NOT INCLUDED IN THIS LIST: Medications self-entered by the patient into personal health records (i.e. My HealtheVet) are NOT included in this list. Non-VA medications documented outside this VA, remote inpatient orders (regardless of status) and remote clinic medications are NOT included in this list. The patient and provider must always discuss medications the patient is taking, regardless of where the medication was dispensed or obtained.

Non-VA ACETAMINOPHEN 325MG TAB
TAKE TWO TABLETS BY MOUTH TWICE A DAY AS NEEDED
Patient wants to buy from Non-VA pharmacy.

OUTPT ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL (Status = Active)
INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED
SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT
LEAST ONCE WEEKLY.)

1/30 Rx# 71283831 Last Released: 2/24/23 Qty/Days Supply:
5 Rx Expiration Date: 2/23/24 Refills Remaining:
Indication: SHORTNESS OF BREATH

OUTPT AMLODIPINE BESYLATE 5MG TAB (Status = EXPIRED)
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT
TAKE WITH GRAPEFRUIT JUICE.
90/90 Rx# 26424505 Last Released: 5/23/23 Qty/Days Supply:
1 Rx Expiration Date: 7/28/23 Refills Remaining:
Indication: FOR CHEST PAIN

OUTPT ASPIRIN 81MG CHEW TAB (Status = Active)
CHEW ONE TABLET BY MOUTH ONCE DAILY TO PREVENT A STROKE OR
HEART ATTACK STOP CLOPIDOGREL ONCE YOU START ASPIRIN
90/90 Rx# 26774238 Last Released: 7/18/23 Qty/Days Supply:
3 Rx Expiration Date: 7/18/24 Refills Remaining:
Indication: TO PREVENT A STROKE OR HEART ATTACK

OUTPT CHOLECALCIF 50MCG (D3-2,000UNIT) TAB (Status = EXPIRED)
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT
TO IMPROVE BONE STRENGTH.
100/90 Rx# 71146474A Last Released: 6/21/23 Qty/Days Supply:
2 Rx Expiration Date: 8/2/23 Refills Remaining:

OUTPT CLOPIDOGREL BISULFATE 75MG TAB (Status = Discontinued)
TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.
90/90 Rx# 26468252 Last Released: 2/20/23 Qty/Days Supply:
0 Rx Expiration Date: 10/1/23 Refills Remaining:

Indication: FOR BLOOD THINNER

OUTPT CLOPIDOGREL BISULFATE 75MG TAB (Status = Discontinued)

TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.

Rx# 26735933 Last Released: 6/1/23

Qty/Days Supply:

90/90

Rx Expiration Date: 8/28/23

Refills Remaining:

0

Indication: FOR BLOOD THINNER

OUTPT DABIGATRAN ETEXILATE 150MG ORAL CAP (Status = Active)

TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS.

KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO

NOT

OPEN OR CHEW CAPSULE.

Rx# 25872529D Last Released: 5/19/23

Qty/Days Supply:

180/90

Rx Expiration Date: 5/17/24

Refills Remaining:

3

OUTPT EZETIMIBE 10MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL

Rx# 26483051 Last Released: 2/22/23

Qty/Days Supply:

90/90

Rx Expiration Date: 10/13/23

Refills Remaining:

0

Indication: FOR CHOLESTEROL

OUTPT FLUTICAS 500/SALMETEROL 50 INHL DISK 60 (Status = Active)

INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT

TROUBLE

BREATHING - RINSE MOUTH OUT AFTER USE.

Rx# 12132089 Last Released: 8/1/23

Qty/Days Supply:

3/90

Rx Expiration Date: 2/7/24

Refills Remaining:

1

Indication: TO PREVENT TROUBLE BREATHING

OUTPT GABAPENTIN 100MG CAP (Status = Active)

TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN

Rx# 71213842A Last Released: 7/6/23 Qty/Days Supply:
90/90
Rx Expiration Date: 12/7/23 Refills Remaining:
0

Indication: FOR NERVE PAIN

OUTPT GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML (Status = Active)
INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER
HEADACHE

Rx# 26458733 Last Released: 7/11/23 Qty/Days Supply:
3/30
Rx Expiration Date: 9/17/23 Refills Remaining:
8

Indication: FOR HEADACHE PREVENTION

OUTPT LORATADINE 10MG TAB (Status = Active)
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES

Rx# 71298843 Last Released: 4/24/23 Qty/Days Supply:
30/30
Rx Expiration Date: 4/20/24 Refills Remaining:
1

Indication: FOR ALLERGIES

OUTPT LOSARTAN 50MG TAB (Status = Active)
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

Rx# 26469439 Last Released: 3/23/23 Qty/Days Supply:
90/90
Rx Expiration Date: 10/4/23 Refills Remaining:
1

Indication: FOR BLOOD PRESSURE

OUTPT METFORMIN HCL 500MG TAB (Status = Active)
TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES

Rx# 71315271 Last Released: 7/10/23 Qty/Days Supply:
60/30
Rx Expiration Date: 6/28/24 Refills Remaining:
2

Indication: FOR DIABETES

OUTPT METOPROLOL SUCCINATE 25MG SA TAB (Status = Active)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE
PILL
CUTTER, REPLACES VERAPAMIL**
Rx# 71150725A Last Released: 7/14/23 Qty/Days Supply:
45/90
Rx Expiration Date: 9/10/23 Refills Remaining:
0

OUTPT MONTELUKAST NA 10MG TAB (Status = EXPIRED)
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA
Rx# 71146428A Last Released: 5/23/23 Qty/Days Supply:
90/90
Rx Expiration Date: 8/2/23 Refills Remaining:
0

OUTPT NITROGLYCERIN 0.4MG SL TAB (Status = Active)
DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED
FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-
MAY
TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED
Rx# 26136202A Last Released: 9/28/22 Qty/Days Supply:
100/30
Rx Expiration Date: 9/28/23 Refills Remaining:
3

OUTPT PANTOPRAZOLE NA 40MG EC TAB (Status = Discontinued)
TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.
Rx# 26136203A Last Released: 5/23/23 Qty/Days Supply:
90/90
Rx Expiration Date: 6/7/23 Refills Remaining:
0

OUTPT PANTOPRAZOLE NA 40MG EC TAB (Status = Active)
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION -
FOR
STOMACH ACID.
Rx# 26740729 Last Released: 6/7/23 Qty/Days Supply:
90/90
Rx Expiration Date: 6/6/24 Refills Remaining:
1

Indication: FOR STOMACH PROTECTION

OUTPT ROSUVASTATIN CA 40MG TAB (Status = EXPIRED)

TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.

Rx# 26136205A Last Released: 5/23/23 Qty/Days Supply:

90/90

Rx Expiration Date: 7/6/23

Refills Remaining:

0

OUTPT TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL (Status = EXPIRED)

INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -

FOR

BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Rx# 71123979A Last Released: 4/27/23 Qty/Days Supply:

3/90

Rx Expiration Date: 7/27/23

Refills Remaining:

1

SUPPLIES

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/
or

caregiver state the patient is taking (including non-VA prescriptions,
over

the counter medications, vitamins and herbal supplements)?

Yes

Allergies:

PENICILLIN, PREDNISONE, BISOPROLOL

Active and Recently Expired Outpatient Medications (excluding
Supplies):

Active Outpatient Medications

Status

- 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE
BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED
SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH
WATER AT LEAST ONCE WEEKLY.)
- 2) ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE ACTIVE
DAILY TO PREVENT A STROKE OR HEART ATTACK STOP
CLOPIDOGREL ONCE YOU START ASPIRIN
- 3) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE ACTIVE
BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP
IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
BOXES. DO NOT OPEN OR CHEW CAPSULE.
- 4) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE
BEDTIME FOR CHOLESTEROL
- 5) FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF ACTIVE
BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE
BREATHING - RINSE MOUTH OUT AFTER USE.
- 6) GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT ACTIVE
BEDTIME FOR NERVE PAIN
- 7) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG ACTIVE
(3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER
HEADACHE
- 8) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY FOR ALLERGIES
- 9) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR BLOOD PRESSURE
- 10) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE
TWICE A DAY FOR DIABETES
- 11) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET ACTIVE
BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER,
REPLACES VERAPAMIL**
- 12) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER ACTIVE
THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST
PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL
911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3
TABLETS) IF NEEDED
- 13) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH
ACID.

Inactive Outpatient Medications

Status

- =====
- | | | |
|----|---|---------|
| 1) | AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH
ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH
GRAPEFRUIT JUICE. | EXPIRED |
| 2) | CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET
BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO
IMPROVE BONE STRENGTH. | EXPIRED |
| 3) | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE
DAILY FOR ASTHMA | EXPIRED |
| 4) | TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS. | EXPIRED |

Active Non-VA Medications

Status

- =====
- | | | |
|----|---|--------|
| 1) | Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A
DAY AS NEEDED | ACTIVE |
|----|---|--------|

18 Total Medications No Active Remote Medications for this patient

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 08/11/2023 11:53

10/02/2023 ADDENDUM

STATUS: COMPLETED

Please notify veteran that his MRI is showing moderate amount of degenerative disc disease with disc bulges and calcifications and mild stenosis or narrowing of the spinal cord. If he is still having significant symptoms we can refer him for epidural injection.

Impression:

Moderate degenerative changes as described above.

/es/ Parvez S. Islam, MD

Physician, Primary Care
Signed: 10/02/2023 09:57

Receipt Acknowledged By:
10/17/2023 15:16 /es/ Grant Michael Ciffone, RN
BSN

PACT RN Care

Manager

Preventive Health Screen 11514

Details

Date entered: August 11, 2023
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: August 11, 2023

Note

LOCAL TITLE: Preventive Health Screen 11514
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: AUG 11, 2023@10:55 ENTRY DATE: AUG 11,
2023@10:55:57
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the
past
year?
Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.

Depression Screening:

Perform PHQ-2

A PHQ-2 screen was performed. The score was 2 which is a negative screen for depression.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things
Several days

2. Feeling down, depressed, or hopeless
Several days

Tobacco Pack Year History:

Patient used cigarettes in the past, but quit and does not currently use them:

Quit smoking GREATER THAN OR EQUAL to 15 years ago.

Tobacco Use Screening:

The patient is a former tobacco user.

The patient quit fifteen or more years ago.

Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have

stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

The Veteran reports the following:

Within the past 12 months, you worried whether your food would run out before you got money to buy more.

Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true

Braden Skin Risk Assessment:

No impairment or abnormality in sensory perception, moisture, activity, mobility, nutrition, or friction.

Emotional Health Screening (Nurse):

The Veteran denies any worry or stress in their life at this time.

Diabetic Foot Care Education:

The following items were reviewed with the patient: 1. the importance of daily foot checks 2. the progression of callouses and blisters to ulcerations and possible infection 3. the importance of daily foot hygiene. Warm (NOT HOT) bathing of the feet, complete drying, and thorough inspection for changes in the condition of the skin constitutes daily foot care. 4. the importance of the use of clean, non-restrictive socks/stockings and well-fitting shoes. 5. the importance of immediate follow-up of any foot injuries or ulcers. The patient should be non-weight bearing, whenever there are lesions on the foot, to prevent further cellular damage.

Diabetic Foot Exams:

The patient had a complete foot inspection completed.

Result of Exam: Normal

Exam (req'd): No ulcers, blisters, callus

The posterior tibialis and dorsalis pedis pulses are normal bilaterally.

A standard monofilament was used to test foot sensation and the exam

was normal.

Advance Directive Screening:

MEDICAL FORMS SCREENING:

Do you have an Advance Directive (DPAHC or Living Will) or a
Mental

Health Advance Directive on file with us or a copy to give to us
today?

The patient indicates that they do not have an Advance Directive.

Veteran does not wish to discuss further with a health care provider
at

this time.

Barriers to Education Not Recorded:

The patient has no noted or self-perceived barriers to learning.

The patient is ready to learn and is receptive.

Suicide Screen:

C-SSRS Screening

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished
you
could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of
killing
yourself?

No

3. Over the past month, have you been thinking about how you
might
do

this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some
intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked
out

the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out

this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example,

collected pills, obtained a gun, gave away valuables, went to the

roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

Nutrition Screening:

The patient notes no significant weight change.

Sexual Orientation:

The patient thinks of their sexual orientation as:

Straight or Heterosexual

Toxic Exposure Screening:

The Veteran/caregiver was asked if they believe the Veteran experienced any

War toxic exposure(s), such as Airborne Hazards and Open Burn Pit, Gulf

related exposures, Agent Orange, Radiation, contaminated water at Camp Lejeune or other such exposures, while serving in the Armed Forces.

Veteran/caregiver doesn't know of concerns about Veteran exposure to harmful substances while serving in the Armed Forces.

Printed information was offered and contact information for local resources were provided if requested.

No questions at this time

Veteran/caregiver was informed of local points of contact.

Contact information for local resources: Toxic Exposure Screening (TES)

Navigators:

Jacqueline Johnson, BSN, RN, PHN, CCM

Jacqui Wiggins, RN, BSN

Eleanor Suzanne Torres, LVN

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or

caregiver state the patient is taking (including non-VA prescriptions, over

the counter medications, vitamins and herbal supplements)?

Yes

Allergies:

PENICILLIN, PREDNISONE, BISOPROLOL

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

- =====
- | | | |
|----|--|--------|
| 1) | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.) | ACTIVE |
| 2) | ASPIRIN 81MG CHEW TAB CHEW ONE TABLET BY MOUTH ONCE DAILY TO PREVENT A STROKE OR HEART ATTACK STOP CLOPIDOGREL ONCE YOU START ASPIRIN | ACTIVE |
| 3) | DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE. | ACTIVE |
| 4) | EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL | ACTIVE |
| 5) | FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE. | ACTIVE |
| 6) | GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN | ACTIVE |

7)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE	ACTIVE
8)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
9)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
10)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
11)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE
12)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE

Inactive Outpatient Medications

Status

- =====
- | | | |
|----|---|---------|
| 1) | AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH
ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH
GRAPEFRUIT JUICE. | EXPIRED |
| 2) | CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET
BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO
IMPROVE BONE STRENGTH. | EXPIRED |
| 3) | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE
DAILY FOR ASTHMA | EXPIRED |
| 4) | TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS. | EXPIRED |

Active Non-VA Medications

Status

1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

18 Total Medications No Active Remote Medications for this patient

/es/ Eric Kraft, LVN

Primary Care

Signed: 08/11/2023 11:09

Cardiology Secure Messaging

Details

Date entered: August 7, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JOMANA GERONIMO VILLAS

Signed by: JOMANA GERONIMO VILLAS

Date signed: August 7, 2023

Note

LOCAL TITLE: Cardiology Secure Messaging

STANDARD TITLE: CARDIOLOGY SECURE MESSAGING

DATE OF NOTE: AUG 07, 2023@17:19 ENTRY DATE: AUG 07, 2023@15:19:02

AUTHOR: VILLAS, JOMANA GERON EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 08/04/2023 11:33 AM ET

From: CAMPBELL, RONALD CLARK

To: Cardiology - Mather.@"

Subject: Medication:Plavix, Pradaxa & Aspirin

I am responding to a phone message I received requesting information on my use

of the above medication's.

I am currently taking pradaxa, and PLAVIX

I have held off on taking aspirin until we have final clarification on which

medication so I should be taken at the current time

-----Original Message-----

Sent: 08/07/2023 06:18 PM ET

From: VILLAS, JOMANA GERONIMO

To: CAMPBELL, RONALD CLARK

Subject: Medication:Plavix, Pradaxa & Aspirin

Hi Mr. Campbell. One of our nurses were trying to reach back to you but unable

to reach you and leave VM because your VM inbox is full. Our direct phone number is 916-843

-2746.

Our cardiology provider also wants to ask," good morning, what is MR Campbell

taking right now? Dabigatran and plavix?"

Take care

/es/ JOMANA G. VILLAS

BSN, RN, COVID19 CLINIC, MATHER VA

Signed: 08/07/2023 15:19

Receipt Acknowledged By:

08/07/2023 15:24 /es/ Rosemarie P. Macalisang,
RN

RN Care Manager, Cardiology Clinic/

SAC

08/11/2023 17:35 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

08/07/2023 ADDENDUM

STATUS: COMPLETED

Cardiology Provider notified regarding this vet`s message above that per patient:

I am currently taking pradaxa, and PLAVIX
I have held off on taking aspirin until we have final clarification on which
medication so I should be taken at the current time

Received this response back from Provider:

..."have him STOP plavix and start asa, cont pradaxa."

RNCM called and spoke with vet; patient`s ID verified x2.

Veteran instructed that per his cardio provider to stop his plavix, start on

Aspirin and to continue with his pradaxa. He expressed understanding and appreciation for calling him back with this information.

/es/ Rosemarie P. Macalisang, RN
RN Care Manager, Cardiology Clinic/SAC
Signed: 08/07/2023 16:04

Medical Clerk Note

Details

Date entered: August 3, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: CARMEN CAUDILLO
Signed by: CARMEN CAUDILLO
Date signed: August 3, 2023

Note

LOCAL TITLE: Medical Clerk Note
STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: AUG 03, 2023@12:50 ENTRY DATE: AUG 03,
2023@12:50:20

AUTHOR: CAUDILLO, CARMEN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Medical Clerk Note Has ADDENDA ***

Phone Call

WHO IS CALLING: Patient

REASON FOR CALL: Pt is requesting clarification on Plavix and ASA. Can you please give him a call?

TIME PATIENT WILL BE HOME FOR RETURN CALL: Aug 3, 2023

MESSAGE MAY BE LEFT WITH: Patient

CALLER'S MOOD: Calm

DISPOSITION: Note forwarded to RN

ADDRESS:

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

AGE: 73 y.o.

PCP: ISLAM, PARVEZ S

FUTURE APPOINTMENT(S):

MAS CLINIC VISITS FUTURE

08/11/2023 08:30 NSAC ULTRASOUND 2

08/11/2023 11:00 NSAC PACT PURPLE

03/25/2024 10:30 SAC CARDIO NP 2

07/10/2024 09:00 SAC PHONE NEURO NP

Letter Reminders

RECALL DATE CLINIC

No data available

/es/ Carmen Caudillo, AMSA
Advanced Medical Support Assistant
Signed: 08/03/2023 12:52

Receipt Acknowledged By:

08/04/2023 08:05 /es/ Rosemarie P. Macalisang,
RN

RN Care Manager, Cardiology Clinic/

SAC

08/08/2023 18:04 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

08/04/2023 ADDENDUM

STATUS: COMPLETED

Received this message below from MSA:

REASON FOR CALL:Pt is requesting clarification on Plavix and ASA. Can you please give him a call?

Per chart review, excerpts of NP Nguyen`s last note on 6/26/23 stated that:

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS

-completed dual therapy with Plavix 75mg QD/DOAC x 30 months (9/24/2023),
-stop Plavix, start ASA 81mg daily, given stent thrombosis and no bleeding issues, preference is to maintain antiplatelet agent, if any concerns for bleeding in the future could stop ASA and do DOAC monotherapy.

Notified NP Nguyen regarding this inquiry via teams:

Per Provider: Nguyen, Hoang T.8:00 AM

good morning, what is MR Campbell taking right now? Dabigatran and plavix?

RNCM attempted to call this vet; unable to contact him. Left a vm and call back number.

/es/ Rosemarie P. Macalisang, RN
RN Care Manager, Cardiology Clinic/SAC
Signed: 08/04/2023 08:10

Receipt Acknowledged By:
08/04/2023 12:49 /es/ Hoang Thuy Nguyen,
NP
Medical Service,
Cardiology

08/07/2023 ADDENDUM STATUS: COMPLETED
RNCM called this vet again today to clarify if he's taking Dabigatran and Plavix, unable to contact him. His mail box is full.

Also tried to call his next of kin, Shiela. Left a vm and call back number.

/es/ Rosemarie P. Macalisang, RN
RN Care Manager, Cardiology Clinic/SAC
Signed: 08/07/2023 10:54

Scheduling Contact Note

Details

Date entered: July 19, 2023
Location: REDDING VA CLINIC
Written by: FABIOLA VASQUEZ
Signed by: FABIOLA VASQUEZ
Date signed: July 19, 2023

Note

LOCAL TITLE: Scheduling Contact Note
STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: JUL 19, 2023@09:49 ENTRY DATE: JUL 19,
2023@09:49:54
AUTHOR: VASQUEZ, FABIOLA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Vet called in to schedule PCP appt till August to combine appts:
08/11/2023 11:00 NSAC PACT PURPLE

/es/ FABIOLA VASQUEZ
AMSA
Signed: 07/19/2023 09:51

RADIOLOGY APPOINTMENT LETTER DISTRIBUTION CENTER (AUTOPRINT)

Details

Date entered: July 11, 2023
Location: MCCLELLAN VA CLINIC
Written by: MOLLY JOAN HUNTINGTON
Signed by: MOLLY JOAN HUNTINGTON
Date signed: July 11, 2023

Note

LOCAL TITLE: RADIOLOGY APPOINTMENT LETTER DISTRIBUTION CENTER (A
STANDARD TITLE: LETTERS

DATE OF NOTE: JUL 11, 2023@14:39 ENTRY DATE: JUL 11,
2023@14:39:34
AUTHOR: HUNTINGTON, MOLLY JO EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

JUL 11, 2023

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear RONALD CLARK CAMPBELL,

You have been scheduled for an ultrasound appointment on Aug 11,2023@08:30

Please remember to read the information below Closely. This exam requires 4 HOURS NO EATING NO DRINKING on day of appointment. (please see prep instructions for further information).

Please arrive at least 15 minutes prior to your appointment to allow time to proceed through screening and check in. In order to keep our records current, please report any changes in your address, phone number, income, or insurance to the clerk when you check in.

If you are unable to keep this appointment, please contact Radiology at

916-364-3158 - Ultrasound, Mather/McClellan

Monday through Friday, 8:00 AM to 4:30 PM, excluding holidays.

****PREP INSTRUCTIONS FOR Aorta/Abdominal Blood Vessels-PLEASE READ CAREFULLY****

WHAT IS ULTRASOUND?

Ultrasound is safe and painless and produces pictures of the inside of the body using sound waves. Ultrasound involves the use of a probe and

ultrasound gel. Sound waves are transmitted from the probe through the gel into the body. The transducer collects the sounds and a computer then uses those sound waves to create an image.

Please remember, as a busy hospital, we do sometimes have to scan Urgent Care and Intensive Care patients immediately, and that might lead to a slight delay in your appointment. We ask for your cooperation in serving all our veterans.

We will do our best to make sure that your appointment time is kept: let us know of any specific requirements, especially with travel plans.

****Prep: ULTRASOUND/SONOGRAM TEST; PREP REQUIRED****

You have been scheduled for the following ultrasound test:

Aorta/abdominal blood vessels

You must not eat or drink for FOUR hours before the test (sips of water are okay). The test itself will take about 30 minutes, but we ask that you report to Radiology 15 minutes BEFORE your appointment so you can be registered.

Thank you for choosing VA as your health care provider. We are committed to providing compassionate high-quality health care. We welcome your comments and suggestions

VA Northern California Health Care System

McClellan Outpatient Clinic, Radiology Department, 5342 Dudley Blvd,
McClellan
Park, CA 95652

Radiology Note

Details

Date entered: July 11, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MAI KANG KHANG

Signed by: MAI KANG KHANG

Date signed: July 11, 2023

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: JUL 11, 2023@13:25
2023@13:25:03

ENTRY DATE: JUL 11,

AUTHOR: KHANG, MAI KANG

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

patient returned call to ct line. please assist in scheduling his
ultrasound.
thank you.

/es/ Mai Khang

Medical Support

Signed: 07/11/2023 13:25

Receipt Acknowledged By:

07/11/2023 14:36 /es/ MOLLY J

HUNTINGTON

AMSA

Anticoag Telephone Note 60019

Details

Date entered: July 7, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JOLENE WAGNER

Signed by: JOLENE WAGNER

Date signed: July 7, 2023

Note

LOCAL TITLE: Anticoag Telephone Note 60019
STANDARD TITLE: PHARMACY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 07, 2023@09:25 ENTRY DATE: JUL 07,
2023@09:25:22
AUTHOR: WAGNER, JOLENE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

SUBJECTIVE:
Drug: Dabigatran

Indication:
Atrial Fibrillation/Flutter

CHADS2-VASc Score (range 0-9):

Anticipated duration of anticoagulant therapy:
Indefinite/extended (no anticipated stop date)

Patient identified as needing review for the following:
Monitoring overdue
Lab(s) overdue: AST/ALT, SCr

OBJECTIVE:
*** Active VA and non-VA medication lists, pertinent laboratory tests
(i.e., H/H, Plts, SCr, LFTs, Anti-Xa, etc), recent progress notes,

and other pertinent objective data were reviewed. ***

Height: 66.25 in [168.3 cm] (10/07/2022 07:46)

Weight: 194 lb [88.00 kg] (06/26/2023 10:06)

31.1

Outside hemoglobin

Lab result (g/dL): 15.5

Date: June 13, 2023

Location: Sutter Auburn Faith Hospital

Outside HCT

Lab result: 48.0

Date: June 13, 2023

Location: Sutter Auburn Faith Hospital

Outside platelet count

Lab result: 269

Date: June 13, 2023

Location: Sutter Auburn Faith Hospital

Outside creatinine (serum)

Lab result: 1.01

Date: February 7, 2023

Location: Sutter Auburn Faith Hospital

Outside AST

Lab result: 38

Date: February 7, 2023

Location: Sutter Auburn Faith Hospital

Outside ALT

Lab result: 34

Date: February 7, 2023

Location: Sutter Auburn Faith Hospital

For ongoing monitoring, a population-based approach will be used to ensure safety, adherence to therapy, and appropriateness of prescribing. Periodic risk/benefit assessments will be performed as necessary.

/es/ JOLENE WAGNER
PHARMACY TECHNICIAN
Signed: 07/07/2023 09:31

Neurology Telephone Note

Details

Date entered: July 5, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: GASONG YUN NICKERSON
Signed by: GASONG YUN NICKERSON
Date signed: July 5, 2023

Note

LOCAL TITLE: Neurology Telephone Note
STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 05, 2023@08:54 ENTRY DATE: JUL 05,
2023@08:54:35
AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology Telephone Note Has ADDENDA ***

NEUROLOGY NP PHONE CLINIC

The following identifiers were used to identify the Veteran:

Full Name

Full Date of Birth/Last Four of SSN

CAMPBELL,RONALD CLARK is a 73 Y.O. MALE.

PRESENTING COMPLAINTS: Chronic cluster headache

INTERVAL HISTORY: Patient had his knee replacement surgery on 3/6/23 and it was

well managed okay with oxygen at first; Sutter put him on 15L/min. When they provided a oxycodone for post-op pain management, his cluster headache worsened uncontrollably for the next ~4 days. After 3/10/23 post-op pain decreased and so did the headache. He used 3 E tanks during the time. Patient took all 10 tabs of prednisone. Now patient is back to his baseline. Patient has been good these past few months that he forgot to take Emgality.

However, patient is planning to do a hip replacement surgery and is worried about pain control without triggering a cluster episode.

PREVIOUSLY TRIED HEADACHE MEDS:

Verapamil 120mg - symptomatic bradycardia
Frovatriptan - stopped after MI in 3/2021
DHE-45 - stopped after MI in 3/2021
Galcanezumab 300mg/Qmonth (2022-current)

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN, HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN, ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN, ELDI
KYOUNG		

Added from station 654 as a result of CBOC move.

7. Degenerative joint disease of knee (SCT ISLAM, PARVEZ S 239873007)	05/06/22	
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004) KYOUNG	12/03/19	HAN, ELDI
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	09/21/20	
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
12. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
13. Dysthymia BAHTEN, REGINA S	02/08/16	
14. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
17. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	01/25/21	
18. Chronic obstructive lung disease FIECHTNER, BRIDG	06/24/19	
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
21. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	
22. Headache (SNOMED CT 25064002) NICKERSON, GASON	08/12/22	
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S

26. Vitamin D deficiency (SNOMED CT 34713006)

11/26/13 CHANG, MYO S

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.)	ACTIVE
2)	AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE
3)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
4)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
5)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
6)	EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
7)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE.	ACTIVE
8)	GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN	ACTIVE
9)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE	ACTIVE
10)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES	ACTIVE
11)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
12)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES	ACTIVE
13)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET	ACTIVE

BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER,
REPLACES VERAPAMIL**

14)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
15)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
16)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID.	ACTIVE
17)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
18)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications

Status

- =====
- | | | |
|----|--|--------|
| 1) | Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED | ACTIVE |
|----|--|--------|

19 Total Medications

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

EXAMINATION

GENERAL: socially appropriate, respirations regularly and unlabored

MENTAL STATUS: appropriate, oriented to purpose of visit, normal speech and language

LABS

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	B12	351	pg/ml	211 -

911

Collection DT Spec Tsh
06/20/2019 09:28 SERUM 1.44

Collection DT Spec NA K CL CO2 CALCIUM
06/02/2022 11:26 PLASM 137 4.0 104 28 9.0

Collection DT Spec GLUCOSE BUN CREAT eGFR(MD eGFR CK
06/02/2022 11:26 PLASM 122 H 14 0.76 >90
05/18/2021 08:07 PLASM 114 13 0.83 >60

Collection DT Spec PROTEIN ALBUMIN T. BIL D BILI ALK PHO AST
ALT
06/02/2022 11:26 PLASM 6.1 L 4.1 0.7 66 25
24

09/20/2022

Test Name	Result	Units	Range
-----	-----	-----	-----
TESTOSTERONE (TOTAL)	256	ng/dL	198 - 679
SEROTONIN	59	ng/mL	23 - 230

STUDIES

Date	Procedure	CPT	Status	Case #
02/03/2014	CT HEAD W/O	70450	Verified	602

No acute intracranial abnormality.

IMPRESSION

Chronic cluster headache. Since his MI s/p PCI to LCx and LAD on 3/24/21, he has stopped DHE-45 and frovatriptan. Cluster headaches well managed with oxyge; took prednisone after knee replacement post-op pain management in March. Discussed to continue with the same regimen. Recommended to continue taking Emgality regularly.

PLAN

- Renew O2 via mask 10L/min PRN
- Cont. galcanezumab 300mg Qmonthly

- Cont. CPAP
- f/u in a year TELE

START TIME: 0900

END TIME: 0923

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 07/05/2023 09:36

07/02/2024 ADDENDUM

STATUS: COMPLETED

The patient is in need of an Annual renewal for Oxygen if patient is continuing to use the oxygen for migraine relief. Unable to find a recent neuro follow up.
Please place a NEW supplemental oxygen prescription under UNIQUE CONSIDERATION.
Thank you.

/es/ MONIQUE S BALLEW
Respiratory Therapist
Signed: 07/02/2024 14:45

Receipt Acknowledged By:
07/02/2024 15:36 /es/ Gasong Yun Nickerson,
DNP
Nurse
Practitioner

Neurology Telephone Note

Details

Date entered: July 3, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ANCHINALU M MEHARI
Signed by: ANCHINALU M MEHARI
Date signed: July 3, 2023

Note

LOCAL TITLE: Neurology Telephone Note
STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 03, 2023@15:46 ENTRY DATE: JUL 03,
2023@15:46:25
AUTHOR: MEHARI, ANCHINALU M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Telephone calls out to (206)295-2554.
full name and last four was verified.
Patient confirmed his telep appt with Np nickerson on 7/5/23 @9am

/es/ Anchinalu M Mehari, RN
RNCM Neurology
Signed: 07/03/2023 15:47

RADIOLOGY NO CONTACT LETTER (AUTO PRINT)**Details**

Date entered: July 1, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: NEPHTERIA SWAN
Signed by: NEPHTERIA SWAN
Date signed: July 1, 2023

Note

LOCAL TITLE: RADIOLOGY NO CONTACT LETTER (AUTO PRINT)
STANDARD TITLE: LETTERS
DATE OF NOTE: JUL 01, 2023@12:07 ENTRY DATE: JUL 01,
2023@12:08:15
AUTHOR: SWAN, NEPHTERIA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

JUL 01, 2023

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear RONALD CLARK CAMPBELL,

Your medical provider has requested that you be seen in the Radiology Clinic for an ultrasound examination

We have attempted to call you, using the telephone number we have on file,
and we have not been able to reach you.

To ensure that you are seen in the Radiology Clinic in a timely manner,
we

need to schedule an appointment for you. Please note: If we do not hear from you within 14 business days, we will notify your medical provider and
discontinue the imaging order. Should your order be discontinued, your provider will need to request a new order.

Please call us at 916-364-3158. Our goal is to attempt to schedule an appointment on a day and time that is convenient for you.

We look forward to hearing from you. It is important that you help us make

this appointment for you to meet your medical needs.

Thank you for choosing the VA Northern California Health Care System as your health care provider.

Sincerely,

Imaging/Radiology Department

Radiology Note

Details

Date entered: July 1, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NEPHTERIA SWAN

Signed by: NEPHTERIA SWAN

Date signed: July 1, 2023

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: JUL 01, 2023@12:07
2023@12:07:24

ENTRY DATE: JUL 01,

AUTHOR: SWAN, NEPHTERIA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

RADIOLOGY APPOINTMENT TRACKING NOTE

Attempted to schedule the patient:

1st call

Ultrasound

Date Desired: Jun 28, 2023

Type of Exam: aaa

"No Contact" letter sent stating patient needs to call to schedule an
imaging

test.

Comments:lvm

/es/ Nephtheria Swan

Medical Support Assistant

Signed: 07/01/2023 12:07

Primary Care Secure Messaging

Details

Date entered: June 28, 2023

Location: MCCLELLAN VA CLINIC

Written by: PARVEZ S ISLAM

Signed by: PARVEZ S ISLAM

Date signed: June 28, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JUN 28, 2023@10:07 ENTRY DATE: JUN 28,
2023@08:07:40

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 06/26/2023 03:53 PM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Test:A1C

tested at 8.2. Any word on medication that I need?

-----Original Message-----

Sent: 06/27/2023 01:50 PM ET

From: ISLAM, PARVEZ S

To: CAMPBELL, RONALD CLARK

Subject: Test:A1C

Hello Mr. Campbell.

It appears that you have multiple ongoing issues and at this point I would highly recommend you make an appointment with us to be seen since you have not

been seen with by us at primary care at VA for more than a year.

Thank you

Dr. Islam

-----Original Message-----

Sent: 06/28/2023 09:46 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Test:A1C

I apologize for listing EVERYTHING I was told during my Medicare physical.

Most of these I had no idea I was past due on tests especially on life threatening issues.

So yes I will see about an important.

The biggest concerns of the Medicare provider in order of priority were

1. The overdue aortic aneurysm scan
2. Diabetes 8.3 A1C and no medication and
3. Overdue renal test while using high doses of Tylenol for pain

If any of these should be addressed in the interim please advise.

Regards.

Ron Campbell

-----Original Message-----

Sent: 06/28/2023 11:07 AM ET
From: ISLAM, PARVEZ S
To: CAMPBELL, RONALD CLARK
Subject: Test:A1C

Good morning,

1. US for AAA ordered - radiology will contact you.
2. Labs ordered to be done fasting- just show up at lab- no appointment needed
3. Mailed you metformin 500mg to be taken twice daily for diabetes.
Please make a appointment to be seen as advised.
Thank you
Dr. Islam

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 06/28/2023 08:07

Cardiology

Details

Date entered: June 26, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: HOANG THUY NGUYEN
Signed by: HOANG THUY NGUYEN
Date signed: July 18, 2023

Note

LOCAL TITLE: Cardiology
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: JUN 26, 2023@10:12 ENTRY DATE: JUN 26,
2023@10:12:13
AUTHOR: NGUYEN, HOANG THUY EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

CARDIOLOGY NP F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

Patient came in with: ☒ Self

☐ Spouse

☐ Other:

73MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 73 y/o M routine f/u

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES
and
mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis
of

the Circumflex and LAD requiring balloon angio. EF preserved

#hypertension,

#T2DM

#A. fib (on Pradaxa), 6/2019 at Kaiser

#COPD,

#PE 6/2019

#prostate cancer

#HLD

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Pt states "cardio wise I feel good"

Exercise: walk 0.75 miles with no issues, limited by knee pain. Prior
walking

to mailbox and back up on incline have to stop 3 times, now he doesn't have
to
stop.

Diet: ""Horrible" felt bad after knee surgery so ate for comfort, gained
~20lbs

since surgery. Pt has a pool and plans to start swimming once it starts to warm

home BP 127/64 59

=====

CARDIAC ROS:

=====

☒N ☐Y CP:
☒N ☐Y SOB:
☒N ☐Y Dizziness:
☒N ☐Y Syncope:
☒N ☐Y Palpitations:
☒N ☐Y Orthopnea:
☒N ☐Y PND:
☒N ☐Y Edema:
☐N ☒Y Myalgias: knee pain
 Other:
 no bleeding issues/dark stool

=====

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014

16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED SHORTNESS OF BREATH (CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.)	ACTIVE
2) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE QD
3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
4) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE QD
5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE BID
6) EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE QD
7) FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF	ACTIVE

- BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE.
- 8) GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN ACTIVE
 - 9) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE ACTIVE
 - 10) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIES ACTIVE
 - 11) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE ACTIVE QD
 - 12) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL** ACTIVE QD
 - 13) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA ACTIVE
 - 14) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED ACTIVE
 - 15) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR STOMACH PROTECTION - FOR STOMACH ACID. ACTIVE QD
 - 16) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE QD
 - 17) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS. ACTIVE

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

18 Total Medications

No Active Remote Medications for this patient

6/16/23

=====

=====

pt ambulated into room in nad
Neck:jvd not elevated, no hjr
Lungs:ctab
Cardiac:RRR, S1, S2 no murmurs
Abdomen:soft, ntnd
Ext:no edema

=====

=====

05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104

05/18/2021 08:07 BLOOD 6.3 H

No data available for: BNP

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Left ventricular systolic function is normal.
The ejection fraction estimate is 55-60%.
There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.
No significant valvular abnormalities identified.
Unable to estimate the RVSP due to the trivial TR jet.
Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.
Normal right ventricular size and function.
A trivial pericardial effusion is present.

2/2022

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.
Assessment of diastolic parameters indicates a relaxation abnormality of the left ventricle, consistent with normal filling pressures.
The right ventricular systolic function is normal.
The aortic valve is mildly sclerotic without stenosis.
There is trace mitral regurgitation.
There is trace tricuspid regurgitation.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)

STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.
LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.

Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments:Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial.100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments:Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021 Start: 08:26 AM End: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as: Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021 Start: 09:47 AM End: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS

-completed dual therapy with Plavix 75mg QD/DOAC x 30 months (9/24/2023),
-stop Plavix, start ASA 81mg daily, given stent thrombosis and no bleeding issues, preference is to maintain antiplatelet agent, if any concerns for bleeding in the future could stop ASA and do DOAC monotherapy.

-Beta-blocker: cont. metoprolol succinate 12.5mg, prev stopped Bisoprolol due to brady

-cont. amlodipine 5mg daily,

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

-use pedal exerciser

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: need better control. LDL 98

-cont. rosuvastatin 40mg QD

-cont. Zetia 10mg daily

-repeat FLP

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM), sob stable, pt

tolerating doac

-Rate control: BB as above

-Anticoagulation: cont. dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Patient discussed with Attending Physician, Dr. and the treatment plan was developed jointly.

TOTAL TIME SPENT: 30 minutes reviewing records, labs/studies, speaking with Veteran on phone or in person about above conditions and management plan, and documenting episode of care

F/U: 6 months

Surfaces wiped after visit.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 07/18/2023 12:16

COMMUNITY CARE-CARE COORDINATION PLAN NOTE

Details

Date entered: June 21, 2023

Location: MARTINEZ VA MEDICAL CENTER

Written by: DULCINEA G CHESSON

Signed by: DULCINEA G CHESSON

Date signed: June 21, 2023

Note

LOCAL TITLE: COMMUNITY CARE-CARE COORDINATION PLAN NOTE

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: JUN 21, 2023@11:21 ENTRY DATE: JUN 21,
2023@11:22:24

AUTHOR: CHESSON, DULCINEA G EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Community Care Consult: GEC SKILLED HOME SERVICES
Consult No: 5915607

Dated: 6/21/2023

Approved for CCN

Please create auth in HSRM and fax to community provider.

Please send the following documents:

Medication List

Labs: No Recent Labs

Progress Notes: 12/06/2022 Cardiology note
2/08/2023 CCC: Clinical Triage note

Chief Complaint: Low back pain with sciatica, veteran with known history of
lumbosacral degenerative disc disease. L leg/hip pain

Patient Admitted? No

Level of Care Coordination

Moderate

Care Coordination was determined from:

Chart Review

Facility Community Care Office Contact

Care Coordination Point of Contact: Community Care Service

Phone Number: (707) 562-8430

Services:

Basic Care Coordination Services

Monitoring and coordination of Rehab/PT Services

Direct communication to referring provider

Care management, if appropriate

Plan:

PACT team has submitted a request for CC Home Health services. Com Care will

process request, PACT team to follow throughout episode of HH care and coordinate with the non-VA care provider.

/es/ Dulcinea G. Chesson, RN

Community Care/MI

Signed: 06/21/2023 11:27

Receipt Acknowledged By:

06/21/2023 15:12 /es/ BARBARA L

GAVICA

Primary Care Secure Messaging

Details

Date entered: June 16, 2023

Location: MCCLELLAN VA CLINIC

Written by: GRANT MICHAEL CIFFONE

Signed by: GRANT MICHAEL CIFFONE

Date signed: June 16, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JUN 16, 2023@16:38 ENTRY DATE: JUN 16,
2023@14:38:34

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 06/15/2023 07:44 PM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: General:Hip or back pain

Good Afternoon Ronald,

Dr. Islam says the best place to start is to have physical therapy assess and treat these issues. We have already placed the consult and they should call you to schedule.

Regards,

Grant C., RN

-----Original Message-----

Sent: 06/15/2023 09:09 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: General:Hip or back pain

Ok. Just FYI

I am unable to arrange for travel to therapy any distance. Knee replacement therapy was performed here (Auburn) locally under community care. Therapist recommended more therapy to VA Community Care about a month ago with no response.

Effective therapy which I believe would be multiple times per week at any distance won't be an option right now.

Ron Campbell

Thanks for your response.

-----Original Message-----

Sent: 06/16/2023 05:38 PM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: General:Hip or back pain

Good Afternoon Ronald,

I can change the PT consult to be a home health physical therapist, would that be better?

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 06/16/2023 14:38

06/27/2023 ADDENDUM STATUS: COMPLETED
Please make a follow-up appointment for veteran with me. he has not been seen face-to-face for more than a year has multiple concerns and questions which is not possible to answer just over the emails. Please notify veteran.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 06/27/2023 10:52

Receipt Acknowledged By:
06/28/2023 07:22 /es/ Grant Michael Ciffone, RN
BSN
PACT RN Care
Manager

06/28/2023 09:25 /es/ MARY LIN
HELFRICK

06/28/2023 ADDENDUM STATUS: COMPLETED
pt. declined to sched appt. at this time

/es/ MARY LIN HELFRICK

Signed: 06/28/2023 09:25

Primary Care Secure Messaging

Details

Date entered: June 13, 2023
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: June 13, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 13, 2023@13:16 ENTRY DATE: JUN 13,
2023@11:16:06
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 06/11/2023 09:08 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: General:Hip or back pain

Been experiencing debilitating ortho or neuro pain on lower left side
Primarily radiates from the side of hip just below the articular cartilage
area. Or at least it seems. I am service connected for this hip

However, also experience lower back pain at the same time that seems to
radiate
down the sciatic nerve. I am also service connected for a degenerative
disc.

So I'm confused if it is a hip, back or both problem and which specialist to
be
referred to. To complicate this rt knee replacement completed 90+ days ago.
Rt
leg muscles had atrophied over many years and has not yet recovered

Please advise actions I should take.

Regards

Ron Campbell

/es/ Eric Kraft, LVN
Primary Care
Signed: 06/13/2023 11:16

Receipt Acknowledged By:
06/15/2023 08:42 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

06/15/2023 ADDENDUM STATUS: COMPLETED
Please notify veteran that to assess his problem the best place to start
would
be to get a physical therapy referral that has been sent.

/es/ Parvez S. Islam, MD
Physician, Primary Care

Signed: 06/15/2023 08:43

Receipt Acknowledged By:

06/16/2023 16:01 /es/ Grant Michael Ciffone, RN
BSN

PACT RN Care

Manager

Cardiology Secure Messaging

Details

Date entered: May 30, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JOMANA GERONIMO VILLAS

Signed by: JOMANA GERONIMO VILLAS

Date signed: May 30, 2023

Note

LOCAL TITLE: Cardiology Secure Messaging

STANDARD TITLE: CARDIOLOGY SECURE MESSAGING

DATE OF NOTE: MAY 30, 2023@16:49 ENTRY DATE: MAY 30,
2023@14:49:05

AUTHOR: VILLAS, JOMANA GERON EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 05/28/2023 01:27 PM ET

From: CAMPBELL, RONALD CLARK

To: Cardiology - Mather.@

Subject: Medication:Clopidogrel Prescription

Attachments: 7B16641C-D6A4-429E-BC6A-1D833EECE690.png (648.28 KB),
7B2C4D7A-BDA2-4E7D-9834-6E246CF48B95.png (648.28 KB)

Please renew

Thanks

Ron Campbell

-----Original Message-----

Sent: 05/30/2023 05:49 PM ET

From: VILLAS, JOMANA GERONIMO

To: CAMPBELL, RONALD CLARK

Subject: Medication:Clopidogrel Prescription

Hi Mr. Campbell. I will notify your cardiology provider for the refill order of your Clopidogrel bisulfate.

Take care.

/es/ JOMANA G. VILLAS

BSN, RN, COVID19 CLINIC, MATHER VA

Signed: 05/30/2023 14:49

Receipt Acknowledged By:

05/30/2023 16:45 /es/ Rosemarie P. Macalisang,
RN

RN Care Manager, Cardiology Clinic/

SAC

05/30/2023 16:09 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

05/30/2023 ADDENDUM
order placed

STATUS: COMPLETED

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 05/30/2023 16:11

05/31/2023 ADDENDUM
Vet sent secure message:

STATUS: COMPLETED

"Sent

31 May 2023 @ 1201 ET

From

CAMPBELL, RONALD CLARK (SSN: 2701, DOB: 04/11/1950)

To

Cardiology - Mather.@"

Subject

Medication: Clopidogrel Prescription

Message ID

4558964486

Message

Thanks. I now notice it has been dropped from my press option list all together.

That practice by pharmacy is of concern to me especially when it comes to medications for treatment of life threatening diseases.

As a senior citizen I sometimes overlook and error in remembering everything that needs to be managed.

I would hope pharmacy could come up with a reminder system when a critical medication is being dropped from the active list.

Thanks for listening

Ron Campbell

Meadow. Vista

Medication: Clopidogrel Prescription VILLAS, JOMANA

31 May 2023 @ 1723 ET

To: CAMPBELL, RONALD CLARK (SSN: 2701, DOB: 04/11/1950)

Hi Mr. Campbell. Your cardiology provider entered the refill order 5/30/23.

Pending verification with pharmacy. Please allow 24 hours for pharmacy to verify. Once you see it active in your list, Pharmacy will send it to you by mail but if you ran out of this medication while waiting for the mail, you may pick some up in window check in pharmacy.

Take care."

/es/ JOMANA G. VILLAS
BSN, RN, COVID19 CLINIC, MATHER VA
Signed: 05/31/2023 14:24

Receipt Acknowledged By:
05/31/2023 17:43 /es/ Rosemarie P. Macalisang,
RN
RN Care Manager, Cardiology Clinic/
SAC

Cardiology Secure Messaging

Details

Date entered: May 18, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JOMANA GERONIMO VILLAS
Signed by: JOMANA GERONIMO VILLAS
Date signed: May 18, 2023

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: MAY 18, 2023@16:01 ENTRY DATE: MAY 18,
2023@14:01:24
AUTHOR: VILLAS, JOMANA GERON EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 05/18/2023 09:25 AM ET
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Medication:Dabigatran Extexilate 150MG oral

The prescription for this important medication has expired can a renewal be processed?

Thankyou

Ron Campbell

-----Original Message-----

Sent: 05/18/2023 05:01 PM ET

From: VILLAS, JOMANA GERONIMO

To: CAMPBELL, RONALD CLARK

Subject: Medication:Dabigatran Extexilate 150MG oral

Hi Mr. Campbell. It looks like your DABIGATRAN CAP,ORAL 150MG has been renewed and active.

Take care.

/es/ JOMANA G. VILLAS

BSN, RN, COVID19 CLINIC, MATHER VA

Signed: 05/18/2023 14:01

Receipt Acknowledged By:

05/18/2023 14:47 /es/ Rosemarie P. Macalisang,
RN

RN Care Manager, Cardiology Clinic/

SAC

Neurology Secure Messaging

Details

Date entered: March 14, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: March 14, 2023

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: MAR 14, 2023@13:36 ENTRY DATE: MAR 14,
2023@11:36:24

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 03/14/2023 12:53 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Medication:Prednisone

Cluster headaches now non-responsive to oxygen level 10 attacks were too many

to count last night coming on every 30 to 44 min and lasting 20 -30 minutes.

Today they are at a level 7 spiking to 10 ever hr or so.

In 10th day following complete knee replacement surgery (Oxycontin pain prescription may also be contributing to aggressiveness of attacks)

Question -is a high dose regimen of prednisone and option to this cluster flare

up? if so, could my advocate pick it up today at Mather.? He could then drive

it up to me to Meadow Vista.

These events are interfering a great deal with the early healing required post surgery

Ron Campbell

-----Original Message-----

Sent: 03/14/2023 02:35 PM ET

From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: Medication:Prednisone

I'm sorry to hear you are going through a tough time. I just placed an order for prednisone 10mg as needed, 30 tablets. I sent it to Mather VA pharmacy to be picked up today or tomorrow. Hope this helps and wish you a speedy recovery from the surgery.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 03/14/2023 11:36

Medical Clerk Note

Details

Date entered: March 14, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ALENE DEAN DURFEY
Signed by: ALENE DEAN DURFEY
Date signed: March 14, 2023

Note

LOCAL TITLE: Medical Clerk Note
STANDARD TITLE: COMMUNICATION NOTE
DATE OF NOTE: MAR 14, 2023@09:56 ENTRY DATE: MAR 14, 2023@09:56:45
AUTHOR: DURFEY, ALENE DEAN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Veteran is post op from knee surgery , states he has cluster headaches and the

pain meds are making the headaches worse, the veteran is requesting a set of prednisone sent to the Mather pharmacy.

/es/ ALENE DEAN DURFEY

MSA

Signed: 03/14/2023 10:21

Receipt Acknowledged By:

03/14/2023 12:29 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

TCP Telephone Care Staff Short Note Only

Details

Date entered: March 10, 2023

Location: MARTINEZ VA MEDICAL CENTER

Written by: ARNULFO CERILLO BERNALES

Signed by: ARNULFO CERILLO BERNALES

Date signed: March 10, 2023

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAR 10, 2023@11:52 ENTRY DATE: MAR 10,
2023@11:52:22

AUTHOR: BERNALES,ARNULFO CE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Community Care Contact Center - TCP NOTE

Veteran identified using the following methods: Full Name, Last 4 SSN, DOB

CALLER: Veteran

CALL BACK NUMBER: 206-295-2554

CoC/Consult #: PHYSICAL THERAPY/Other

WRITERS COURSE OF ACTION:

Veteran called requesting CITC PHYSICAL THERAPY consult order placement.

Alerting PACT to please review this request and place specialty consult for

Veteran if appropriate.

(URGENT: VET is POST OP)

/es/ ARNULFO CERILLO BERNALES

Medical Support Assistant

Signed: 03/10/2023 11:54

Receipt Acknowledged By:

03/13/2023 13:04

/es/ Grant Michael Ciffone, RN

BSN

PACT RN Care

Manager

03/14/2023 10:05

/es/ Parvez S. Islam,

MD

Physician, Primary

Care

Primary Care Secure Messaging

Details

Date entered: March 2, 2023

Location: MCCLELLAN VA CLINIC

Written by: GRANT MICHAEL CIFFONE

Signed by: GRANT MICHAEL CIFFONE

Date signed: March 2, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 02, 2023@12:15 ENTRY DATE: MAR 02,
2023@09:15:41

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:

URGENCY:
COMPLETED

STATUS:

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 03/01/2023 07:23 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Diabetes Medication

CxN you please confirm what's diabetes medication I should be taking? I
am
confused and need to insure I'm taking the right meds

Thanks

Ron Campbell

-----Original Message-----

Sent: 03/02/2023 12:15 PM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: Medication:Diabetes Medication

Good morning Ronald,

Before we resume any diabetes medications we need to see what your A1c is.
I
have put non-fasting blood work for you to have done. After we get those
results we can determine which medication is appropriate for your care.

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 03/02/2023 09:15

03/02/2023 ADDENDUM

STATUS: COMPLETED

Last diabetes medication on pt's chart is:

GLIPIZIDE 5MG TAB

71153454

EXPIRED

45

09/13/2021 09/13/2021

(3)

SIG: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH

Provider: FEBBO-WILSON, BARBARA J Cost/Fill: \$ 1.54 Exp/Can Dt: 09/14/2022

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 03/02/2023 09:17

Neurology Secure Messaging

Details

Date entered: February 28, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: February 28, 2023

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: FEB 28, 2023@15:57 ENTRY DATE: FEB 28, 2023@12:57:03

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 02/28/2023 02:16 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.
Subject: Medication:Oxygen Prescription Letter

It printed out on 8 1/2 x 11 PERFECTLY.
Thank you so much for this.

Ron & Sheila Campbell

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 02/28/2023 12:57

Neurology Secure Messaging

Details

Date entered: February 28, 2023
Location: SACRAMENTO VA MEDICAL CENTER
Written by: GASONG YUN NICKERSON
Signed by: GASONG YUN NICKERSON
Date signed: February 28, 2023

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: FEB 28, 2023@12:58 ENTRY DATE: FEB 28,
2023@09:58:40
AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/27/2023 11:19 AM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.
Subject: Medication:Oxygen Prescription Letter

TO: NP Nickerson

RE: Knee replacement surgery at Sutter Monday Mar 6.

Clusters are not well controlled. In trying to communicate my need for FAST access to 15L flow of Oxygen as an abortive measure I'm not comfortable that ALL on my care team at Sutter are fully prepared to have oxygen available as needed

I envision someone not finding an "approval" on a chart, waiting to find one while the event soars and possibly effects my ability to continue on with the surgery. The Sutter surgeon is aware and has approved its use. But I'm finding some challenges in getting verbal approvals applied to my MR.

After waiting over 3 months for the surgery I don't want to risk a cancellation.

Would it be possible for me to have a LETTER outlining my "Prescription" for this important abortive measure?
In this way we may be able to avoid confusion and delay while I am in Sutter's care.

Please let me know if such a letter is possible and if it could be expedited.

Thanks for your consideration on this.

Ron Campbell
Meadow Vista

-----Original Message-----
Sent: 02/28/2023 12:58 PM ET

From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: Medication:Oxygen Prescription Letter
Attachments: Campbell - oxygen.pdf (23.92 KB)

Mr. Campbell, here is the letter as we discussed on the phone. Hope this works well.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 02/28/2023 09:58

Primary Care Secure Messaging

Details

Date entered: February 22, 2023
Location: MCCLELLAN VA CLINIC
Written by: GRANT MICHAEL CIFFONE
Signed by: GRANT MICHAEL CIFFONE
Date signed: February 22, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: FEB 22, 2023@10:52 ENTRY DATE: FEB 22, 2023@07:52:06
AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 02/22/2023 08:27 AM ET
From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Albuterol Renewal
Attachments: 347463FA-9011-4C8A-AE92-116025F63BF5.png (312.72 KB)

Please renewal this medication. It appears to have been dropped from my active meds list

Thanks

Ron Campbell
Meadow Vista CA

-----Original Message-----

Sent: 02/22/2023 10:52 AM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: Medication:Albuterol Renewal

Good morning Ronald,

I reordered your albuterol.

Regards,
Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 02/22/2023 07:52

02/22/2023 ADDENDUM STATUS: COMPLETED
Last albuterol inhaler in pt's chart was:

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL
25872519 EXPIRED 1 04/08/2020 10/04/2020
(8)

SIG: INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR
SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST
ONCE
WEEKLY.

Provider: HAN,ELDI KYOUNG-OK Cost/Fill: \$ 9.23 Exp/Can Dt:
04/09/2021

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 02/22/2023 07:52

Receipt Acknowledged By:
02/22/2023 15:20 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

Cardiology EKG Completion Note

Details

Date entered: February 14, 2023
Location: LOUIS A. CONTER VA CLINIC
Written by: BARBARA M MARTINEZ
Signed by: BARBARA M MARTINEZ
Date signed: February 14, 2023

Note

LOCAL TITLE: Cardiology EKG Completion Note
STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY NOTE
DATE OF NOTE: FEB 14, 2023@14:42 ENTRY DATE: FEB 14,
2023@14:42:45
AUTHOR: MARTINEZ, BARBARA M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

EKG COMPLETION - NURSE/TECH

EKG completed and given to the Ordering Provider for review: Yes

/es/ BARBARA M MARTINEZ

LVN

Signed: 02/14/2023 14:43

Receipt Acknowledged By:

02/28/2023 13:32 /es/ Hoang Thuy Nguyen,

NP

Medical Service,

Cardiology

CCC: CLINICAL TRIAGE

Details

Date entered: February 8, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: AUDREY MARIA KENNEDY

Signed by: AUDREY MARIA KENNEDY

Date signed: February 8, 2023

Note

LOCAL TITLE: CCC: CLINICAL TRIAGE

STANDARD TITLE: RN PROGRESS NOTE

DATE OF NOTE: FEB 08, 2023@13:12:13 ENTRY DATE: FEB 08,
2023@13:12:13

AUTHOR: KENNEDY, AUDREY MARI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Patient Demographics

Patient Name: RONALD CAMPBELL

Patient Primary Address: 1521 Whitehorse Rd Meadow Vista, CA 95722

Patient Primary Phone: 2062952554

Patient DOB: April 11, 1950

SSN: 546802701

Patient Age: 72

Caller/Recipient Relation to Patient: Self

Emergency Contact: SHEILA CAMPBELL

Is High Risk Patient: No

Triage Summary

Nurse Summary: S: Cluster Headaches x28+years

B: 72yrs Hx: see chart

A: - see triage

R: TEDP: ER now, Vet states, "All I need is some O2 to relieve the impending

pain, I can't go in there before my surgery, there's sick people there. They

told me to call the Advice Nurse for this to get scheduled, I'm not sure why."

Patient verbalized understanding plan of care. Patient was advised to call

back the VA Nurse Advice Line at 1800-382-8387 if symptoms worsen or for further question and concern. If any symptoms arise that are unbearable or life

threatening to go to the nearest ER and Vet doesn't need to call TAN for authorization because we do not authorize services. Will forward note to PCP

and CM RN as FYI.

Pain Score: 4

Conducted triage/discussed symptoms

Utilized the Triage Tool: Yes

Chief Complaint: Headaches (chronic)

System WHEN: Now

Nurse's Recommendation / WHEN: Now

System WHERE: Emergency department

Nurse's Recommendation / WHERE: ED VA

Patient Disposition

Patient/Caregiver agrees to plan of care: No

Patient WHERE: ED VA

Patient WHEN: Now

Patient is Urgent or Emergent

Summary of Actions

Referred patient to emergency services

Instructed to go to Emergency Department

Clinical Contact Center Codes

Clinic/Location: V21 NCAL PHONE CCC RN

TXCC

Triage Complete

Triage Note: Phone Triage

Wed, 08 Feb 2023 21:04:48 +0000 UTC

Demographics

72 y/o Male

Results

CC: Headaches (chronic)

Software suggested: Now

Software suggested follow-up location: Emergency department

Values and Measures

Weight: 183 Pounds

SBP: 119 mmHg

DBP: 64 mmHg

Pulse: 61 bpm

Duration of CC: 5 Years

Mean Arterial Pressure: 82.3

Pulse Pressure: 55

Modified Shock Index: 0.7

Alerts

1) This is a HIGHER COMPLEXITY patient.

2) If this patient is in the clinic, consider transferring care to the ED.

Positive Responses

HPI: headache, severe

HPI: headache, worst ever experienced

VS: temperature not taken

Negative Responses

Denies: HPI: fever, subjective

Denies: HPI: head injury, within past 10 days

Denies: HPI: mental status change, confusion

Denies: PMH: migraine headaches

/es/ Audrey M. Kennedy, RN

Supervisor/Falls Coordinator MTZ

Signed: 02/08/2023 13:12

Receipt Acknowledged By:

02/08/2023 15:09 /es/ Grant Michael Ciffone, RN
BSN

PACT RN Care

Manager

02/08/2023 15:45 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

02/08/2023 15:55 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

Neurology Secure Messaging**Details**

Date entered: February 7, 2023

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: February 7, 2023

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: FEB 07, 2023@15:56 ENTRY DATE: FEB 07,
2023@12:56:38
AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/07/2023 02:23 PM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Medication:Botox for chronic clusters

Yea please refer me. I'm having knee replacement 3/6 but usually scheduling in pain mgmt is our a ways. So I'll try it after knee recovery.

Thanks for the quick response.

PS. My Cluster history shows winter has an increase in events. Perhaps Spring weather will also help.

-----Original Message-----

Sent: 02/07/2023 03:56 PM ET
From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: Medication:Botox for chronic clusters

The consult has been placed. They will get to scheduling once triaged. Thank you.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 02/07/2023 12:56

Neurology Secure Messaging

Details**Date entered:** February 6, 2023**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** GASONG YUN NICKERSON**Signed by:** GASONG YUN NICKERSON**Date signed:** February 6, 2023**Note**

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: FEB 06, 2023@15:29 ENTRY DATE: FEB 06,
2023@12:29:37

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 02/04/2023 03:11 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Medication:Botox for chronic clusters

I'm hearing of other long term chronic cluster headache sufferers who have "tried everything" are having success with botox. Is this a consideration at this time?

39 years suffering with this and "We've tried everything"

Right now I'm on 8.5 liters of oxygen from concentrator to CPAP in order to

stave off events and get a little sleep.

But events are now creeping into daylight hrs.

Ron Campbell

Meadow Vista

-----Original Message-----

Sent: 02/06/2023 03:23 PM ET

From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: Medication:Botox for chronic clusters

Hello,

I'm sorry to hear you are having a hard time. Botox injections are approved for chronic migraine prevention and there is no data that it will work for cluster headaches. At your stage of treatment options, occipital nerve block may be considered. Pain Management does it - no one in neurology does it. If you want, i will refer you to the pain clinic.

Thank you,

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 02/06/2023 12:29

Primary Care Secure Messaging

Details

Date entered: February 3, 2023
Location: MCCLELLAN VA CLINIC
Written by: GRANT MICHAEL CIFFONE
Signed by: GRANT MICHAEL CIFFONE
Date signed: February 3, 2023

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: FEB 03, 2023@15:25 ENTRY DATE: FEB 03,
2023@12:25:15

AUTHOR: CIFFONE, GRANT MICHA EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 02/03/2023 01:40 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:FLUTICAS

This medication is not on auto renewal. I'm having trouble on this on managing the refills now that VA is requesting a 15 day order advance policy.

I wonder if 1. it can be place on a monthly auto renewal or increased to a 2 month (two diskette) fill.

I went ahead and reordered today but it's taking longer and longer to fill I know partials can be locked up but I'm not going into any health facilities/ pharmacies as I await replacement knee surgery in a few weeks

Thanks for looking into this for me

Ron Campbell 2701

-----Original Message-----

Sent: 02/03/2023 03:25 PM ET
From: CIFFONE, GRANT MICHAEL
To: CAMPBELL, RONALD CLARK
Subject: Medication:FLUTICAS

Good Afternoon Ronald,

I am going to forward your message to Dr. Islam to see if we can prescribe you more than a month's supply at a time.

Regards,

Grant C., RN

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager
Signed: 02/03/2023 12:25

Receipt Acknowledged By:
02/06/2023 11:51 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

Injections, Immunizations, Skin Tests

Details

Date entered: January 10, 2023
Location: LOUIS A. CONTER VA CLINIC
Written by: APRIL MARIE TINGLER
Signed by: APRIL MARIE TINGLER
Date signed: January 10, 2023

Note

LOCAL TITLE: Injections, Immunizations, Skin Tests
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: JAN 10, 2023@14:25 ENTRY DATE: JAN 10,
2023@14:25:54
AUTHOR: TINGLER, APRIL MARIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

The patient was given the influenza VIS which lists the benefits and side effects of the vaccine and which reviews the risks of not receiving the flu vaccine. The VIS was reviewed with the patient and they were given an opportunity to ask questions. The patient was provided education on how to decrease the risk of influenza infection including social distancing and

use of

good hand hygiene. The patient denied any prior severe reaction to the flu vaccine or its components. The patient gave verbal consent to receive the vaccine.

Influenza, Quadrivalent, Adjuvanted (Fluad - syringe)

Administered: INFLUENZA VACCINE, QUADRIVALENT, ADJUVANTED

Date Administered: Jan 10, 2023 14:00

Manufacturer: SEQIRUS

Lot: 346390

Exp Date: Jun 21, 2023

NDC: 070461012203

Admin Route/Site: INTRAMUSCULAR/LEFT DELTOID

Dosage: 0.5mL

Vaccine Information Statement(s):

INFLUENZA(FLU) VACC(INACTIVATED OR RECOMBINANT)VIS Aug 06, 2021
(ENGLISH)

Order By: Policy

Administered By: Tingler, April Marie

/es/ APRIL MARIE TINGLER, LVN

Auburn CBOC

Signed: 01/10/2023 14:26

TCP Telephone Care Staff Short Note Only

Details

Date entered: December 30, 2022

Location: MARTINEZ VA MEDICAL CENTER

Written by: YVETTE BONNER

Signed by: YVETTE BONNER

Date signed: December 30, 2022

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: DEC 30, 2022@08:52 ENTRY DATE: DEC 30,
2022@08:52:08

AUTHOR: BONNER, YVETTE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** TCP Telephone Care Staff Short Note Only Has ADDENDA ***

Good morning

Mr Campbell daughter called, he had a NP appt in FF, they were under the assumptions that it was a SC rating appt, patient lives in Roseville and need to

see a PCP closer, he also needs to file a claim for a SC condition, daughter

will call back rescheduled for a PCP at Mather

Thank you

/es/ Yvette Bonner

Admin Specialist

Signed: 12/30/2022 08:57

Receipt Acknowledged By:

12/30/2022 14:01 /es/ Parvez S. Islam,

MD

Physician, Primary

Care

12/30/2022 ADDENDUM

STATUS: COMPLETED

Please disregard wrong patient

/es/ Yvette Bonner

Admin Specialist

Signed: 12/30/2022 08:58

CPAP/BiPAP Sleep Follow-up

Details

Date entered: December 27, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SKYE M LAUGHRIDGE**Signed by:** SKYE M LAUGHRIDGE**Date signed:** December 27, 2022**Note**

LOCAL TITLE: CPAP/BiPAP Sleep Follow-up

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: DEC 27, 2022@16:58 ENTRY DATE: DEC 27,
2022@16:58:49

AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

THIS IS NOT AN IN CLINIC APPT!

Chart review: wireless remote PAP data

campbell, ronald

09/29/2022 - 12/27/2022

Patient ID: 2701

DOB: 04/11/1950

Age: 72 years

612 - Northern California HCS

Compliance Report

Compliance

Payor Standard

Usage 09/29/2022 - 12/27/2022

Usage days 5/90 days (6%)

>= 4 hours 0 days (0%)

< 4 hours 5 days (6%)

Usage hours 7 hours 30 minutes

Average usage (total days) 5 minutes

Average usage (days used) 1 hours 30 minutes

Median usage (days used) 1 hours 13 minutes

Total used hours (value since last reset - 12/27/2022) 3,721 hours

AirSense 10 AutoSet

Serial number 23192185375

Mode CPAP

Set pressure 8 cmH2O

EPR Fulltime

EPR level 2

Therapy

Leaks - L/min Median: 6.0 95th percentile: 14.9 Maximum: 39.4

Events per hour AI: 1.7 HI: 0.8 AHI: 2.5

Apnea Index Central: 0.5 Obstructive: 0.8 Unknown: 0.4

RERA Index 0.4

Cheyne-Stokes respiration (average duration per night) 0 minutes (0%)

=====

Compliance: low (usage > 70%)

AHI: normal (normal<5)

Leak: acceptable (< 30 mins)

Standing order for techs, during follow-up auto-CPAP downloads:

1. If AHI > 5 and leak is high, make mask adjustments
2. If AHI > 5 and minimal leak, check AHI breakdown
 - a. If elevated obstructive and/or hypopneas and AHI 5-10, increase minimum pressure by 2 cm H2O. If AHI 11-20, increase min pressure by 3 cm H2O. If AHI > 20, consult with MD/NP.
 - b. If elevated central apneas >5 or periodic breathing > 15%, inform sleep MD/NP
3. If low usage, schedule for phone appointment with tech to discuss and address barriers to PAP compliance.

Plan:

Pt is to continue using machine nightly for at least 4-6 hours.

Follow Up:

RTC in tele clinic reg usage.

=====

AUTOMATED PHONE ORDERING FOR SUPPLIES:

Veterans may request authorized resupplies 8:15-17:15 EST, 5 days a week Monday through Friday at (303) 273-6200, select CPAP option.

EMAIL REQUEST FOR SUPPLIES:

Submit your resupply request via email to dalc.css@va.gov.

The supplies will arrive in 5-10 business days.

To schedule an appt. in the CPAP clinic call 916-843-9350.

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 12/27/2022 16:59

Cardiology

Details

Date entered: December 16, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: HOANG THUY NGUYEN
Signed by: HOANG THUY NGUYEN
Date signed: December 16, 2022

Note

LOCAL TITLE: Cardiology
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: DEC 16, 2022@09:37 ENTRY DATE: DEC 16, 2022@09:37:30
AUTHOR: NGUYEN, HOANG THUY EXP COSIGNER:

URGENCY :
COMPLETED

STATUS :

*** Cardiology Has ADDENDA ***

CARDIOLOGY NP TELEPHONE F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

** Phone/VVC appt per COVID19 protocol. Limitations of telehealth modality explained and Pt/family/caregiver consented to phone/VVC visit **

72MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 72 y/o M routine f/u

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and
mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of
the Circumflex and LAD requiring balloon angio. EF preserved
#hypertension,
#T2DM
#A. fib (on Pradaxa), 6/2019 at Kaiser
#COPD,
#PE 6/2019
#prostate cancer
#HLD
#OSA: CPAP compliant
#ED
#L common iliac artery aneurysm

"I feel much better then I did before thanksgiving, that may have been due to
the weight (loss)"

Wt: intentionally losing wt, have lost 14lbs
Exerise: no regular exercise, still waiting for surgery,

Home VS

highest 127/84

avg 124/63

lowest SBP 103

=====

CARDIAC ROS:

=====

☒N ☐Y CP:

☐N ☒Y SOB: stable, pt feels it's due to his COPD

☒N ☐Y Dizziness:

☒N ☐Y Syncope:

☒N ☐Y Palpitations:

☒N ☐Y Orthopnea:

☒N ☐Y PND:

☒N ☐Y Edema:

☒N ☐Y Myalgias: no new pain, chronic knee and back pain

Other:

no bleeding issues/dark stool

=====

☒N ☐Y TOB:

☒N ☐Y ETOH:

☒N ☐Y ILLICIT DRUGS:

=====

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional	09/30/2019

Features (SCT 55668003)	
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status
=====		
1)	AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE
2)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
4)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
5)	EZETIMIBE 10MG TAB TAKE ONE TABLET BY MOUTH AT	ACTIVE

BEDTIME FOR CHOLESTEROL

6)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY TO PREVENT TROUBLE BREATHING - RINSE MOUTH OUT AFTER USE.	ACTIVE
7)	GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN	ACTIVE
8)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE	ACTIVE
9)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
10)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE (S)
11)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
12)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
14)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
15)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications

Status

- =====
- | | | |
|----|---|--------|
| 1) | Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A
DAY AS NEEDED | ACTIVE |
|----|---|--------|

16 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

=====

LABORATORY/STUDIES: Results reviewed with patient

=====

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							

06/02/2022 11:26	PLASMA	122 H	14	0.76	137	4.0	104

28

05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104

28

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
09/20/2022 08:02	BLOOD	6.5	14.9	45.4	92.8	32.8	266
05/18/2021 08:07	BLOOD	5.0	14.6	45.9	95.0	31.8	241

Collection DT	Spec	HGBA1c
09/20/2022 08:02	BLOOD	7.5 H
05/18/2021 08:07	BLOOD	6.3 H

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
09/20/2022 08:01	PLASM	171	87	55	98	
05/18/2021 08:07	PLASM	127	50	48	69	

Collection DT	Spec	BNP(d/c
04/21/2021 16:35	PLASM	123 H
08/04/2020 08:40	PLASM	19.9

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.

Left ventricular systolic function is normal.

The ejection fraction estimate is 55-60%.

There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.

No significant valvular abnormalities identified.

Unable to estimate the RVSP due to the trivial TR jet.

Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.

Normal right ventricular size and function.

A trivial pericardial effusion is present.

2/2022

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.
Assessment of diastolic parameters indicates a relaxation abnormality of the left ventricle, consistent with normal filling pressures.
The right ventricular systolic function is normal.
The aortic valve is mildly sclerotic without stenosis.
There is trace mitral regurgitation.
There is trace tricuspid regurgitation.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)
STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.
LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.
Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic.
After being placed on the cath table, he became unresponsive. Airway was

secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments: Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial. 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments: Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%..
Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as: Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021 Start: 08:26 AM End: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021Start: 09:47 AMEnd: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. no angina, low risk

MPS

-cont to HOLD ASA 81mg, currently on dabigatran and Plavix, once stop Plavix,

resume ASA indefinitely

-cont Plavix 75mg QD x 30 months (9/24/2023), close monitoring of bleeding

-Beta-blocker: cont metoprolol succinate 12.5mg, prev stopped Bisoprolol due to brady

-cont amlodipine 5mg daily,

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

-use pedal exerciser

- discussed heart healthy diet and exercise as tolerated
- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: need better control. LDL 98

- cont rosuvastatin 40mg QD
- cont Zetia 10mg daily
- repeat FLP

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM), sob stable, pt

tolerating doac

-Rate control: BB as above

-Anticoagulation: cont dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

F/U: 6 months

Completed as a telephone visit for COVID-19 precautions

Total time spent on phone/VVC with patient/caregiver/family: 22 mins

/es/ Hoang Thuy Nguyen, NP

Medical Service, Cardiology

Signed: 12/16/2022 10:31

02/14/2023 ADDENDUM

STATUS: COMPLETED

Fax received from Sutter Auburn Faith for pre-op eval.

Pt undergoing R total knee arthroplasty on 3/6/22

11/2022 MPS old infarct, preserved EF, pt has good functional capacity.

OK to hold plavix 5 days prior to operation.

OK to hold dabigatran 48-96 hours prior to operation depending on bleed risk,

defer bleed risk eval to surgeon.

ASA 81 mg peri-op, stop asa when restart plavix/DAOC

Faxed form back.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 02/14/2023 11:52

Cardiology LVN Note

Details

Date entered: December 9, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BLAINE E ENGBERG

Signed by: BLAINE E ENGBERG

Date signed: December 9, 2022

Note

LOCAL TITLE: Cardiology LVN Note
STANDARD TITLE: CARDIOLOGY NURSING NOTE
DATE OF NOTE: DEC 09, 2022@10:33 ENTRY DATE: DEC 09,
2022@10:33:38
AUTHOR: ENGBERG, BLAINE E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Attempted to contact veteran, left message regarding 12/12/22 in person appointment at 1000. Left name and callback number for any questions.

/es/ BLAINE E ENGBERG
LVN, Cardiology, Mather VA
Signed: 12/09/2022 10:33

Primary Care Secure Messaging

Details**Date entered:** November 18, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** ERIC EDWARD KRAFT**Signed by:** ERIC EDWARD KRAFT**Date signed:** November 18, 2022**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: NOV 18, 2022@12:33 ENTRY DATE: NOV 18,
2022@09:33:51
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/18/2022 12:18 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: General:General Inquiry

Thank you. I had provided him with quite a bit of info on how my rates
disabilities and newly developed medical conditions had effect on my
mobility.

I hope this was helpful in understanding the need.

Ron

/es/ Eric Kraft, LVN
Primary Care
Signed: 11/18/2022 09:33

Receipt Acknowledged By:
11/18/2022 09:36 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

Cardiology Secure Messaging

Details

Date entered: November 16, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** HOANG THUY NGUYEN**Signed by:** HOANG THUY NGUYEN**Date signed:** November 16, 2022

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: NOV 16, 2022@10:52 ENTRY DATE: NOV 16,
2022@07:52:19
AUTHOR: NGUYEN, HOANG THUY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/16/2022 10:51 AM ET
From: NGUYEN, HOANG THUY
To: CAMPBELL, RONALD CLARK
Subject: Test:Nuclear test completed

Good Morning Mr. Campbell,

I had called yesterday to discuss your results with you. The defects seen on your stress test is consistent with your previous MI with mild surrounding ischemia. We will continue to medically manage you and unless there are new symptoms you can proceed with your surgery. Please note your surgeon MAY want to hold Clopidogrel and dabigatran depending

on the bleed risks. If this happens, you will have to take Aspirin 81mg before, during and after the procedure until you can restart clopidogrel and dabigatran. Please discuss this with your surgeon.

We also need to make sure your blood pressure is well controlled. Please start checking your vital signs (2hours after morning medications, ensure you are relaxed, legs uncrossed, arm at heart level) and keep a log of your blood pressure and heart rate. Send me your vital signs in 1-2 weeks.

If you have any questions, please feel free to give me a call at 916-366-5325

Thank you,
Hoang (Linda) Nguyen

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 11/16/2022 07:52

Treadmill 30032

Details

Date entered: November 10, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: DOLPH MARTEL DENNY
Signed by: DOLPH MARTEL DENNY
Date signed: November 10, 2022

Note

LOCAL TITLE: Treadmill 30032
STANDARD TITLE: CARDIOLOGY PROCEDURE NOTE
DATE OF NOTE: NOV 10, 2022@10:10 ENTRY DATE: NOV 10,
2022@10:10:54

AUTHOR: DENNY, DOLPH MARTEL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

CAMPBELL, RONALD CLARK

AGE: 72
GENDER: MALE
HEIGHT: 66.25 in [168.3 cm] (10/07/2022 07:46)
WEIGHT: 191 lb [86.64 kg] (10/12/2022 08:42)

REFERRING PROVIDER: Nguyen, Hoang
PROVIDER PERFORMING TEST: Barnett, Charles
TECHNICIAN: Andrey Melnik

DATE OF TEST: Nov 10, 2022

REASON FOR TEST: CAD
STRESS TEST PROTOCOL: LEXISCAN (pharmacologic)

RESTING HEART RATE: 64 bpm
MAXIMUM HEART RATE: 78 bpm
RESTING BLOOD PRESSURE: 140/86mmHg

RESTING ECG: Sinus Bradycardia
CHEST PAIN: None
ARRHYTHMIAS: None

ST CHANGES: None

CONCLUSIONS: No Lexiscan induced ECG changes

*** SEE SEPARATE RADIOLOGY REPORT FOR NUCLEAR IMAGING RESULTS ***

Preliminary data entered by Andrey Melnik, Nov 10, 2022@10:11; data verified
and
edited for accuracy as necessary. Final interpretation and report by Dolph

Denny, MD.

/es/ DOLPH MARTEL DENNY

MD, FACC; FSCAI

Signed: 11/10/2022 12:51

CONSENT CLINICAL IMED

Details

Date entered: November 10, 2022

Location: NORTHERN CALIFORNIA HCS

Written by: IMEDWEBUSER CVIX

Date signed: None recorded

Note

LOCAL TITLE: CONSENT CLINICAL IMED

STANDARD TITLE: CONSENT

DATE OF NOTE: NOV 10, 2022@07:00:18 ENTRY DATE: NOV 10,
2022@10:00:31

AUTHOR: CVIX, IMEDWEBUSER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Vista Imaging - Scanned Document

Signature Informed Consent for Heart - Stress Test Regadenoson MPI

1. Anatomical Location: See description

2. Informed consent was obtained at 9:47 AM on
11/10/22.

The full consent document can be accessed through Vista Imaging.

3. Patient name: CAMPBELL, RONALD CLARK

4. The patient HAS decision-making capacity.

5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):

To evaluate the function of the heart muscle before and during stress. To detect and assess the risk of significant coronary artery disease. This test helps find blocked arteries to the heart muscle. This test provides a prognosis for those with known coronary blockage(s). This test will help estimate the risk to the heart of an upcoming surgery.

7. Treatment/procedure: This procedure involves using myocardial perfusion imaging (MPI) to compare pictures of the heart at rest and during stress.

A radioactive tracer is used. It is injected in the blood stream. It is taken up by living heart muscle cells. If these cells are able to take up the tracer, then that area of the heart will light up on the images. If there is a significant blockage in the heart arteries, or the heart muscle cells are damaged, then no tracer will be seen. This will produce a dark area on the images. By comparing the rest and stress images, your doctor can determine areas damaged or having decreased blood flow. Regadenoson is a medicine that stimulates the heart muscle without need for exercise. It works by enlarging the heart's blood vessels; allowing good flow through normal vessels and less blood flow through blocked ones. It is generally used for people who cannot tolerate exercise.

Your provider will put an IV (small plastic tube) into a vein. This is usually in your arm. Your provider will also place small stickers on your skin.

These are called electrodes. Your provider attaches these electrodes to a recording machine. This machine is called an electrocardiogram (ECG). This allows the provider to monitor your heart during the procedure. Your provider will inject a small amount of radioactive material through the IV. You will be asked to either sit or lie still in a nuclear camera. This will take pictures of your heart over 10-20 minutes.

Your provider will then inject the Regadenoson through the IV. The radioactive material will be injected again. You will be asked to either sit or lie still in a nuclear camera. A second set of pictures will be taken over 10-20 minutes. When the test is done, your provider will remove the electrodes and IV.

8. No, neither anesthesia nor moderate sedation will be used in this treatment/procedure.

9. Consent to Blood Products (if applicable):

It is not expected that blood products will be used in this treatment/procedure.

10. Practitioner obtaining consent: Charles A. Barnett, MD

11. Supervising practitioner:

12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):

13. Witness Name(s):

14. Comments:

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 11/10/2022
by: IMEDWEBUSER CVIX

Primary Care Secure Messaging

Details

Date entered: October 19, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: October 19, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: OCT 19, 2022@16:28 ENTRY DATE: OCT 19,
2022@14:28:49
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 10/19/2022 05:19 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Kidney stone

Thanks. I saw my Medicare provider in Auburn early today.

Ron

/es/ Eric Kraft, LVN
Primary Care
Signed: 10/19/2022 14:28

Receipt Acknowledged By:
10/19/2022 14:56 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

11/17/2022 ADDENDUM STATUS: COMPLETED
I have completed his DMV forms for disability placard and forwarded to the
front
desk- they will contact him for the next step. Please notify veteran.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 11/17/2022 16:05

Receipt Acknowledged By:
11/18/2022 08:14 /es/ Eric Kraft,
LVN
Primary
Care

Primary Care Secure Messaging

Details**Date entered:** October 19, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** ERIC EDWARD KRAFT**Signed by:** ERIC EDWARD KRAFT**Date signed:** October 19, 2022**Note**

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: OCT 19, 2022@11:21 ENTRY DATE: OCT 19,
2022@09:21:20

AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 10/19/2022 12:21 PM ET

From: KRAFT, ERIC EDWARD

To: CAMPBELL, RONALD CLARK

Subject: Medication:Kidney stone

If this is renal colic or kidney stone pain you need to be seen in ER for pain control depending on severity of it.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 10/19/2022 09:03

/es/ Eric Kraft, LVN

Primary Care

Signed: 10/19/2022 09:21

Primary Care Secure Messaging

Details

Date entered: October 19, 2022

Location: MCCLELLAN VA CLINIC

Written by: ERIC EDWARD KRAFT

Signed by: ERIC EDWARD KRAFT

Date signed: October 19, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: OCT 19, 2022@10:13 ENTRY DATE: OCT 19,
2022@08:13:50

AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 10/19/2022 08:11 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: Medication:Kidney stone

Last night immediate onset of extreme waves of pain in lower left back and side. Cloudy urine and some pain urinating. Haven't had before but from male

family members with experience sounds like classic kidney stones.

This morning I'm increasing water intake and eliminating coffee.

I'm a chronic cluster headache suffer and THIS new pain that may compete with a cluster. INTENSE.

I'm taking 2000 mg of tylenol and gabepentin.

Any other action or medication I should take to help?

Thanks

Ron Campbell.

/es/ Eric Kraft, LVN

Primary Care

Signed: 10/19/2022 08:13

Receipt Acknowledged By:

10/19/2022 09:01 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

10/19/2022 ADDENDUM

STATUS: COMPLETED

please notify veteran that if this is renal colic or kidney stone pain he
would
need to be seen in ER for pain control depending on severity of it.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 10/19/2022 09:03

Receipt Acknowledged By:

10/19/2022 09:21 /es/ Eric Kraft,
LVN

Primary

Care

Cardiology

Details

Date entered: October 12, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: HOANG THUY NGUYEN

Signed by: HOANG THUY NGUYEN**Date signed:** October 12, 2022**Note**

LOCAL TITLE: Cardiology
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: OCT 12, 2022@09:05 ENTRY DATE: OCT 12,
2022@09:05:27
AUTHOR: NGUYEN, HOANG THUY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Cardiology Has ADDENDA ***

CARDIOLOGY NP F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

Patient came in with: ☒ Self
☐ Spouse
☐ Other:

72MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 72 y/o M routine f/u

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES
and
mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis
of
the Circumflex and LAD requiring balloon angio. EF preserved
#hypertension,
#T2DM
#A. fib (on Pradaxa), 6/2019 at Kaiser
#COPD,
#PE 6/2019
#prostate cancer

#HLD

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

8/21/22 Presented to Sutter Auburn for palpitation, SOB and CP, dc from ED.

No

CP since.

Pt is requesting pre-op eval for R knee surgery, he plans to have the surgery after December.

Pt reports he has not been able to do much exercise due to knee/hip/back pain x

5 months. Pt denies any CP but feels his functional capacity has declined, fatigue, and SOB worsened. Although he is not sure if due to deconditioning, COPD or pain.

Home VS

avg 110-120/60s

=====

CARDIAC ROS:

=====

☒N ☐Y CP:☐N ☒Y SOB: feels due to lack of exercise, COPD and knee/back pain. can walk

75-100 yds before having to stop

☒N ☐Y Dizziness:☒N ☐Y Syncope:☒N ☐Y Palpitations:☒N ☐Y Orthopnea:☒N ☐Y PND:☒N ☐Y Edema:☐N ☒Y Myalgias: chronic knee/back pain

Other:

=====

[x]N []Y TOB:
[x]N []Y ETOH:
[x]N []Y ILLICIT DRUGS:

=====

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. Degenerative joint disease of knee (SCT 239873007)	05/06/2022
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	08/12/2022
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status
=====		
1)	AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVEv QD
2)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE QD
4)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE BID
5)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - RINSE MOUTH OUT AFTER USE. TO PREVENT TROUBLE BREATHING	ACTIVE
6)	GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN	ACTIVE
7)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE	ACTIVE
8)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE QD
9)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE QD
10)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
11)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
12)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE QD
13)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT	ACTIVE QD

BEDTIME - TO LOWER CHOLESTEROL.

- 14) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
 FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
 IN 24 HOURS.

Inactive Outpatient Medications

Status

- =====
- 1) GLIPIZIDE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE EXPIRED
 DAILY FOR DIABETES - TAKE WITH LUNCH
- 2) LANCET,SOFTCLIX USE LANCET AS DIRECTED TWO TO THREE EXPIRED
 TIMES A WEEK FOR FINGER STICK.

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A ACTIVE
 DAY AS NEEDED

17 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

=====

EXAM:

=====

Wt: 191 lb [86.64 kg] (10/12/2022 08:42) Measurement DT WEIGHT
 LB(KG)[BMI]
 10/12/2022 08:42 191(86.64)[31*]
 10/07/2022 07:46 188(85.28)[30*]
 02/09/2022 09:36 193(87.54)[29*]
 06/01/2021 09:13 188.9(85.68)[28*]
 Temp: 98 F [36.7 C] (10/12/2022 08:42)
 HR: 60 (10/12/2022 08:42)
 BP: 143/69 (10/12/2022 08:42)

pt ambulated into room in NAD

Neck:jvd not elevated, no hjr

Lungs: diminished, good respiratory efforts,

Cardiac:RRR, S1, S2 no murmurs

Abdomen:soft, ntnd,

Ext:no edema

=====

LABORATORY/STUDIES: Results reviewed with patient

=====

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							

06/02/2022 11:26	PLASMA	122 H	14	0.76	137	4.0	104
28							

05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104
28							

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
09/20/2022 08:02	BLOOD	6.5	14.9	45.4	92.8	32.8	266
05/18/2021 08:07	BLOOD	5.0	14.6	45.9	95.0	31.8	241

Collection DT	Spec	HGBA1c
09/20/2022 08:02	BLOOD	7.5 H
05/18/2021 08:07	BLOOD	6.3 H

09/20/2022 08:02	BLOOD	7.5 H
05/18/2021 08:07	BLOOD	6.3 H

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
09/20/2022 08:01	PLASM	171	87	55	98	
05/18/2021 08:07	PLASM	127	50	48	69	

09/20/2022 08:01	PLASM	171	87	55	98
05/18/2021 08:07	PLASM	127	50	48	69

05/18/2021 08:07	PLASM	127	50	48	69

Collection DT	Spec	BNP
04/21/2021 16:35	PLASM	123 H
08/04/2020 08:40	PLASM	19.9

04/21/2021 16:35	PLASM	123 H
08/04/2020 08:40	PLASM	19.9

08/04/2020 08:40	PLASM	19.9

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.

Left ventricular systolic function is normal.

The ejection fraction estimate is 55-60%.

There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.

No significant valvular abnormalities identified.

Unable to estimate the RVSP due to the trivial TR jet.

Pulmonic valve not well visualized. Doppler interrogation suggests no

pulmonic stenosis is present. Trace pulmonary insufficiency.
Normal right ventricular size and function.
A trivial pericardial effusion is present.

2/2022

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.
Assessment of diastolic parameters indicates a relaxation abnormality of the left ventricle, consistent with normal filling pressures.
The right ventricular systolic function is normal.
The aortic valve is mildly sclerotic without stenosis.
There is trace mitral regurgitation.
There is trace tricuspid regurgitation.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)
STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.
LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.
Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments: Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial. 100% stenosis, reduced to 0%..

Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments: Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%..
Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as: Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021 Start: 08:26 AM End: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021Start: 09:47 AMEnd: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. +worsening SOB and

dec in functional capacity, no angina, will order MPS to risk stratify

-cont to HOLD ASA 81mg, currently on dabigatran and Plavix, once stop Plavix,

resume ASA indefinitely

-cont Plavix 75mg QD x 30 months (9/24/2023), close monitoring of bleeding

-Beta-blocker: cont metoprolol succinate 12.5mg, prev stopped Bisoprolol due to

brady

-cont amlodipine 5mg daily,

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

- use pedal exerciser
- discussed heart healthy diet and exercise as tolerated
- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: need better control. LDL 98

- cont rosuvastatin 40mg QD
- start Zetia 10mg daily

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM)

- Rate control: BB as above
- Anticoagulation: cont dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

TOTAL TIME SPENT: 35 minutes reviewing records, labs/studies, speaking with Veteran on phone or in person about above conditions and management plan, and documenting episode of care

F/U:35

PPE during encounter: Patient and CG wore facemask, provider wore double face mask, face shield, gloves during visits, surfaces wiped after visit.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 10/12/2022 09:54

11/15/2022 ADDENDUM

STATUS: COMPLETED

Reviewed MPS results with Dr. Lam and he recommend to continue medical mgmt.

Preoperative evaluation

Patient is undergoing R knee replacement. Unable to determine METS as mobility limited by knee pain. RCRI (Lee criteria) 6.6%. moderate risk. MPS consistent with prior MI event, will continue to medically manage, no further cardiac work-up or intervention will alter pt's risk.

Recommendations:

-No additional cardiac testing indicated at this time as long as pt remains active and asymptomatic without change compared to previous cardio visit on 10/2022
-Can hold Pradaxa 48 hours prior if low procedural bleed risk, and Plavix 5 days prior, but would start pt on ASA 81mg if stopping plavix/pradaxa. Restart dual therapy (Plavix and Pradaxa) as soon as safe.

Called pt at this time to discuss MPS results, no answer, lvm with name, nature of call and clinic #. Will await call back.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 11/15/2022 17:46

Receipt Acknowledged By:

11/16/2022 10:05 /es/ Matthew Lam,
MD

Staff Physician,

Cardiology

Cardiology LVN Note**Details**

Date entered: October 11, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BLAINE E ENGBERG
Signed by: BLAINE E ENGBERG
Date signed: October 11, 2022

Note

LOCAL TITLE: Cardiology LVN Note
STANDARD TITLE: CARDIOLOGY NURSING NOTE
DATE OF NOTE: OCT 11, 2022@15:07 ENTRY DATE: OCT 11,
2022@15:07:04
AUTHOR: ENGBERG, BLAINE E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Contacted veteran, verified DoB. Confirmed in person appointment for
10/12/22 at
0900. Veteran denies cough, headache, fever, aches/pains or recent exposure
to
anyone COVID positive.

/es/ BLAINE E ENGBERG
LVN, Cardiology, Mather VA
Signed: 10/11/2022 15:07

COMMUNITY CARE-CARE COORDINATION PLAN NOTE

Details

Date entered: October 7, 2022
Location: MARTINEZ VA MEDICAL CENTER
Written by: ALEXIA VERLENA STEWART
Signed by: ALEXIA VERLENA STEWART
Date signed: October 7, 2022

Note

LOCAL TITLE: COMMUNITY CARE-CARE COORDINATION PLAN NOTE
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: OCT 07, 2022@15:21 ENTRY DATE: OCT 07,
2022@15:22:03
AUTHOR: STEWART,ALEXIA VERL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Community Care Consult:
Consult No: 5568947
HSRM Referral #:

Chief Complaint: Other specified Arthritis, right Knee

Level of Care Coordination
Basic
Care Coordination was determined from:
Chart Review

Facility Community Care Office Contact
Care Coordination Point of Contact: Community Care Service
Phone Number: (707) 562-8430

Services:
Navigation
Scheduling
Post-Appointment Follow-Up
E-Communications to referring provider

Plan:
Assist PRN with communication between Community Care providers and the interdisciplinary VA team. Coordinate appropriate patient care along the continuum of the Community Care Consult.

/es/ ALEXIA VERLENA STEWART
ALEXIA STEWART
Signed: 10/07/2022 15:28

Orthopedics Consult

Details

Date entered: October 7, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DORRIT AHBEL

Signed by: DORRIT AHBEL

Date signed: October 7, 2022

Note

LOCAL TITLE: Orthopedics Consult

STANDARD TITLE: ORTHOPEDIC SURGERY CONSULT

DATE OF NOTE: OCT 07, 2022@07:44 ENTRY DATE: OCT 07,
2022@07:44:46

AUTHOR: AHBEL, DORRIT

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

SUBJECT: R

knee

Active in ukulele group. Married to second wife, who recently had TKA.

R knee injury required surgery in 1969 at Naval Academy, recalled as meniscectomy and ACL debridement. Sent to VietNam, where instability a problem.

Medically discharged in 1970.

Two R knee arthroscopies in Edmonds, WA in 1981 and 1982: Staph infection found and treated; ACL reconstruction not performed.

R knee sx flared recently without recalled injury or overuse. Now "nearly unbearable." Taking acetaminophen 2000 mg/day. (On blood thinner.) Using cane for about 2 weeks. Knee feels swollen and unstable. He nearly fell getting OOB recently.

9/13/22:

"Examination demonstrates no acute osseous abnormalities. There is no evidence of fracture or dislocation. No osteolytic or osteoblastic lesions are seen. Decreased joint space noted in all 3 compartments in the right knee, especially laterally. Visualized 2 compartments in the left knee are well-maintained. Small amount of joint effusion with calcification seen in the suprapatellar space. Normal bone mineralization is noted for patient of 72 years old.

Impression:

Tricompartmental degenerative joint disease with moderate to advanced osteoarthritic changes, especially laterally, on the right without acute osseous abnormalities appreciated in both knees."

NAD. BMI 30.18. R knee ROM about 5 to 110 degrees. Large arthrotomy incisions, well-healed. Tr effusion without warmth. Laxity to stress testing, esp ant draw. Pivot shift attempt painful. Supine hip ROM without pain. L knee exam
ess nl. No edema.

R knee DJD with instability. Medical problems.

Discussed. Pt has Sutter ins as well as VA coverage. (Switched from Kaiser recently.) Hinged wrap-around knee support provided: "Great. Might not need the cane."

Orthoinfo.org printout. Comm Care referral entered--pt prefers Roseville area.

He will need medical optimization documented in med record. Recheck here as needed.

/es/ Dorrit Ahbel, MD

Orthopaedic Surgeon

Signed: 10/07/2022 08:44

	TRIGLYCERIDE	87	mg/dL	
<=150				
	LDL CHOLESTEROL	98	mg/dL	
<=160				
972901 - SCH 0920 128 Collected on: Sep 20 2022				
MICROALBUMIN (RANDOM URINE)				
	Albumin, Urine	0.70	mg/	
dL				
	Creatinine, Urine	130.1	mg/dL	27 -
300				
	mAlb/Creat mg/g	5.4	mg/g Creat	0 -
29				
972901 - SHEM 0920 262 Collected on: Sep 20 2022				
CBC (w/reflex Diff)				
	WBC	6.5	K/cmm	4.8 -
10.8				
	RBC	4.89	M/cmm	4.7 -
6.1				
	HGB	14.9	g/dL	14 -
18				
	HCT	45.4	%	42 -
52				
	MCV	92.8	fL	80 -
99				
	MCH	30.5	uug	27 -
34				
	MCHC	32.8	gm/dL	31.8 -
35.3				
	RDW-SD	45.6 H	fL	35.1 -
43.9				
	PLT	266	K/cmm	130 -
400				
	MPV	10.7	fL	9.1 -
12.5				
	NEUT %	55.4	%	40 -
80				
	LYMPH %	30.1	%	20 -
51				

13.0	MONO %	11.6	%	2.0 -
7.0	EOS %	2.8	%	0.5 -
2.0	BASO %	0.8	%	0 -
<=4.9	IG %	0.5	%	
3.4	LYMPH #	2.0	K/cmm	1.2 -
1.2	MONO #	0.8	K/cmm	0.2 -
7.9	NEUT #	3.6	K/cmm	1.5 -
0.5	EOS #	0.2	K/cmm	0.1 -
0.2	BASO #	0.1	K/cmm	0.0 -
<=0.4	IG #	0.0	K/cmm	

972901 - SSC 0920 130 Collected on: Sep 20
2022

HGBA1c & eAG

5.7	HGBA1c	7.5 H	%	4.1 -
118	eAG	169 H	mg/dL	74 -

972901 - SUA 0920 11 Collected on: Sep 20
2022

URINALYSIS

8.0	URINE PH	5.5		5.0 -
TRACE	URINE PROTEIN	Negative	mg/dL	NEG -
NEG	URINE GLUCOSE	Negative	mg/dL	
NEG	URINE KETONES	Negative	mg/dL	
NEG	URINE BILIRUBIN	Negative		

NEG	URINE BLOOD	Negative		
NEG	URINE NITRITE	Negative		
1.0	UR. UROBILINOGEN	Negative	mg/dL	0.2 -
NEG	LEUKOCYTE ESTERASE	Negative	Leu/uL	
1.035	SPECIFIC GRAVITY	1.023		1.003 -
YELLOW	URINE COLOR	LT.		
	APPEARANCE			
	Clear			
	1220880 - LC 0920 34	Collected on: Sep 20		
	2022			
	OTHER LC TESTS			
230	SEROTONIN	59	ng/mL	23 -
	1220880 - LC 0920 36	Collected on: Sep 20		
	2022			
	TESTOSTERONE, FREE MS/DIALYSIS			
	TESTOSTERONE, SERUM (TOTAL	321	ng/	
	dL			
	% FREE TESTOSTERONE (DIAL	1.1		
	%			
	FREE TESTOSTERONE, SERUM	35 L	pg/	
	mL			
	1220880 - SCH 0920 130	Collected on: Sep 20		
	2022			
	OTHER SCH TESTS			
679	TESTOSTERONE (TOTAL)	256	ng/dL	198 -

Sincerely,

/es/ Parvez S. Islam, MD
Physician, Primary Care

Patient Record Number 7468482

Primary Care Secure Messaging

Details

Date entered: September 22, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** ERIC EDWARD KRAFT**Signed by:** ERIC EDWARD KRAFT**Date signed:** September 22, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 22, 2022@17:00 ENTRY DATE: SEP 22,
2022@15:00:47
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/22/2022 05:50 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: General:Sunday Aug 21

I was contacted by somebody from McClellan today asking about a visit to Sutter Face hospital ER in Auburn on the 21st.

The individual thought we were talking about yesterday September 21 however the visit to Auburn Faith took place on Sunday, August 21.

I found myself experiencing shortness of breath erratic blood pressure high and low erratic pulse rate. I contacted veterans administration Advice nurse who didn't even triage me they told me to immediately proceed to the closest ER.

in the last three years I had experienced the same symptoms twice. In 2019 I was transported by an aide car to Kaiser Roseville and treated for multiple pulmonary embolisms. Last year I experienced similar symptoms and was again rushed to Kaiser Roseville experiencing to myocardial infarctions and coding out twice.

Both the triage nurse with her experience and myself with my limited experience believed these symptoms could have been an indication of a life-threatening situation.

I was stabilized at Sutter faith and discharged with no reoccurrence of the symptoms

/es/ Eric Kraft, LVN
Primary Care
Signed: 09/22/2022 15:00

Receipt Acknowledged By:
09/22/2022 15:12 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

09/22/2022 ADDENDUM

STATUS: COMPLETED

thanks for the updae.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 09/22/2022 15:13

Neurology Telephone Note

Details

Date entered: September 21, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: September 21, 2022

Note

LOCAL TITLE: Neurology Telephone Note

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: SEP 21, 2022@13:17 ENTRY DATE: SEP 21,
2022@13:17:10

AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

NEUROLOGY NP PHONE CLINIC

The following identifiers were used to identify the Veteran:

Full Name

Full Date of Birth/Last Four of SSN

CAMPBELL,RONALD CLARK is a 72 Y.O. MALE.

PRESENTING COMPLAINTS: Chronic cluster headache

INTERVAL HISTORY: At last visit, 02 was renewed. Galcanezumab was reordered (see 9/16/22). Also see patient's questions from messaging on 9/14/22. Patient states

his headaches have improved a little. Patient was at his daughter's wedding on 8/16 and took prednisone regimen for that which worked wonderfully. After tapering off prednisone, the headaches came back and patient realized he had missed one month of galcanezumab. Patient states first 20 days after the medication is very good - headaches are seldome. Then, he uses oxygen.

PREVIOUSLY TRIED HEADACHE MEDS:

Verapamil 120mg - symptomatic bradycardia

Frovatriptan - stopped after MI in 3/2021

DHE-45 - stopped after MI in 3/2021

Galcanezumab 300mg/Qmonth (2022-current)

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN,HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN,ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN,LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN,ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN,ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN,ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
7. Degenerative joint disease of knee (SCT	05/06/22	
ISLAM,PARVEZ S		
239873007)		
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004)	12/03/19	HAN,ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/20	
NICKERSON,GASON		

Added from station 654 as a result of CBOC move.

10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003) 09/30/19 LWIN, HTWE H

Added from station 654 as a result of CBOC move.

11. Polyp Colon (SCT 68496003) 09/30/19 LWIN, HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019

Added from station 654 as a result of CBOC move.

12. History of malignant neoplasm of prostate 11/05/16
FIECHTNER, BRIDG

13. Dysthymia 02/08/16
BAHTEN, REGINA S

14. Chronic pain syndrome 12/08/15
BAHTEN, REGINA S

15. Cervical radiculitis (SNOMED CT 11049006) 07/23/14 LEE, JEAN

16. Depressive Disorder NOS * 04/02/14
BAHTEN, REGINA S

17. Chronic cluster headache (SNOMED CT 230473009) 01/25/21
NICKERSON, GASON

18. Chronic obstructive lung disease 06/24/19
FIECHTNER, BRIDG

"severe" (nonVA)

19. Benign hypertension 11/26/13 CHANG, MYO S

20. Hyperlipidemia (SNOMED CT 55822004) 11/05/16
FIECHTNER, BRIDG

21. Type 2 diabetes mellitus (SNOMED CT 44054006) 11/05/16
FIECHTNER, BRIDG

22. Headache (SNOMED CT 25064002) 08/12/22
NICKERSON, GASON

23. Carcinoma, Prostate 11/26/13 CHANG, MYO S

24. Arthralgias NOS 11/26/13 CHANG, MYO S

25. Impotence 11/26/13 CHANG, MYO S

26. Vitamin D deficiency (SNOMED CT 34713006) 11/26/13 CHANG, MYO S

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHEST PAIN -DO NOT TAKE WITH	ACTIVE

GRAPEFRUIT JUICE.

2)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
4)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
5)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - RINSE MOUTH OUT AFTER USE. TO PREVENT TROUBLE BREATHING	ACTIVE
6)	GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN	ACTIVE
7)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE	ACTIVE (S)
8)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE (S)
9)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
10)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
11)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
12)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications

Status

=====	
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED

13 Total Medications

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

EXAMINATION

GENERAL: socially appropriate, respirations regularly and unlabored

MENTAL STATUS: appropriate, oriented to purpose of visit, normal speech and language

LABS

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	B12	351	pg/ml	211 - 911

Collection DT	Spec	Tsh
06/20/2019 09:28	SERUM	1.44

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
06/02/2022 11:26	PLASM	137	4.0	104	28	9.0

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR(MD)	eGFR CK
06/02/2022 11:26	PLASM	122 H	14	0.76		>90
05/18/2021 08:07	PLASM	114	13	0.83	>60	

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST
06/02/2022 11:26	PLASM	6.1 L	4.1	0.7		66	25

09/20/2022

Test Name	Result	Units	Range
TESTOSTERONE (TOTAL)	256	ng/dL	198 - 679

STUDIES

Date	Procedure	CPT	Status	Case #
02/03/2014	CT HEAD W/O	70450	Verified	602

No acute intracranial abnormality.

IMPRESSION

Chronic cluster headache. Since his MI s/p PCI to LCx and LAD on 3/24/21, he has stopped DHE-45 and frovatriptan. Cluster headaches improving after prednisone x 21days and missing one dose of galcanezumab. Discussed to continue current regimen and O2 as treatment and prednisone will be sparingly used i.e. attending wedding.

PLAN

- Pending serotonin level
- Cont. O2 via mask 10L/min PRN
- Cont. galcanezumab 300mg Qmonthly
- Cont. CPAP
- Cont. f/u with cardiology
- f/u in 5/2023 TELE to renew O2

START TIME: 1320

END TIME: 1335

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 09/21/2022 13:38

Neurology Secure Messaging

Details

Date entered: September 16, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: September 16, 2022

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: SEP 16, 2022@13:39 ENTRY DATE: SEP 16,
2022@11:39:51

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 09/15/2022 10:39 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@" data-bbox="68 298 417 317" data-label="Text">Subject: Medication:Emgality

Attachments: D93F2326-958E-4115-80F5-6A5619FCF928.png (319.44 KB)

This medication is the only prophylaxis option for the chronic cluster
headaches that reduces the frequency and severity of the attacks

There are no refills remaining

Please renew this prescription

Regards

Ron Campbell

-----Original Message-----

Sent: 09/16/2022 02:39 PM ET

From: NICKERSON, GASONG YUN

To: CAMPBELL, RONALD CLARK

Subject: Medication:Emgality

Medication re-ordered today. Thank you.

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 09/16/2022 11:39

Neurology Secure Messaging

Details

Date entered: September 16, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: September 16, 2022

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: SEP 16, 2022@10:02 ENTRY DATE: SEP 16,
2022@08:02:45

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 09/14/2022 01:55 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Appointment:Appointment

Thanks for the very concise info on the issues I noted.

PREDNISONE - Since my objective is to increase the level of the QUALITY of my

life the potential side effects, even if I only encountered a few, would be

counterproductive to this objective. I will pass for now

TESTOSTERONE - Has not been measured. The study I referenced noted lower levels in post radical prostatectomy patients.

I will follow up here with an endocrinologist.

SEROTONIN - Also has never been measured. I have taken regimens of 10Mg/day of

Melatonin in the past with no apparent impact on the headaches. Again FU with

an endocrinologist.

Thanks again After over 30 years with this disease I try and stay diligent with investigations into possible solutions. It would be way easier to just give up.
But that just doesn't seem to be me.

Ron Campbell
Meadow Vista

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 09/16/2022 08:02

Primary Care Secure Messaging

Details

Date entered: September 15, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: September 15, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 15, 2022@13:11 ENTRY DATE: SEP 15, 2022@11:11:37
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/15/2022 02:11 PM ET
From: KRAFT, ERIC EDWARD
To: CAMPBELL, RONALD CLARK

Subject: Appointment:Endocrinologist referral

The requested labs are ordered- make sure to come in fasting to do it.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 09/15/2022 08:33

/es/ Eric Kraft, LVN
Primary Care
Signed: 09/15/2022 11:11

Primary Care Secure Messaging

Details

Date entered: September 14, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: September 14, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 14, 2022@17:12 ENTRY DATE: SEP 14,
2022@15:12:28
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/14/2022 02:09 PM ET
From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan
Subject: Appointment:Endocrinologist referral

I've suffered from chronic cluster headaches for over 30 years. Recently I came across a new study and discuss that study with Neurology. Two issues showed an increased propensity for cluster headaches in the sampling group. these issues were lower than normal testosterone levels and serotonin and levels. Study additionally showed that the lower testosterone levels were wewith patients who had had a which had had radical prostatectomy

I've never had a serotonin or testosterone level tested before. Prior to proceeding down any treatment paths Neurology noted these test would be performed by an endocrinologist

Is it possible to complete these tests?

Neurology notes could not be attached to this email. They may be on my MR or I can try again on a separate email.

Regards

Ron
Campbell

/es/ Eric Kraft, LVN
Primary Care
Signed: 09/14/2022 15:12

Receipt Acknowledged By:
09/15/2022 08:32 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

09/15/2022 ADDENDUM STATUS: COMPLETED
The requested labs are ordered- make sure to come in fasting to do it.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 09/15/2022 08:33

Receipt Acknowledged By:
09/15/2022 11:11 /es/ Eric Kraft,
LVN
Primary
Care

Neurology Secure Messaging

Details

Date entered: September 14, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: GASONG YUN NICKERSON
Signed by: GASONG YUN NICKERSON
Date signed: September 14, 2022

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: SEP 14, 2022@12:14 ENTRY DATE: SEP 14,
2022@10:14:58
AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/12/2022 10:29 AM ET
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Medication:Prednisone - Cluster headaches

Clusters are slowly returning following cessation of 10 Mg daily of prednisone

2 weeks ago

Last week I requested an appoint to discuss new findings in relation between the hypothalamus, serotonin, testosterone and post radical prostatectomy patients and clusters.

I would like to add a discussion about low dose prednisone regime as a possible prophylaxis for clusters.

The prednisone was effective in eliminating the headaches during the period we had targeted

Ron Campbell

-----Original Message-----

Sent: 09/14/2022 01:14 PM ET

From: NICKERSON, GASONG YUN

To: CAMPBELL, RONALD CLARK

Subject: Medication:Prednisone - Cluster headaches

I ordered a follow up appointment, so staff will get back to you for scheduling. Such discussion will need a visit, not over messaging.

However, to give you simple answers, understanding your situation about prednisone, even if it's low dose, long term use of prednisone will come with its own risks and deleterious side effects that include but not limited to weight gain, Cushingoid facies, easy bruising and skin fragility, cataracts, aseptic necrosis of the femoral or humeral heads, hypertension, diabetes, infection, and osteoporosis. Especially given that you are diabetic, I would not recommend this as a treatment.

Also, for testosterone replacement therapy, it is expected to see low testosterone for anyone in our age group if found to be low. I do not do hormonal replacement therapy and it's not neurology that does it anyway. If needed, you can discuss that with an endocrinologist.

For serotonin issues, some antidepressants are used for migraine prevention and
if you would like some of those medications, we can discuss additional medication options at the visit.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 09/14/2022 10:14

Primary Care Secure Messaging

Details

Date entered: September 14, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: September 14, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 14, 2022@10:38 ENTRY DATE: SEP 14,
2022@08:38:53
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/14/2022 08:39 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:Right Knee X-ray

I completed the X-Ray yesterday.
Procedure was more painful than I expected due to the new X-Ray equipment

requiring the patient stand with the injured unstable knee bent in an awkward position.

Looking forward to the reclining feature of the MRI!

Ron Campbell
Meadow Vista

/es/ Eric Kraft, LVN
Primary Care
Signed: 09/14/2022 08:38

Primary Care Secure Messaging

Details

Date entered: September 2, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: September 2, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 02, 2022@17:43 ENTRY DATE: SEP 02, 2022@15:43:29
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/02/2022 06:43 PM ET
From: KRAFT, ERIC EDWARD
To: CAMPBELL, RONALD CLARK
Subject: Appointment:Orthopedic referral

I agree 100% but joint MRI is only ordered by Ortho in VA- we need Xray to get to Orthopedics.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 09/02/2022 15:23

/es/ Eric Kraft, LVN
Primary Care
Signed: 09/02/2022 15:43

Primary Care Secure Messaging

Details

Date entered: September 2, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: September 2, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 02, 2022@16:37 ENTRY DATE: SEP 02, 2022@14:37:19
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/01/2022 12:33 PM ET
From: KRAFT, ERIC EDWARD

To: CAMPBELL, RONALD CLARK
Subject: Appointment:Orthopedic referral

Please notify veteran that referral to ortho is sent but he needs a more recent

knee Xray and it has been ordered to be done at MCCL.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 08/31/2022 11:28

-----Original Message-----

Sent: 09/01/2022 12:49 PM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Appointment:Orthopedic referral

Thanks

X-ray results will be limited

Ligament removal without repair or replacement performed during previous surgeries is primary contributor to arthritis, meniscus deterioration and instability issues.

In all probability an MRI will be required to provide a clear picture of the

problem. Last evaluation was in 2001 with all details included in the patient's disability rating summary

Please advise if just the x-ray needs to be done before an MRI is ordered.

Regards.

Ron Campbell

/es/ Eric Kraft, LVN
Primary Care
Signed: 09/02/2022 14:37

Receipt Acknowledged By:

09/02/2022 15:22 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

09/02/2022 ADDENDUM

STATUS: COMPLETED

I agree 100% but joint MRI is only ordered by Ortho in VA- we need Xray to
get
to Orthopedics.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 09/02/2022 15:23

Receipt Acknowledged By:

09/02/2022 15:43 /es/ Eric Kraft,
LVN

Primary

Care

Primary Care Secure Messaging

Details

Date entered: August 31, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** ERIC EDWARD KRAFT**Signed by:** ERIC EDWARD KRAFT**Date signed:** August 31, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: AUG 31, 2022@11:55 ENTRY DATE: AUG 31,
2022@09:55:35

AUTHOR: KRAFT, ERIC EDWARD

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 08/31/2022 01:23 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Appointment:Orthopedic referral

Right knee service connected issue has been exacerbated. Swelling, pain, instability has all increased substantially also effecting left knee, hip and back issues
Daily tasks difficult to complete

Request ortho referral to assess
Knee had ACL, other ligaments and meniscus removed in 1969. Years of wear and resulting atrophy of the right leg has taken its toll.

/es/ Eric Kraft, LVN
Primary Care
Signed: 08/31/2022 09:55

Receipt Acknowledged By:
08/31/2022 11:26 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

08/31/2022 ADDENDUM STATUS: COMPLETED
Please notify veteran that referral to ortho is sent but he needs a more recent knee Xray and it has been ordered to be done at MCCL.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 08/31/2022 11:28

Receipt Acknowledged By:

09/01/2022 09:33 /es/ Eric Kraft,
LVN

Primary

Care

Primary Care Secure Messaging

Details

Date entered: August 22, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** ERIC EDWARD KRAFT**Signed by:** ERIC EDWARD KRAFT**Date signed:** August 22, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: AUG 22, 2022@10:40 ENTRY DATE: AUG 22,
2022@08:40:18

AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 08/21/2022 11:47 AM ET

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: General:911 order from advice VA nurse

I experienced heart palpitations. racing heart rate, chest pain. dizziness and disorientation and a Cardia readout suggested possible AFIB event this morning.

VA advice nurse after hearing possible AFIB stopped the triage short and said I

needed to hang up and call 911.

I am currently in ED at Sutter Faith hospital in Auburn being treated.

This is for mVA information only as I am required to advise VA of outside emergency treatment in a short period of time for billing purposes

Regards

Ronald C Campbell

/es/ Eric Kraft, LVN

Primary Care

Signed: 08/22/2022 08:40

Receipt Acknowledged By:

08/22/2022 10:33 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

08/22/2022 08:45 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

COMMUNITY CARE-EMER SELF PRESENTING CARE COORD PLAN NOTE

Details

Date entered: August 20, 2022

Location: MARTINEZ VA MEDICAL CENTER

Written by: MELINDA ANN BUCKMASTER

Signed by: MELINDA ANN BUCKMASTER

Date signed: September 7, 2022

Note

LOCAL TITLE: COMMUNITY CARE-EMER SELF PRESENTING CARE COORD PLAN

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: AUG 21, 2022@00:01 ENTRY DATE: SEP 07,
2022@16:18:16

AUTHOR: BUCKMASTER, MELINDA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** COMMUNITY CARE-EMER SELF PRESENTING CARE COORD PLAN NOTE Has ADDENDA

Emergency Notification Intake

Date Presenting to the Facility: Aug 21, 2022

Method of Contact:

Notified from ECAT worklist

Notification ID: C-20220824204006135

HSRM Referral #: Closed - Submit for 1725/1728

Community Hospital Name:

Hospital: SUTTER AUBURN FAITH

Address:

City: AUBURN

State: CA

Zip Code: 95602

Phone :

Community Facility Point of Contact:

Name:

Phone:

Chief complaint: HIGH BLOOD PRESSURE

Primary Diagnosis:

Disposition

Discharged

Date of discharge: Aug 21, 2022

Discharge to home

MED RECS IN JLV

RCR-CCN-CARE COORDINATION NOTATION-ALERTING PACT TEAM

LOCAL - MCCLELLAN VA CLINIC (612GH)

PACT: NSAC PACT PURPLE (Focus: Primary Care Only)

Designated Wh Pcp: ISLAM, PARVEZ S || PHONE: 9168437000

Care Manager:

CHEEVER-VEGA, DIANE || PHONE: 9165617000

/es/ Melinda Ann Buckmaster

PROGRAM SUPPORT ASSISTANT

Signed: 09/07/2022 16:22

Receipt Acknowledged By:

09/22/2022 08:32 /es/ James B. Painter,
RN

RN Case Manager, Primary Care

Clinic

for DIANE CHEEVER-

VEGA

09/08/2022 07:40 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

09/22/2022 ADDENDUM

STATUS: COMPLETED

VET WAS CALLED AND HE GIVES TWO IDS FOR ID. HE REPORTS HIS BP HAS BEEN FINE
SINCE HE WAS SEEN AT AUBURN FAITH LAST MONTH. HE AGREES TO CALL IF HE NEEDS
FOLLOW UP.

/es/ James B. Painter, RN

RN Case Manager, Primary Care Clinic

Signed: 09/22/2022 08:35

PACT Primary Care Nursing Clinic Note

Details

Date entered: July 25, 2022**Location:** LOUIS A. CONTER VA CLINIC**Written by:** APRIL MARIE TINGLER**Signed by:** APRIL MARIE TINGLER**Date signed:** July 25, 2022

Note

LOCAL TITLE: PACT Primary Care Nursing Clinic Note
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: JUL 25, 2022@10:35 ENTRY DATE: JUL 25,
2022@10:35:39
AUTHOR: TINGLER, APRIL MARIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Patient requesting refill Tiotropium.

Prescribed as maintenance for asthma and severe COPD

Please renew this medication. I have about 8 days remaining

Thank you

/es/ APRIL MARIE TINGLER, LVN
Auburn CBOC
Signed: 07/25/2022 10:37

Receipt Acknowledged By:
07/25/2022 16:21 /es/ Lily E. Jamm,
MD
Staff Physician, Primary
Care

Cardiology Secure Messaging**Details**

Date entered: July 15, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROSEMARIE P MACALISANG
Signed by: ROSEMARIE P MACALISANG
Date signed: July 15, 2022

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: JUL 15, 2022@16:07 ENTRY DATE: JUL 15,
2022@14:07:32
AUTHOR: MACALISANG, ROSEMARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 07/14/2022 04:44 PM ET
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Medication:Paxlovid and Blood thinners

I picked up Plaxovid today after a positive COVID test.
Primary care provider wrote the prescription requiring cessation of the
Pradaxa, Rosuvastatin and Clopidogrel for the 5 day Plaxovid schedule.

In 2021 I failed to check medication interactions with cardio when a
primary
care physician wrote them
It contributed to two myocardial infarction a and coding events last
year.

I am much more cautious now.

Is it ok to stop the statin and blood thinners for 5 days?

I'm trying to get an answer before the Plaxovid window following
introduction
of symptoms closes.

IMPORTANT. PLEASE HELP US

Ron

2701

-----Original Message-----

Sent: 07/15/2022 05:07 PM ET

From: MACALISANG, ROSEMARIE P

To: CAMPBELL, RONALD CLARK

Subject: Medication:Paxlovid and Blood thinners

Hi Mr. Campbell, I will forward this inquiry to your Cardiology Provider and will get back with you once I get the response.

/es/ Rosemarie P. Macalisang, RN

RN Care Manager, Cardiology Clinic/SAC

Signed: 07/15/2022 14:07

Receipt Acknowledged By:

07/19/2022 16:28 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

07/19/2022 ADDENDUM

STATUS: COMPLETED

called pt at this time, idx2, pt states he is feeling better, have been holding statin, plavix, and pradaxa. Tonight is last dose of paxlovid. Per NIH guideline, pt to cont to hold 2-3days after treatment.

Pt at inc risk for clots given AF. Teams msg with AC pharmD Ono to help review and consider switch to DOAC that's can be taken with palovid.

PharmD Ono, would appreciate your help with calling pt to discuss care of plan.
Thank you.

/es/ Hoang Thuy Nguyen, NP

Medical Service, Cardiology

Signed: 07/19/2022 17:12

Receipt Acknowledged By:

07/25/2022 12:14 /es/ Gregory H. Ono,
Pharm.D.

Anticoagulation Clinical Pharmacy

Specialist

07/19/2022 ADDENDUM

STATUS: COMPLETED

Contacted patient by phone re: DDI paxlovid and dabigatran
Verified ID x2

Background:

Coadministration of dabigatran (75 mg single dose) and nirmatrelvir/
ritonavir
(300/100 mg twice daily) increased dabigatran Cmax and AUC by 133% and 95%
(n=24).[1]

Indication for anticoagulation: atrial fibrillation, h/o PE
CHADSVASc: 3

S:

Pt states he will take last dose of his course of Paxlovid this evening.
Is requesting instructions on what to do regarding medications.

A:

For patients with atrial fibrillation, guidelines recommend holding
dabigatran during course of paxlovid and for 2 days after.[3] For patients
with atrial fibrillation an alternative anticoagulant (aspirin, alternative
doac, or LMWH) during this time can be considered. However pt will
complete
therapy this evening.

To facilitate anticoagulation coverage, will have pt restart clopidogrel
tomorrow (day 1 after therapy) and restart dabigatran (day 2 after
therapy).

P:

Recommend pt restart clopidogrel tomorrow 7/20/22
Recommend pt restart dabigatran thurs evening 7/21/22
Recommend pt restart rosuvastatin thurs evening 7/21/22

Gave pt instructions over the phone, pt stated understanding.

=====

References:

- [1] Pfizer Labs: Fact sheet for healthcare providers: Emergency Use Authorization for PAXLOVID(TM). US Food & Drug Administration (FDA). Silver Spring, MD. 2022.
- [2]. University of Liverpool COVID-19 Drug Interactions website: Liverpool COVID-19 Interactions (covid19-druginteractions.org) (Accessed 6/10/22)
- [3]. COVID-19 Treatment Guidelines Panel. Coronavirus Disease 2019 (COVID-19) Treatment Guidelines. National Institutes of Health. Available at <https://www.covid19treatmentguidelines.nih.gov/>. Accessed [6/10/22].
- [4]. Anticoagulation Forum. ACE resource center Covid-19>Drug interactions in Covid 19. Available at: www.acforum.org
- [5]. Apixaban FDA package insert. Available at: [label \(fda.gov\)](http://label.fda.gov) Accessed 5/27/22.
- [6]. Xarelto FDA package insert. Available at: [Xarelto \(rivaroxaban\) tablets label \(fda.gov\)](http://Xarelto(rivaroxaban).label(fda.gov)) Accessed 5/27/22.
- [7]. Dabigatran FDA package insert. Available at: [PRADAXA \(dabigatran etexilate mesylate\) capsules for oral use Label \(fda.gov\)](http://PRADAXA(dabigatranetexilate).label(fda.gov)). Accessed 5/27/22.
- [8]. Exodaban FDA package insert. Available at: [SAVAYSA \(edoxaban\) tablets Label \(fda.gov\)](http://SAVAYSA(edoxaban).label(fda.gov)). Accessed 5/27/22.

/es/ Gregory H. Ono, Pharm.D.

Anticoagulation Clinical Pharmacy Specialist

Signed: 07/19/2022 18:09

Sleep Clinic Telephone Note

Details

Date entered: July 15, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DOMINGO BARRERA MADRIAGA

Signed by: DOMINGO BARRERA MADRIAGA

Date signed: July 15, 2022

Note

LOCAL TITLE: Sleep Clinic Telephone Note
STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 15, 2022@12:43 ENTRY DATE: JUL 15,
2022@12:43:26
AUTHOR: MADRIAGA, DOMINGO BA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Veteran send a secure message. Patient was called at 12:40pm. Veteran identified himself by his last four and DOB.

Patient stating that he has covid and he needs to change his mask as the strap was broken when he coughed.

Also educate patient to clean his CPAP supplies/mask as often especially the mask cushion.

Veteran requested for new mask supplies and was ordered through ROES.

- 1- Respironics Amara view
- 3- Amara View large cushion

/es/ DOMINGO MADRIAGA, RPSGT, RST,CCSH
MIT-POLYSOMNOGRAPHIC TECH
Signed: 07/15/2022 12:47

TCP Telephone Care Staff Note

Details**Date entered:** July 14, 2022**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** LYNETTE DENISE MALONE-FLOYD**Signed by:** LYNETTE DENISE MALONE-FLOYD**Date signed:** July 14, 2022**Note**

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 14, 2022@08:59:09 ENTRY DATE: JUL 14,
2022@09:02:12
AUTHOR: MALONE-FLOYD,LYNETT EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** TCP Telephone Care Staff Note Has ADDENDA ***

**PATIENT called in for CAMPBELL,RONALD CLARK (546802701) Phone:
(206)295-2554.

Type of call: CALL BACK.

Contact Phone Number: (206)295-2554

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

The following identifiers were used to verify this patient: DOB. SSN.

Caller Area: MATHER

Comments:

per patient spoke with pharmacy and was advised to contact Cardiologist
regarding medication provided for Covid, he was given Paxlovid medication
and
have questions regarding this medication.

Please contact patient at (206) 295-2554.

Thanks.

Chief Complaint: Not applicable to call.

Caller Response: *OTHER

Author: MALONE-FLOYD,LYNETTE DENISE

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 07/14/2022 @ 8:59:09 AM

Ending at: 07/14/2022 @ 9:00:52 AM

Length: 1 minutes.

/es/ LYNETTE DENISE MALONE-FLOYD

Signed: 07/14/2022 09:02

Receipt Acknowledged By:

07/19/2022 16:27 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

07/14/2022 13:06 /es/ Kimberly S. Grubbs, RN,
MA

Staff

Nurse

07/14/2022 13:20 /es/ Zach Roxburgh,
Pharm.D.

PACT

Pharmacist

07/14/2022 ADDENDUM

STATUS: COMPLETED

per patient, if at all possible, need to speak with Cardiology Clinic
today,

someone please contact him regarding medication provided for covid, he has
to

start taking med today and was advised by Pharmacist to contact Cardio Clinic,
please contact patient at (206) 295-2554.

/es/ LYNETTE DENISE MALONE-FLOYD

Signed: 07/14/2022 09:14

Receipt Acknowledged By:

07/14/2022 13:04 /es/ BLAINE E
ENGBERG

LVN, Cardiology, Mather

VA

07/19/2022 16:54 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

07/24/2022 13:31 /es/ Ian Chan,
MD

Staff Physician,

Cardiology

07/24/2022 ADDENDUM STATUS: COMPLETED

i am not involved in this patient's care

all issues regarding drug interactions of Paxlovid and Dabigatran/Plavix
were

addressed by Dr. Ono of Anticoag. Pharm (see note 7.19.2022)

stable.

/es/ Ian Chan, MD

Staff Physician, Cardiology

Signed: 07/24/2022 14:08

Pharmacy Telephone Encounter Note

Details**Date entered:** July 14, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** JEANENE K NEHIRA**Signed by:** JEANENE K NEHIRA**Date signed:** July 14, 2022**Note**

LOCAL TITLE: Pharmacy Telephone Encounter Note

STANDARD TITLE: PHARMACY OUTPATIENT COUNSELING NOTE

DATE OF NOTE: JUL 14, 2022@08:52:06 ENTRY DATE: JUL 14,
2022@08:52:09

AUTHOR: NEHIRA, JEANENE K

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Who is calling: Patient

SUBJECTIVE

=====

72 yo WHITE MALE contacted by telephone and identified by full name, SSN
and
DOB.Chief Complaint: Veteran tested positive for covid and given paxlovid
which he
will pick-up and start today from private sector. He was instructed to hold
his
two anticoagulants and the cholesterol medication. Checking with the VA
as
well.

Pertinent PMH: long-term use of current meds

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications

Status

=====

1)	AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -DO NOT TAKE WITH GRAPEFRUIT JUICE. FOR CHEST PAIN	ACTIVE
2)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
4)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
5)	DICLOFENAC NA 1% TOP GEL APPLY 4 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR ARTHRITIS	ACTIVE
6)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - RINSE MOUTH OUT AFTER USE. TO PREVENT TROUBLE BREATHING	ACTIVE
7)	GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR NERVE PAIN	ACTIVE
8)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE	ACTIVE
9)	GLIPIZIDE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH	ACTIVE
10)	LANCET,SOFTCLIX USE LANCET AS DIRECTED TWO TO THREE TIMES A WEEK FOR FINGER STICK.	ACTIVE
11)	LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY - REMOVE AFTER 12 HOURS. APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA. FOR PAIN	ACTIVE
12)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
13)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE
14)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE	ACTIVE

DAILY FOR ASTHMA

- 15) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY - FOR STOMACH ACID.
- 16) PREDNISONE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY AS NEEDED FOR CLUSTER HEADACHE WITH FOOD .
- 17) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE
BEDTIME - TO LOWER CHOLESTEROL.

Inactive Outpatient Medications

Status

- 1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS EXPIRED
DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD
SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.
- 2) TABLET CUTTER USE DEVICE AS DIRECTED TO SPLIT EXPIRED
TABLETS.

Active Non-VA Medications

Status

- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A ACTIVE
DAY AS NEEDED

20 Total Medications

OBJECTIVE:

VITALS: 02/09/2022 09:36 BP:138/64 HR:60 Wt:193 lb [87.54 kg]

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
06/02/2022 11:26	PLASMA	122 H	14	0.76	137	4.0	104
05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104

Measurement DT BP

02/09/2022 09:36 138/64
06/01/2021 09:13 130/60
05/06/2021 14:33 130/66

04/21/2021 23:06 146/81
 04/21/2021 22:01 141/88

Collection DT	Spec	CREAT	eGFR CK	eGFR
06/02/2022 11:26	PLASM	0.76	>90	
05/18/2021 08:07	PLASM	0.83		>60

Collection DT	Spec	HGBA1c
05/18/2021 08:07	BLOOD	6.3 H
08/04/2020 08:39	BLOOD	6.3 H

SCL1 - Lipid Values

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
05/18/2021 08:07	PLASM	127	50	48	69	
08/04/2020 08:39	PLASM	177	89	59	100	
07/11/2019 07:48	PLASM	150	82	49	85	
06/20/2019 09:28	PLASM	216 H		61		139

SHF - Health Factor Select

No data available for: Outside LDL

ALT, AST, CPK

Collection DT	Spec	ALT	AST
06/02/2022 11:26	PLASM	24	25
04/21/2021 16:35	PLASM	27	31
08/04/2020 08:39	PLASM	34	30

ASSESSMENT & PLAN:

=====

Veteran to start today with Paxlovid once he receives in private sector. He will hold both anticoagulants due to risk for increased risk of bleeding, he is 14 months out of the acute episode and will also contact cardiologist to verify. He will hold rosuvastatin; cholesterol is well controlled. Veteran also on Lagevrio; informed no drug interactions listed with Paxlovid.

Informed Paxlovid treatment is a 5 day course. He is on day 2 of acute symptoms so starting within the 5 day window. Briefly discussed common adverse effects of paxlovid. Will monitor symptoms. Currently taking acetaminophen; reminded of maximum daily dose 3600mg/day in divided doses. May also take guaifenesin to help loosen phlegm/bronchial secretions.

Patient/caregiver verbalized understanding of information/plan

/es/ Jeanene K. Nehira, Pharm.D.
Clinical Pharmacist, Telephone Care
Signed: 07/14/2022 09:01

Receipt Acknowledged By:

07/15/2022 09:51 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

TCP Telephone Care Staff Note

Details

Date entered: July 13, 2022
Location: MARTINEZ VA MEDICAL CENTER
Written by: MARITESS BAULA
Signed by: MARITESS BAULA
Date signed: July 13, 2022

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 13, 2022@14:50:45 ENTRY DATE: JUL 13,
2022@14:54:16

AUTHOR: BAULA, MARITESS

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Type of call: SYMPTOM.

Contact Phone Number: (206)295-2554

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

The following identifiers were used to verify this patient: DOB. SSN.

Caller Area: MCCLELLAN

POSITIVE screen for COVID-19 confirmed exposure or symptoms: cough, SOB, N/
V/D,
HA, loss of taste or smell, other flu-like SXS.

Chief Complaint: Not applicable to call.

Caller Response: HOME CARE

Patient/Caller agrees with plan.

Nurse Notes:

Telephone call from patient.

Reported the following symptoms;

Cough

Fatigue

Fever

Comment: feeling feverish

Muscle pain (Myalgias)

Runny nose (Rhinorrhea)

Shortness of Breath (Dyspnea)

No symptoms

Patient was screened for Covid-19; Positive

SEE SCREENING COVID RESULTS DATED TODAY.

Patient reported his symptoms are mild & requesting Home Care.

Home care for upper respiratory infections and COVID-19 includes:

Isolate yourself for 10 days to avoid transmitting the virus to others.

Wear a cloth face covering over your nose and mouth.

See tips on avoiding spreading the infection below.

Stop smoking

Avoid exposure to secondary smoke

Apply petroleum jelly to the nostrils to reduce irritation.

Drink plenty of liquids to avoid dehydration

Eat a healthy diet and get plenty of calories to maintain your strength while

your body fights the infection.

Get plenty of rest and sleep.

Try nonprescription cough medicine

Decongestant medications:

Only for older children and adults

Pseudoephedrine hydrochloride

Phenylephrine

Use a humidifier, nebulizer, or vaporizer in the bedroom at night.

Frequent hand washing to avoid spreading the virus to others.

Wash hands with soap and water for at least 20 seconds

Avoid touching your eyes, nose, and mouth with unwashed hands.

Try nonprescription sore throat medications:

Sore throat sprays

Sore throat gargles

Sore throat lozenges, such as zinc-containing lozenges

Gently blow the nose.

Use saline nose drops can help clear mucus away:

Ocean

Sea Mist

You can make your own solution by adding one-half teaspoon of salt (2.5 cc) in

one cup (240 cc) of water.

Acetaminophen for pain and fever control.

Call ahead before visiting your provider. Virtual care may be a option.

Avoid spreading the infection to others:

Wear a cloth face covering over your nose and mouth.
Throw used tissues in a lined trash can.
Wash hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (over 60% alcohol)
Cover mouth and nose when you cough or sneeze.
Avoid shaking hands.
Avoid large events and mass gatherings
Keep at least 6 feet of space between you and others who may be sick
Avoid touching your nose, eyes, and face as this can spread virus from your hands to your respiratory tract.
Don't share eating utensils, cups, or dishes with others.
Don't share bedding materials or towels with other people. Wash items after use.
Clean and disinfect surfaces and doorknobs you touch on a daily basis.
Work from home if this is an option.
Stay at home and isolate yourself if you have upper respiratory symptoms.
Avoid public transportation.

Notify your provider if you have (or may have) COVID-19 infection and develop

any one or more of the following:

Coughing up yellow or brown mucus

Coughing up blood

Difficulty breathing at rest

Increasing shortness of breath with normal activities

Bluish discoloration to lips or nailbeds

Wheezing

Inability to swallow

Tender and swollen glands in neck

Severe earache

Fever over 102 degrees F (38.8 C)

Repeated vomiting

Worsening chest pain

Severe headache

Worsening neck pain

Signs of dehydration:

Dry mouth

Dry skin

Decreased urination, such as no urination output for over 8 hours
Dizziness or faintness when standing
Confusion
Decreased alertness
Sluggish to respond or unresponsive

Patient verbalized understanding of instructions given.

Author: BAULA, MARITESS

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 07/13/2022 @ 2:50:45 PM

Ending at: 07/13/2022 @ 2:52:46 PM

Length: 2 minutes.

/es/ Maritess Baula, RN, BSN, MBA

Telephone Care Program

Signed: 07/13/2022 15:18

Receipt Acknowledged By:

07/14/2022 13:32 /es/ Diane Cheever-Vega,

RN

Nurse, Women's Health McClellan

Clinic

07/13/2022 15:38 /es/ Parvez S. Islam,

MD

Physician, Primary

Care

Screening Covid

Details

Date entered: July 13, 2022

Location: MARTINEZ VA MEDICAL CENTER

Written by: MARITESS BAULA

Signed by: MARITESS BAULA**Date signed:** July 13, 2022**Note**

LOCAL TITLE: Screening Covid
STANDARD TITLE: INFECTIOUS DISEASE RISK ASSESSMENT SCREENING NOT
DATE OF NOTE: JUL 13, 2022@14:31 ENTRY DATE: JUL 13,
2022@14:31:48
AUTHOR: BAULA, MARITESS EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Coronavirus Disease 2019 (COVID-19) Screen

The patient was asked if in the last 14 days they have had new onset of any

COVID-19 symptoms. They report the following:

Cough

Fatigue

Fever

Comment: feeling feverish

Muscle pain (Myalgias)

Runny nose (Rhinorrhea)

Shortness of Breath (Dyspnea)

No symptoms

Within the past 14 days, the patient reports no exposure to someone with a febrile/respiratory illness or someone with a known or suspected case of COVID-19 (within 6 feet for > 15 minutes).

Result:

Patient has a positive symptom or exposure and requires further evaluation.

Date of the earliest symptom:

Date: July 12, 2022

/es/ Maritess Baula, RN, BSN, MBA

Telephone Care Program

Signed: 07/13/2022 14:49

Receipt Acknowledged By:

07/14/2022 13:32 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

07/13/2022 15:28 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

Neurology Secure Messaging

Details

Date entered: July 8, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** GASONG YUN NICKERSON**Signed by:** GASONG YUN NICKERSON**Date signed:** July 8, 2022

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: JUL 08, 2022@14:49 ENTRY DATE: JUL 08,
2022@12:49:45

AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 07/08/2022 01:45 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Medication:Cluster Headaches - Steroid therapy

Cluster Headache update.

Oxygen therapy is reducing abortive efficacy

Sleep and and ability to perform daily responsibilities is effected

I will be the father of the bride at 2, yes Two of my daughter's weddings shortly.

I want to be able to perform my duties at these events.

Prednisone and other steroids were used in the past and had some effectiveness on the headaches.

I would like to reintroduce that therapy and determine if it can be effective again in getting these events under control.

Thank you for your advice and action on this request.

Regards.

Ron Campbell

-----Original Message-----

Sent: 07/08/2022 03:49 PM ET

From: NICKERSON, GASONG YUN

To: CAMPBELL, RONALD CLARK

Subject: Medication:Cluster Headaches - Steroid therapy

I'm sorry to hear that your regular treatments are not as effective as before.

I understand your point. I checked your previous medication history and last

time you received prednisone 10mg 21 tablets was in 4/2019. I will send 30

tablets of prednisone 10mg this time. Hope you can use this prescription for

both events.

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 07/08/2022 12:49

Primary Care Secure Messaging

Details

Date entered: July 5, 2022

Location: MCCLELLAN VA CLINIC

Written by: DIANE CHEEVER-VEGA

Signed by: DIANE CHEEVER-VEGA

Date signed: July 5, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JUL 05, 2022@17:48 ENTRY DATE: JUL 05,
2022@15:48:55

AUTHOR: CHEEVER-VEGA, DIANE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 07/05/2022 06:48 PM ET

From: CHEEVER-VEGA, DIANE

To: CAMPBELL, RONALD CLARK

Subject: General:General Inquiry

Hello Veteran Campbell,

Per your Provider, rosuvastatin ordered today to be mailed to veteran-
please
let him know.

Thank You, Diane BSN, RNCM

Primary Care

/es/ Diane Cheever-Vega, RN

Nurse, Women's Health McClellan Clinic

Signed: 07/05/2022 15:48

Primary Care Secure Messaging

Details

Date entered: July 5, 2022

Location: LOUIS A. CONTER VA CLINIC

Written by: APRIL MARIE TINGLER

Signed by: APRIL MARIE TINGLER

Date signed: July 5, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUL 05, 2022@14:54 ENTRY DATE: JUL 05,
2022@12:54:03
AUTHOR: TINGLER, APRIL MARIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 07/05/2022 12:06 AM ET
From: CAMPBELL, RONALD CLARK
To: **Boparai, K (Primary Care) - AUB
Subject: Medication:Rosuvastatin

No action has been taken as of this date 7/4/22. I am a recovering patient of two myocardial infarction a and coding event due to severe atherosclerosis and blockage. I have been told by both primary and cardio care that this medication is critical in my treatment.

Please have someone CALL me to discuss how I d cd an get ACTION taken in this

renewal and expedited delivery.

Regards

Ronald C Campbell

2701

-----Original Message-----

Sent: 07/05/2022 03:53 PM ET

From: TINGLER, APRIL MARIE

To: CAMPBELL, RONALD CLARK

Subject: Medication:Rosuvastatin

I will forward your message to your pact team.

"We need the names of the medications for cardiovascular health.

You can call Pharmacy 1-866-600-8279 "

/es/ APRIL MARIE TINGLER, LVN

Auburn CBOC

Signed: 07/05/2022 12:54

Receipt Acknowledged By:

07/06/2022 16:07 /es/ ANTHONY W

SESSOMS

Nurse Manager, Primary

Care

for DIANE CHEEVER-

VEGA

07/05/2022 15:12 /es/ Parvez S. Islam,

MD

Physician, Primary

Care

07/05/2022 16:48 /es/ Matthew Lam,

MD

Staff Physician,

Cardiology

07/11/2022 14:19 /es/ Hoang Thuy Nguyen,

NP

Medical Service,

Cardiology

07/05/2022 ADDENDUM

STATUS: COMPLETED

rosuvastatin ordered today to be mailed to veteran- please let him know.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 07/05/2022 15:16

Receipt Acknowledged By:

07/05/2022 15:49

/es/ Diane Cheever-Vega,

RN

Nurse, Women's Health McClellan

Clinic

07/06/2022 ADDENDUM

STATUS: COMPLETED

Patient contacted and notified that his request for medication has been filled

and will be mailed out to his home address today. Patient expressed his gratitude, verbalized understanding.

/es/ ANTHONY W SESSOMS

Nurse Manager, Primary Care

Signed: 07/06/2022 16:08

Primary Care Secure Messaging

Details

Date entered: July 1, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** DIANE CHEEVER-VEGA**Signed by:** DIANE CHEEVER-VEGA**Date signed:** July 1, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JUL 01, 2022@13:20 ENTRY DATE: JUL 01,
2022@11:20:35

AUTHOR: CHEEVER-VEGA, DIANE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 07/01/2022 02:20 PM ET

From: CHEEVER-VEGA, DIANE

To: CAMPBELL, RONALD CLARK

Subject: Medication:Medication Inquiry

Hello Veteran Campbell,

We need the names of the medications for cardiovascular health.

You can call Pharmacy 1-866-600-8279

Thank You, Diane BSN, RNCM

Primary Care

/es/ Diane Cheever-Vega, RN

Nurse, Women's Health McClellan Clinic

Signed: 07/01/2022 11:20

Letter to Patient

Details

Date entered: June 30, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** DIANE CHEEVER-VEGA**Signed by:** DIANE CHEEVER-VEGA**Date signed:** June 30, 2022

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: JUN 30, 2022@11:21
2022@11:22:02

ENTRY DATE: JUN 30,

AUTHOR: CHEEVER-VEGA, DIANE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:

5342 Dudley Blvd., McClellan, CA 95652

JUN 30, 2022

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

06/24/22 Radiology Note:

EXAM CANCELLATION

Date order was placed: May 23, 2022

The patient was scheduled to have a MRI examination of the
abdomen . This examination has been discontinued for the following
reason: NO RESPONSE TO SCHEDULING ATTEMPTS- ORDER CX'D.

Per your Provider "please contact veteran and update the need for
radiological

testing as planned." Please call 1-800-382-8387.

Thank you,
Radiology/Nuclear Medicine Service

Sincerely,

/es/ Diane Cheever-Vega, RN
Nurse, Women's Health McClellan Clinic

Patient Record Number 7468482

Radiology Note

Details

Date entered: June 24, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ALLISON CHERISE CALDWELL
Signed by: ALLISON CHERISE CALDWELL
Date signed: June 24, 2022

Note

LOCAL TITLE: Radiology Note
STANDARD TITLE: RADIOLOGY NOTE
DATE OF NOTE: JUN 24, 2022@11:07 ENTRY DATE: JUN 24,
2022@11:07:11
AUTHOR: CALDWELL, ALLISON CH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Radiology Note Has ADDENDA ***

EXAM CANCELLATION
Date order was placed: May 23, 2022

The patient was scheduled to have a MRI examination of the abdomen . This examination has been discontinued for the following reason: NO RESPONSE TO SCHEDULING ATTEMPTS- ORDER CX'D.

Thank you,
Radiology/Nuclear Medicine Service

/es/ ALLISON CHERISE CALDWELL

Signed: 06/24/2022 11:07

Receipt Acknowledged By:

06/24/2022 11:36 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

06/24/2022 ADDENDUM

STATUS: COMPLETED

please contact veteran and update the need for radiological testing as planned.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 06/24/2022 11:37

Receipt Acknowledged By:

06/30/2022 11:19 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

Nursing Telephone Care

Details

Date entered: June 21, 2022

Location: LOUIS A. CONTER VA CLINIC

Written by: KIMBERLY S GRUBBS

Signed by: KIMBERLY S GRUBBS

Date signed: June 21, 2022

Note

LOCAL TITLE: Nursing Telephone Care
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUN 21, 2022@11:58 ENTRY DATE: JUN 21,
2022@11:58:32
AUTHOR: GRUBBS, KIMBERLY S EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Nursing Telephone Care Has ADDENDA ***

Pt sent a secure message:

Rx 25682656

Pharmacy advises Rx is discontinued.

Following two myocardial infarction a March 2021 and diagnosis of severe atherosclerosis iI believe this medication is much needed for cardiovascular health.

Please renew/regenerate this prescription.

Regards.

Ron Campbell
Meadow Vista

/es/ Kimberly S. Grubbs, RN, MA
Staff Nurse
Signed: 06/21/2022 11:59

Receipt Acknowledged By:

07/01/2022 11:08 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

06/22/2022 08:52 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

06/22/2022 ADDENDUM

STATUS: COMPLETED

please check with veteran which medication he is referring to.

/es/ Parvez S. Islam, MD

Physician, Primary Care

Signed: 06/22/2022 08:53

Receipt Acknowledged By:

06/30/2022 11:06

/es/ Diane Cheever-Vega,

RN

Nurse, Women's Health McClellan

Clinic

Radiology Note

Details

Date entered: June 11, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** NEPHTERIA SWAN**Signed by:** NEPHTERIA SWAN**Date signed:** June 11, 2022

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: JUN 11, 2022@14:32

ENTRY DATE: JUN 11,

2022@14:32:36

AUTHOR: SWAN, NEPHTERIA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Northern California Health Care Systems Imaging Department

JUN 11, 2022

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

DEAR RONALD CLARK CAMPBELL

Our records indicate that you missed the below appointment(s):

Date/Time: Jun 10, 2022

Clinic: MRI

Telephone: 916-364-3169 - MRI, Mather

To reschedule this appointment, please contact the Radiology at the telephone number listed above - Monday through Friday, 8:00 AM to 4:30 PM, excluding holidays. Please contact us within 14 days of date of this letter to reschedule or your order will be cancelled due to being obsolete.

If you are unable to keep future appointments, please call Radiology to cancel or reschedule your appointment. This will assist us in our efforts to assure timely access to care for all of our veterans.

VA Northern California Health Care System
Sacramento Medical Center
10535 Hospital Way
Mather, CA 95655

/es/ Nephtheria Swan
Medical Support Assistant
Signed: 06/11/2022 14:33

Community Care-Consult Result

Details

Date entered: June 9, 2022
Location: MARTINEZ VA MEDICAL CENTER
Written by: TAMIRA N STOKES
Signed by: TAMIRA N STOKES
Date signed: June 9, 2022

Note

LOCAL TITLE: Community Care-Consult Result
STANDARD TITLE: NONVA CONSULT
DATE OF NOTE: SEP 23, 2021 ENTRY DATE: JUN 09,
2022@12:09:09
AUTHOR: STOKES, TAMIRA N EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

VistA Imaging - Scanned Document
CAMPBELL2701-CC-CARDIO-23SEPT2021-4999099

/es/ TAMIRA N STOKES
AMSA
Signed: 06/09/2022 12:09

LAB RESULTS (AUTO PRINT)

Details

Date entered: June 2, 2022
Location: MCCLELLAN VA CLINIC
Written by: PARVEZ S ISLAM
Signed by: PARVEZ S ISLAM
Date signed: June 3, 2022

Note

LOCAL TITLE: LAB RESULTS (AUTO PRINT)
STANDARD TITLE: LETTERS
DICT DATE: JUN 02, 2022@19:06:15 ENTRY DATE: JUN 02,
2022@19:06:16

DICTATED BY: ISLAM, PARVEZ S EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

 SUBJECT: Lab Result Letter - Single Note 51 lines for
comment

To: RONALD CLARK
CAMPBELL

Thank you for choosing the Northern California VA Healthcare System as your
healthcare resource. Following is a report of your recent testing:

	TEST NAME	RESULT	UNITS	REF. RANGE
=====				
=				
972901 - SCH 0602 531 Collected on: Jun 02				
2022				
COMPREHENSIVE METABOLIC PANEL				
118	GLUCOSE	122 H	mg/dL	74 -
26	UREA NITROGEN	14	mg/dL	8 -
1.1	CREATININE	0.76	mg/dL	0.5 -
>=60	eGFR (CKD-EPI)	>90		
144	SODIUM	137	mmol/L	136 -
4.8	POTASSIUM	4.0	mmol/L	3.4 -
106	CHLORIDE	104	mmol/L	98 -
33	CO2	28	mmol/L	23 -
10.2	CALCIUM	9.0	mg/dL	8.7 -
8.1	PROTEIN	6.1 L	g/dL	6.5 -
4.8	ALBUMIN	4.1	g/dL	3.3 -

42	AST (SGOT)	25	IntUnits/L	8 -
55	ALT (SGPT)	24	IntUnits/L	5 -
107	ALKALINE PHOSPHATASE	66	IntUnits/L	37 -
1.2	TOTAL BILIRUBIN	0.7	mg/dL	.3 -

Sincerely,

/es/ Parvez S. Islam, MD
Physician, Primary Care

Patient Record Number 7468482

Primary Care Secure Messaging

Details

Date entered: May 24, 2022
Location: MCCLELLAN VA CLINIC
Written by: DIANE CHEEVER-VEGA
Signed by: DIANE CHEEVER-VEGA
Date signed: May 24, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 24, 2022@15:35 ENTRY DATE: MAY 24, 2022@13:35:05
AUTHOR: CHEEVER-VEGA, DIANE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 05/24/2022 04:35 PM ET
From: CHEEVER-VEGA, DIANE
To: CAMPBELL, RONALD CLARK
Subject: General:General Inquiry

Hello Veteran Campbell,

Per your Provider, "changed to MRI of the kidney as requested- please let him know."

Thank You, Diane BSN, RNCM
Primary Care

/es/ Diane Cheever-Vega, RN
Nurse, Women's Health McClellan Clinic
Signed: 05/24/2022 13:35

Primary Care Secure Messaging

Details

Date entered: May 23, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: May 23, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 23, 2022@11:34 ENTRY DATE: MAY 23,
2022@09:34:07
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:

URGENCY :
COMPLETED

STATUS :

-----Original Message-----

Sent: 05/23/2022 11:58 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:Blood Work

I think I may be due for blood work. Last A1C was in May of 2021. Also, the Medicare provider indicates I am due for the attached labs.

If there are any additional needed perhaps they can be added to the existing lab order

Thanks
Ron Campbell

/es/ Eric Kraft, LVN
Primary Care
Signed: 05/23/2022 09:34

Receipt Acknowledged By:
05/23/2022 09:35 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

Primary Care Secure Messaging

Details

Date entered: May 20, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT

Date signed: May 20, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 20, 2022@11:49 ENTRY DATE: MAY 20,
2022@09:49:09
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 05/20/2022 11:29 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:Upcoming CT scan

I spoke with Andrew this morning at Mather radiology scheduling.
The upcoming kidney CT scan was entered as a renal scan with contrast.

I'm seeing an outside oncologist and who asked me to have a CT urogram
with
contrast or a MRI scan with contrast in order to evaluate the questionable
area
on the kidney. Is it possible to change the existing order to one of
these?

Thankyou

Ron Campbell

/es/ Eric Kraft, LVN
Primary Care
Signed: 05/20/2022 09:49

Receipt Acknowledged By:

05/23/2022 08:46 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

05/23/2022 09:24 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

05/23/2022 ADDENDUM

STATUS: COMPLETED

changed to MRI of the kidney as requested- please let him know.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 05/23/2022 09:29

Receipt Acknowledged By:

05/24/2022 13:35 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

Neurology Telephone Note

Details

Date entered: May 19, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** GASONG YUN NICKERSON**Signed by:** GASONG YUN NICKERSON**Date signed:** May 19, 2022

Note

LOCAL TITLE: Neurology Telephone Note

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAY 19, 2022@14:01 ENTRY DATE: MAY 19,
2022@14:01:33

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

NEUROLOGY NP PHONE CLINIC

The following identifiers were used to identify the Veteran:

Full Name

Full Date of Birth/Last Four of SSN

CAMPBELL, RONALD CLARK is a 72 Y.O. MALE.

PRESENTING COMPLAINTS: Chronic cluster headache

INTERVAL HISTORY: Since last visit, galcanezumab was re-started in 2/2022 (see message 2/4/22). Patient reports good cluster headache management with galcanezumab and O2 (see message 5/2/22). Patient states he's "managing"; headaches come on when he is fatigued, usually ~ 4pm or first 2 hours of sleep at night. Since he stopped DHE-45, he has been using oxygen before sleep, then he is now getting a headache after 1 hour. He is able to abort it within 15-20 minutes with another oxygen. However, he is limited to do exercise because he cannot take his oxygen tanks. Patient believes galcanezumab reducing his headache intensity and frequency. Patient used to use 9-10 O2 tanks/week before galcanezumab, but now it is about 1 O2 tank/week with galcanezumab on a good week.

PREVIOUSLY TRIED HEADACHE MEDS:

Verapamil 120mg - symptomatic bradycardia

Frovatriptan - stopped after MI in 3/2021

DHE-45 - stopped after MI in 3/2021

Galcanezumab 300mg/Qmonth (2022-current)

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN, HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN, ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
7. Degenerative joint disease of knee (SCT	05/06/22	
ISLAM, PARVEZ S		
239873007)		
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004)	12/03/19	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/20	
NICKERSON, GASON		
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional	09/30/19	LWIN, HTWE H
Features (SCT 55668003)		
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003)	09/30/19	LWIN, HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
12. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
13. Dysthymia	02/08/16	
BAHTEN, REGINA S		
14. Chronic pain syndrome	12/08/15	
BAHTEN, REGINA S		
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN

16. Depressive Disorder NOS *	04/02/14	
BAHTEN, REGINA S		
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/21	
NICKERSON, GASON		
18. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
2) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -DO NOT TAKE WITH GRAPEFRUIT JUICE. FOR CHEST PAIN	ACTIVE
3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
4) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
6) DICLOFENAC NA 1% TOP GEL APPLY 4 GRAMS TOPICALLY FOUR	ACTIVE

TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR ARTHRITIS

- 7) FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF ACTIVE
BY ORAL INHALATION TWICE A DAY - RINSE MOUTH OUT
AFTER USE. TO PREVENT TROUBLE BREATHING
- 8) GABAPENTIN 100MG CAP TAKE ONE CAPSULE BY MOUTH AT ACTIVE
BEDTIME FOR NERVE PAIN
- 9) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG ACTIVE
(3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER
HEADACHE
- 10) GLIPIZIDE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE ACTIVE
DAILY FOR DIABETES - TAKE WITH LUNCH
- 11) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY - ACTIVE
REMOVE AFTER 12 HOURS. APPLY TO CLEAN & DRY SKIN
HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO
MOST PAINFUL AREA. FOR PAIN
- 12) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR BLOOD PRESSURE
- 13) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET ACTIVE
BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER,
REPLACES VERAPAMIL**
- 14) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY FOR ASTHMA
- 15) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER ACTIVE
THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST
PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL
911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3
TABLETS) IF NEEDED
- 16) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY - FOR STOMACH ACID.
- 17) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE
BEDTIME - TO LOWER CHOLESTEROL.
- 18) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

Active Non-VA Medications

Status

=====

1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

19 Total Medications

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

EXAMINATION

GENERAL: socially appropriate, respirations regularly and unlabored

MENTAL STATUS: appropriate, oriented to purpose of visit, normal speech and language

LABS

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	B12	351	pg/ml	211 - 911

Collection DT	Spec	Lab	Tsh
06/20/2019 09:28	SERUM	[634]	1.44

Collection DT	Spec	Lab	NA	K	CL	CO2	CALCIUM
05/18/2021 08:07	PLASM	[634]	138	4.0	104	28	9.0

Collection DT	Spec	Lab	GLUCOSE	BUN	CREAT	eGFR
05/18/2021 08:07	PLASM	[634]	114	13	0.83	>60
04/21/2021 16:35	PLASM	[634]	86	13	0.85	>60

Collection DT	Spec	Lab	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK	PHO	AST
04/21/2021 16:35	PLASM	[634]	7.0	4.2	0.8	0.1	59	31	27

STUDIES

Date	Procedure	CPT	Status	Case #

02/03/2014 CT HEAD W/O

70450 Verified 602

No acute intracranial abnormality.

IMPRESSION

Chronic cluster headache. Since his MI s/p PCI to LCx and LAD on 3/24/21, he has stopped DHE-45 and frovatriptan. Cluster headaches started again and patient resumed galcanezumab in 2/2022; this and oxygen treatment make his cluster headache manageable. Discussed to continue the same.

PLAN

- Renewed O2 via mask 10L/min PRN
- Cont. galcanezumab 300mg Qmonthly
- Cont. CPAP
- Cont. f/u with cardiology
- f/u in 12 months TELE

START TIME: 1401

END TIME: 1420

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 05/19/2022 14:20

Primary Care Telephone Note

Details**Date entered:** May 6, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** PARVEZ S ISLAM**Signed by:** PARVEZ S ISLAM**Date signed:** May 6, 2022**Note**

LOCAL TITLE: Primary Care Telephone Note

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAY 06, 2022@11:39 ENTRY DATE: MAY 06,
2022@11:40:05

AUTHOR: ISLAM, PARVEZ S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

The patient was identified by the with the following methods: Name, DOB,
and
SSN.

The patient is a 72 year old MALE called in for scheduled telephone
appointment after failing to connect through video visit.

CHIEF COMPLAINT / REASON FOR VISIT:

Pain in multiple sites- left renal mass

HISTORY OF PRESENT ILLNESS:

veteran is a 72 year old male with known CAD- had an incidental finding in
LungCT and possible left renal mass. he is stable form cardiac stand point
but

has been having increasing pain in both knees, hips, lower back. unable to
sleep at night. affecting his ability to exercise for his heart health.
cannot take stronger NSAIDs due to antiplatelet agent he is on.

Patient denies bowel changes, BRBPR, bruising, CP, cough, diarrhea,
dizziness,
fever, HA, hemoptysis, increased warmth, rash, SOB sweats, fever, weakness,
weight gain, weight loss.

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease
NGUYEN, HOANG

06/01/21

TH		
2. Long-term current use of anticoagulant KYOUNG	12/31/19	HAN, ELDI
on Pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome PANOSSIAN, LORI	09/30/19	
4. AF- Atrial Fibrillation (SCT 49436004) KYOUNG	06/20/19	HAN, ELDI
Dx 6/2019		
5. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
6. Hypertension (SNOMED CT 38341003) KYOUNG	01/23/20	HAN, ELDI
Added from station 654 as a result of CBOC move.		
7. OA - Osteoarthritis (SCT 396275006) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
8. Prostate cancer (SNOMED CT 254900004) KYOUNG	12/03/19	HAN, ELDI
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	09/21/20	
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
12. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
13. Dysthymia BAHTEN, REGINA	02/08/16	
S		
14. Chronic pain syndrome BAHTEN, REGINA	12/08/15	
S		
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS * BAHTEN, REGINA	04/02/14	
S		

17. Chronic cluster headache (SNOMED CT 230473009)	01/25/21	
NICKERSON, GASON		
18. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

MEDICATIONS:

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: TAKE ONE CAPSULE BY MOUTH TWICE
A
DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN
MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.

AMLODIPINE BESYLATE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -DO
NOT
TAKE WITH GRAPEFRUIT JUICE. FOR CHEST PAIN

TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL Sig: INHALE 2 INHALATIONS (5MCG)
BY
ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2
INHALATIONS IN 24 HOURS.

FLUTICAS 500/SALMETEROL 50 INHL DISK 60 Sig: INHALE 1 PUFF BY ORAL
INHALATION
TWICE A DAY - RINSE MOUTH OUT AFTER USE. TO PREVENT TROUBLE BREATHING

GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML Sig: INJECT 300 MG (3 ML) UNDER
THE
SKIN ONCE A MONTH FOR CLUSTER HEADACHE

METOPROLOL SUCCINATE 25MG SA TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**

CLOPIDOGREL BISULFATE 75MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.

PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.

ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.

LOSARTAN 50MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

MONTELUKAST NA 10MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA

CHOLECALCIF 50MCG (D3-2,000UNIT) TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY

FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.

LANCET,SOFTCLIX Sig: USE LANCET AS DIRECTED TWO TO THREE TIMES A WEEK FOR FINGER STICK.

GLIPIZIDE 5MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES

- TAKE WITH LUNCH

ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP Sig: USE STRIP AS DIRECTED TWO TO THREE

TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.

TABLET CUTTER Sig: USE DEVICE AS DIRECTED TO SPLIT TABLETS.

NITROGLYCERIN 0.4MG SL TAB Sig: DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5

MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED

Active Non-VA Meds

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1) ACETAMINOPHEN 650MG MOUTH TWICE A DAY AS NEEDED

OVER THE COUNTER/SUPPLEMENTS:

UPDATED LIST GIVEN TO PATIENT AT END OF VISIT

ALLERGIES:

PENICILLIN, PREDNISONE, BISOPROLOL

PHYSICAL EXAMINATION:

Vitals - most recent

BMI: 28.6
Height: 69 in [175.3 cm] (12/03/2019 12:34)
Weight: 193 lb [87.54 kg] (02/09/2022 09:36)
Temp: 96.9 F [36.1 C] (02/09/2022 09:36)
Pulse: 60 (02/09/2022 09:36)
Respirations: 16 (02/09/2022 09:36)
BP: 138/64 (02/09/2022 09:36)
Pain: 8 (02/09/2022 09:36)

ALL RECENT LABS WERE REVIEWED WITH THE PATIENT
PERTINENT LAB RESULTS: dated

ASSESSMENT/PLAN: The patient is a 72 year old MALE

1.CAD

stable - followed by cardiology

2.Atrial fibrillation

rate controlled and anticoagulated

3.Multiple joint pain

try topical therapy.

strong pain medication triggers headaches for rim.. cannot take NSAIDs due to
anticoagulation status

4.possible left renal mass
need labs
followed by renal CT scan- ordered

5.low back pain with radiculopathy
trial of low dose gabapentin at night

6. lung nodule
right lower lobe- stable

ORDERS: as above

CONSULTS: radiology

FOLLOW UP:2-3 months
total time 15 minutes

MAS CLINIC VISITS FUTURE

05/19/2022 14:00 SAC PHONE NEURO NP
10/12/2022 09:00 SAC CARDIO NP 2
12/27/2022 17:00 SAC THSF CPAP DATA 1 PRO-

Letter Reminders

RECALL DATE CLINIC
No data available

EDUCATION: The patient acknowledges and endorses the care plan delineated above.

**See clinical reminders below for additional educational efforts:

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 05/06/2022 11:50

Primary Care Secure Messaging

Details

Date entered: May 6, 2022

Location: MCCLELLAN VA CLINIC

Written by: ERIC EDWARD KRAFT

Signed by: ERIC EDWARD KRAFT

Date signed: May 6, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 06, 2022@10:31 ENTRY DATE: MAY 06,
2022@08:31:31
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 05/06/2022 09:02 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:New Outside Test Result - TODAY
Attachments: sitter ct scan MAY 2022.pdf (473.90 KB)

I look forward to our 11AM video appointment today

Attached is a copy of Sutter's CT scan test results I just received this morning

Ron Campbell.

/es/ Eric Kraft, LVN
Primary Care
Signed: 05/06/2022 08:31

Neurology Secure Messaging

Details**Date entered:** May 2, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** GASONG YUN NICKERSON**Signed by:** GASONG YUN NICKERSON**Date signed:** May 2, 2022**Note**

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: MAY 02, 2022@12:02 ENTRY DATE: MAY 02,
2022@10:02:19

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 05/01/2022 05:53 PM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Test:Cluster Heeadaches

Galcanezumab Renewal

Cluster Status - Use of this medication appears to lessen the frequency and severity of attacks. It is the only prophylactic that has been shown to be effective over the years.

02 at 15 lpm minimum is the only abortive I have and is working well.

This cluster continues and I would like the propylatic prescription to be renewed.

Thank you

Ron Campbell

-----Original Message-----

Sent: 05/02/2022 01:02 PM ET
From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: Test:Cluster Heeadaches

It shows that Galcanezumab has 4 refills left on your current prescription.
When you request the last refill, please let me know to place another order then. Thank you.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 05/02/2022 10:02

Primary Care Secure Messaging

Details

Date entered: April 28, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: April 28, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 28, 2022@10:25 ENTRY DATE: APR 28, 2022@08:25:40
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 04/28/2022 11:10 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Medication:Arthritic Issues

Due to blood thinner medication from Cardio for the last year I am no longer able to have NSAIDS for my arthritis (reason for my 60% rating)

The knees, back and hip pain has been disabling. Tylenol 500mg does little.

My ability to perform required daily functions has been lessening every day.
Especially the ability to exercise as required by Cardio.

/es/ Eric Kraft, LVN
Primary Care
Signed: 04/28/2022 08:25

Receipt Acknowledged By:
04/29/2022 14:26 /es/ Diane Cheever-Vega,
RN
Nurse, Women's Health McClellan

Clinic
04/29/2022 08:18 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

04/29/2022 ADDENDUM STATUS: COMPLETED
requires appointment F2F - veteran has never been seen by me.

/es/ Parvez S. Islam, MD
Physician, Primary Care
Signed: 04/29/2022 08:19

Receipt Acknowledged By:

05/02/2022 11:50 /es/ MARY LIN
HELFRICK

Scheduling Contact Note

Details

Date entered: April 12, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: APRIL LEE BARNHART
Signed by: APRIL LEE BARNHART
Date signed: April 12, 2022

Note

LOCAL TITLE: Scheduling Contact Note
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: APR 12, 2022@09:54 ENTRY DATE: APR 12,
2022@09:55:03
AUTHOR: BARNHART, APRIL LEE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

C1-First contact to Veteran(unsuccesful scheduling): Left Voice Mail.

/es/ April Barnhart
MSA
Signed: 04/12/2022 09:55

Cardiology

Details

Date entered: April 1, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: HOANG THUY NGUYEN

Signed by: HOANG THUY NGUYEN**Date signed:** April 11, 2022**Note**

LOCAL TITLE: Cardiology

STANDARD TITLE: CARDIOLOGY NOTE

DATE OF NOTE: APR 01, 2022@10:40
2022@10:40:37

ENTRY DATE: APR 01,

AUTHOR: NGUYEN, HOANG THUY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Cardiology Has ADDENDA ***

CARDIOLOGY NP TELEPHONE F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

** Phone/VVC appt per COVID19 protocol. Limitations of telehealth modality explained and Pt/family/caregiver consented to phone/VVC visit **

71MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 71 y/o M,

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES
andmLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis
of

the Circumflex and LAD requiring balloon angio. EF preserved

#hypertension,

#T2DM

#A. fib (on Pradaxa), 6/2019 at Kaiser

#COPD,

#PE 6/2019

#prostate cancer

#HLD

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Pt states ~2weeks after starting amlodipine CP started to improve, ~1 month

later no more CP

exercise: prior to HA was able to do work around the house, walked over 2 miles

to local coffee shop with no issues, feels functional capacity is improving everyday

H0me vs

132/70 highest, normally 120/62, HR 60s

=====

CARDIAC ROS:

=====

[x]N []Y CP:

[x]N []Y SOB: "it's better, it's good....I wonder if it had to do with the

temperature change" Could also be due to use of O2 for mirgraines

[x]N []Y Dizziness:

[x]N []Y Syncope:

[x]N []Y Palpitations:

[x]N []Y Orthopnea:

[x]N []Y PND:

[x]N []Y Edema:

[x]N []Y Myalgias:

=====

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019

6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. OA - Osteoarthritis (SCT 396275006)	09/30/2019
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	02/04/2016
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
2) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -DO NOT TAKE WITH GRAPEFRUIT JUICE. FOR CHEST PAIN	ACTIVE
3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO	ACTIVE

IMPROVE BONE STRENGTH.

4)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
5)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
6)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - RINSE MOUTH OUT AFTER USE. TO PREVENT TROUBLE BREATHING	ACTIVE
7)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE	ACTIVE
8)	GLIPIZIDE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH	ACTIVE
9)	LANCET,SOFTCLIX USE LANCET AS DIRECTED TWO TO THREE TIMES A WEEK FOR FINGER STICK.	ACTIVE
10)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
11)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE
12)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
13)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
14)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
15)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
16)	TABLET CUTTER USE DEVICE AS DIRECTED TO SPLIT TABLETS.	ACTIVE
17)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications	Status
=====	
1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

18 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

=====

LABORATORY/STUDIES: Results reviewed with patient

=====

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							
05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104
28							
04/21/2021 16:35	PLASMA	86	13	0.85	138	3.7	103
24							
Collection DT	Spec	Lab	WBC	HGB	HCT	MCV	MCHC
PLT							
05/18/2021 08:07	BLOOD [634]		5.0	14.6	45.9	95.0	31.8
241							
04/21/2021 16:35	BLOOD [634]		7.4	14.9	45.3	93.2	32.9
224							

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

Collection DT	Spec	Lab	HGBA1c
05/18/2021 08:07	BLOOD [634]		6.3 H
08/04/2020 08:39	BLOOD [634]		6.3 H

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

Collection DT	Spec	Lab	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
05/18/2021 08:07	PLASM [634]		127	50	48	69	

08/04/2020 08:39 PLASM [634] 177 89 59 100

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

Collection DT	Spec	Lab	BNP
04/21/2021 16:35	PLASM [634]	123	H
08/04/2020 08:40	PLASM [634]	19.9	

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Left ventricular systolic function is normal.
The ejection fraction estimate is 55-60%.
There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.
No significant valvular abnormalities identified.
Unable to estimate the RVSP due to the trivial TR jet.
Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.
Normal right ventricular size and function.
A trivial pericardial effusion is present.

2/2022

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.
Assessment of diastolic parameters indicates a relaxation abnormality of the

left ventricle, consistent with normal filling pressures.
The right ventricular systolic function is normal.
The aortic valve is mildly sclerotic without stenosis.
There is trace mitral regurgitation.
There is trace tricuspid regurgitation.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)
STEMI

Procedure Summary
Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.
LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.
Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations
Dual antiplatelet therapy for a minimum of one year.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first

OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments:Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial.100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments:Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as: Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021 Start: 08:26 AM End: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021Start: 09:47 AMEnd: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#Angian:previous visit pt reported atypical CP, SOB, Fatigue, dec functional capacity and h/o stent thrombosis thus MPS was ordered. Today pt reports CP reseolved, functional capacity and SOB improving but he's not sure if it's due to O2 use.

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. Pt denies any symptoms

-cont to HOLD ASA 81mg, currently on dabigatran and Plavix, once stop Plavix, resume ASA indefinitely

-cont Plavix 75mg QD x 30 months (9/24/2023), close monitoring of bleeding

-Beta-blocker: cont metoprolol succinate 12.5mg, prev stopped Bisoprolol due to brady

-cont amlodipine 5mg daily,

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

-Cardiac rehab

-use pedal exerciser

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: 3/25/21 at Kaiser per JLV - Chol 120, TG 110, HDL 42, LDL 56--
>5/2021

Chol 127, TG 50, HDL 69, LDL 48

-cont rosuvastatin 20mg QD

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM)

-Rate control: BB as above

-Anticoagulation: cont dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

F/U: 6 months

PPE during encounter: Patient and CG wore facemask, provider wore double
face

mask, face shield, gloves during visits, surfaces wiped after visit.

/es/ Hoang Thuy Nguyen, NP

Medical Service, Cardiology

Signed: 04/11/2022 11:51

10/04/2022 ADDENDUM

STATUS: COMPLETED

Receved SM from pt asking when to stop Plavix. D/w with Dr. Malmsten who
agreed

give h/o STEMI c/b stent thrombosis cont plavix for a total of 30 months
along

with DOAC. Start ASA once stop plavix.

/es/ Hoang Thuy Nguyen, NP

Medical Service, Cardiology

Signed: 10/04/2022 16:29

Receipt Acknowledged By:

10/04/2022 16:43 /es/ Catharine Malmsten,
MD

Cardiologist

Cardiology LVN Note

Details

Date entered: March 31, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BLAINE E ENGBERG

Signed by: BLAINE E ENGBERG

Date signed: March 31, 2022

Note

LOCAL TITLE: Cardiology LVN Note

STANDARD TITLE: CARDIOLOGY NURSING NOTE

DATE OF NOTE: MAR 31, 2022@11:51 ENTRY DATE: MAR 31,
2022@11:51:10

AUTHOR: ENGBERG, BLAINE E

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Contacted veteran, verified DoB. Confirmed phone appointment for
4/1/22 at 1020.

/es/ BLAINE E ENGBERG

LVN, Cardiology, Mather VA

Signed: 03/31/2022 11:51

Neurology Secure Messaging

Details

Date entered: March 29, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GASONG YUN NICKERSON

Signed by: GASONG YUN NICKERSON

Date signed: March 29, 2022

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: MAR 29, 2022@16:02 ENTRY DATE: MAR 29,
2022@14:02:46

AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 03/25/2022 09:22 AM ET

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.@

Subject: Test:Cluster Heeadaches

I reported the resumption of cluster headaches the 3rd week of February. Since then they have increased in frequency but have been managed by 02 therapy...up until yesterday.

Having only occurring at night daily schedule have been able to be managed well. Yesterday a nuclear cardio appointment at Mather had to be cancelled as the cluster events occurred in the morning leaving me unable to leave home due to the necessity of 02 as an sportive therapy.

I was then advised that my primary care physician order "oxygen" testing? It was subsequently described to me as EITHER. a walk test with oximeter readings

OR a sleep test.

After 30 years of clusters and treatment by 8 neurologists with 5 different health care providers all coming to the same conclusions I am certain that further O2 saturation and/or sleep apnea testing would not be applicable here.

I would like you input on this pressing issue as cluster headaches are within the purview of the neurology department.

At this time I am varying the O2 therapy in order to be able to schedule these necessary cardio and other appointments. But due to the complexity of cluster headache issues, I only feel comfortable with neurology recommended testing.

-----Original Message-----

Sent: 03/29/2022 05:00 PM ET
From: NICKERSON, GASONG YUN
To: CAMPBELL, RONALD CLARK
Subject: Test:Cluster Headaches

I am sorry for the ongoing cluster headaches. You know your body and history the best and I know how you have been treating those episodes with O2 appropriately.

You are established with our sleep clinic due to sleep apnea and you are using

CPAP. If needed further sleep study or oxygen titration with CPAP or such, sleep clinic can advise you.

I hope this period of cluster episode subside quickly.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 03/29/2022 14:02

Primary Care Secure Messaging

Details

Date entered: March 25, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: March 25, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 25, 2022@10:27 ENTRY DATE: MAR 25,
2022@08:27:59
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 03/25/2022 12:14 AM ET
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Test:02 Test for Episodic Cluster Headaches

Today a Nuclear stress test had to be cancelled due to a severe attack of cluster headaches I have suffered for over 30 years with this malady have been

grated by numerous neurologists at the VA Mather & Seattle, UC Davis and University of Washington.

Multiple therapies have been tried over this period of time.

Oxygen is the only abortive that works.

OXYGEN - I have been treated under the VA community Care program at the Sutter

Cardio Rehab unit for the past 5. months. The primary treatment includes stress

exercise with EKG, BP, pulse and O2 saturation monitoring. O2 sat has always

been in the + 95 area

I also check BP and O2 daily at home. no changes.

The cluster issue has been diagnosed as a malfunction in the hypothalamus sending

a false reading to the brain for increased O2 demand causing expansion of the

brain's cardiovascular and swelling. O2 at 15 LPM is the only therapy that keeps the swelling in check.

With these recent treatments, monitoring and test results and condenses on the

diagnosis by a number of providers I'm thinking additional O2 testing might not

be necessary. I am working with Mather Neurology on this recent flare up

/es/ Eric Kraft, LVN
Primary Care
Signed: 03/25/2022 08:27

Receipt Acknowledged By:
03/25/2022 13:05 /es/ Diane Cheever-Vega,
RN
Nurse, Women's Health McClellan
Clinic
03/25/2022 14:37 /es/ Parvez S. Islam,
MD
Physician, Primary
Care

Radiology Note

Details

Date entered: March 24, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: GINGER MACBRIDE
Signed by: GINGER MACBRIDE
Date signed: March 24, 2022

Note

LOCAL TITLE: Radiology Note
STANDARD TITLE: RADIOLOGY NOTE
DATE OF NOTE: MAR 24, 2022@08:47 ENTRY DATE: MAR 24,
2022@08:47:25
AUTHOR: MACBRIDE, GINGER EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Radiology Note Has ADDENDA ***

EXAM CANCELLATION
Date order was placed: Feb 9, 2022

The patient was scheduled to have a Nuclear Medicine examination of the heart stress test. This examination has been discontinued for the following

reason: OTHER: pt needs to talk to PC and get stabalized with oxygen before traveling

Thank you,
Radiology/Nuclear Medicine Service

/es/ Ginger MacBride
Medical Support Assistant
Signed: 03/24/2022 08:49

Receipt Acknowledged By:
03/24/2022 11:36 /es/ Hoang Thuy Nguyen,
NP
Medical Service,
Cardiology

03/24/2022 ADDENDUM STATUS: COMPLETED
Alerted by Nuc med that stress test was cancelled due to " pt needs to talk to
PC and get stabalized with oxygen before traveling"

Pact team, can you please f/u reorder stress test once oxygen issue is resolved?
Thank you so much for your help.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 03/24/2022 11:45

Receipt Acknowledged By:
03/24/2022 15:01 /es/ Diane Cheever-Vega,
RN
Nurse, Women's Health McClellan
Clinic
03/24/2022 14:54 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

Neurology Secure Messaging

Details

Date entered: March 1, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ANCHINALU M MEHARI**Signed by:** ANCHINALU M MEHARI**Date signed:** March 1, 2022

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: MAR 01, 2022@14:14:03 ENTRY DATE: MAR 01,
2022@11:14:04
AUTHOR: MEHARI, ANCHINALU M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/26/2022 09:40 PM
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Cluster Headaches resume

On 3/24/21 two myocardial infarctions occurred.
Prior to that I was chronic. Events were multiple time's/day for months.
Since the heart attacks zero neuro events.

Last week after 11 months clusters resumed. Now having multiple events per
day
again. 02 has resumed as the only abortive measure.

NP Nickerson was my provider.

-----Original Message-----

Sent: 02/28/2022 02:53 PM
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Cluster Headaches resume

MO myocardial infarctions!
SO SORRY for any confusion. Two of them almost a year ago and chronic
daily
clusters ceased that day. now going on 1- months

Just keeping file up to date on Clusters.

/es/ Anchinalu M Mehari, RN
RNCM Neurology
Signed: 03/01/2022 11:14

Receipt Acknowledged By:
03/02/2022 13:41 /es/ Gasong Yun Nickerson,
DNP
Nurse
Practitioner

CP Cardiology Procedure Report

Details

Date entered: February 24, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: DEVICE PROXY SERVICE CLINICAL
Date signed: None recorded

Note

LOCAL TITLE: CP Cardiology Procedure Report
STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY REPORT
DATE OF NOTE: FEB 24, 2022@16:38:41 ENTRY DATE: FEB 24,
2022@16:38:41

AUTHOR: CLINICAL, DEVICE PRO EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (XCELERA Echo SAC) AUTO-INSTRUMENT DIAGNOSIS **

Procedure: ADULT Adult

Release Status: Released Off-Line Verified
Date Verified: Feb 24, 2022@16:38:18

CP Order Number: 3220222000025
VAMC Sacramento

+-----+

10535 Hospital

Way : :

Mather, CA 95655

+-----+

Transthoracic Echocardiogram Report

--+

:Name: CAMPBELL, RONALD CLARK Study Date: 02/22/2022 Height:

69

in :

:MRN: 546-80-2701 CP #: 3220222000025 Weight:

183

lb:

:DOB: 04/11/1950 Gender: Male BSA: 2.0

m2

:

:Age: 71 yrs

Patient Location: SAC CARDIO ECHO

TECH

:

:Reason For Study: Evaluate ventricular
function

:

-----+

+-----+

:

::Sonographer: Blerina Thaci:

+-----+

:Referring Physician: NGUYEN, HOANG
THUY

:

--+

Procedure: A two-dimensional transthoracic echocardiogram with color flow and Doppler was performed. Previous study/report is available for comparison.

The study quality was technically difficult. The patient was in normal sinus rhythm during the exam.

Left Ventricle: The left ventricle is normal in size. There is mild concentric left ventricular hypertrophy. Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%. Assessment of diastolic parameters indicates a relaxation abnormality of the left ventricle, consistent with normal filling pressures.

Right Ventricle: The right ventricle is normal size. The right ventricular systolic function is normal.

Atria: The left atrial size is normal. Right atrial size is normal.

Aortic Valve: The aortic valve is trileaflet. The aortic valve opens well.

The aortic valve is sclerotic, but shows no functional abnormality. There is no aortic valve stenosis. No aortic regurgitation is present.

Mitral Valve: There is mild mitral annular calcification. There is trace mitral regurgitation.

Pulmonic Valve: The pulmonic valve is normal in structure and function.

Tricuspid Valve: The tricuspid valve is normal in structure and function. There is trace tricuspid regurgitation. TR doppler is inadequate to accurately estimate right ventricular systolic pressure (RVSP).

Great Vessels: The aortic root is normal size. The inferior vena cava appears normal. Right atrial pressure estimate is 5-10 mmHg.

Pericardium/ Pleural Space: No significant pericardial effusion noted.

MMode/2D Measurements \T\ Calculations

IVSd: 1.1 cm	LVIDd: 4.5 cm	Ao root diam: 3.6 cm	EDV(MOD-sp4):
LVPWd: 1.1 cm	LVIDs: 2.7 cm	LA dimension: 3.5 cm	87.9 ml
			ESV(MOD-sp4):
			29.5 ml
			EF(MOD-sp4):
			66.4 %

--

EDV(MOD-sp2):	TAPSE_ph1: 2.6 cm	RA Length_ph1: 4.9 cm	RV Base_ph1:
88.4 ml		RA Width_ph1: 3.3 cm	3.5 cm
ESV(MOD-sp2):			
25.7 ml			
EF(MOD-sp2):			
70.9 %			

--

LAV(MOD-sp2):	LAV(MOD-sp4):	LAV(MOD-sp4) index:
48.1 ml	45.3 ml	

22.8 ml/m2

Doppler Measurements \T\ Calculations

MV E max vel:	Lat Peak E' Vel:	Ao V2 max:	LV V1 max:
67.9 cm/sec	7.1 cm/sec	130.3 cm/sec	95.7 cm/sec
MV A max vel:	Med Peak E' Vel:	Ao max PG:	LV V1 max PG:
76.2 cm/sec	6.9 cm/sec	6.8 mmHg	3.7 mmHg
MV E/A: 0.89		Ao mean PG:	LV V1 mean PG:
MV dec time:		3.6 mmHg	1.7 mmHg
0.21 sec		Ao V2 VTI: 27.1 cm	LV V1 VTI: 17.5 cm

--

PA V2 max: AV VR_ph1: 0.73
81.4 cm/sec
PA max PG: 2.7 mmHg
PA mean PG:
1.3 mmHg
PA V2 VTI: 15.7 cm

QLAB 2DQ/CMQ

10_EF(AP4)(aCMQ):	10_EF(AP2)(aCMQ):	10_EF(Bi-Plane)	10_Global Long
Strain			
71.1 %	71.6 %	(aCMQ): 71.3 %	(aCMQ): -22.0 %
10_EDV(AP4)	10_EDV(AP2)	10_EDV(Bi-Plane)	10_Long Strain(AP2)
(aCMQ): 94.1 ml	(aCMQ): 97.6 ml	(aCMQ): 95.8 ml	(aCMQ): -25.0 %
10_ESV(AP4)	10_ESV(AP2)	10_ESV(Bi-Plane)	10_Long Strain(AP3)
(aCMQ): 27.2 ml	(aCMQ): 27.8 ml	(aCMQ): 27.5 ml	(aCMQ): -19.0 %
			10_Long Strain(AP4)
			(aCMQ): -22.0 %

Interpretation Summary

There is mild concentric left ventricular hypertrophy.

Global left ventricular systolic function is normal. The ejection fraction estimate is 65-70%.

Assessment of diastolic parameters indicates a relaxation abnormality of the

left ventricle, consistent with normal filling pressures.

The right ventricular systolic function is normal.

The aortic valve is mildly sclerotic without stenosis.
There is trace mitral regurgitation.
There is trace tricuspid regurgitation.

--

Electronically signed by: Amogh Bhat, MD on 02/24/2022

04:38

Reading Physician:PM

Administrative Closure: 02/24/2022

by:

CLINICAL, DEVICE PROXY SERVICE

Radiology Administrative Note

Details

Date entered: February 10, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ANN ROCHELLE MOORE

Signed by: ANN ROCHELLE MOORE

Date signed: February 10, 2022

Note

LOCAL TITLE: Radiology Administrative Note

STANDARD TITLE: RADIOLOGY ADMINISTRATIVE NOTE

DATE OF NOTE: FEB 10, 2022@14:38 ENTRY DATE: FEB 10,
2022@14:38:28

AUTHOR: MOORE, ANN ROCHELLE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

RADIOLOGY SCHEDULING NO CONTACT LETTER

FEB 10, 2022

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

DEAR MR. RONALD CLARK CAMPBELL

We are attempting to schedule you for an imaging test ordered by your provider. We have attempted to contact you at the phone number listed in our database and have been unsuccessful. Please contact us within 14 days

of date this letter to schedule your appointment for: NUCLEAR MEDICINE

You can reach us at:

916-843-7291 - Nuclear Medicine, Mather/Redding

We look forward to assisting you in scheduling your imaging test.

Sincerely,

/es/ ANN ROCHELLE MOORE

Patient Record Number 7468482

Cardiology EKG Completion Note

Details

Date entered: February 9, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ROGER PEREZ

Signed by: ROGER PEREZ

Date signed: February 9, 2022

Note

LOCAL TITLE: Cardiology EKG Completion Note

STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY NOTE

DATE OF NOTE: FEB 09, 2022@10:06 ENTRY DATE: FEB 09,
2022@10:06:14

AUTHOR: PEREZ, ROGER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

EKG COMPLETION - NURSE/TECH

EKG completed and given to the Ordering Provider for review: Yes

Reviewed by Nguyen, Hoang NP.

/es/ Roger Perez

Medical Instrument Technician

Signed: 02/09/2022 10:07

Cardiology

Details

Date entered: February 9, 2022

Location: SACRAMENTO VA MEDICAL CENTER

Written by: HOANG THUY NGUYEN

Signed by: HOANG THUY NGUYEN

Date signed: February 9, 2022

Note

LOCAL TITLE: Cardiology
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: FEB 09, 2022@09:46 ENTRY DATE: FEB 09,
2022@09:46:22
AUTHOR: NGUYEN, HOANG THUY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Cardiology Has ADDENDA ***

CARDIOLOGY NP F/U NOTE

Patient was identified by full name, SS# and/or birthdate.

Patient came in with: ☒ Self
☐ Spouse
☐ Other:

Last visit: 10/2021

71MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 71 y/o M,

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES
and
mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis
of
the Circumflex and LAD requiring balloon angio. EF preserved
#hypertension,
#T2DM
#A. fib (on Pradaxa), 6/2019 at Kaiser
#COPD,
#PE 6/2019
#prostate cancer
#HLD
#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Pt reports SOB x few months, thought it was due to Asthma/COPD as this usually happens with cold weather

Exercise: started cardio rehab at Sutter but is cancelled due to COVID, no regular exercise, walk down to mailbox 0.5 there and back up steep hills.

No issues if take it slowly, if walk fast then SOB at 0.25 miles
Wt gain: feels it's due to the holidays, still eating too many carbs, still not eating meat, also "not moving due to cold"

home vs

SBP 130s/70s HR 60s

=====

CARDIAC ROS:

=====

Activity:

[]N [x]Y Pressure like pain at bottom of L ribcage, "maybe bad indigestion"

occurs QOD, "at rest and bored...with distraction I don't think I notice it",

"doesn't feel like previous heart attack" no n/v/dizzy/f/diaphoresis/radiation.

No provocation, self-resolve with time, have not had to take nitro, lasts 10-

15mins

[]N [x]Y SOB: with exertions, feels marked changed since Jan 2022

[x]N []Y Dizziness:

[x]N []Y Syncope:

[]N [x]Y Palpitations: 1 x BP 172 hr 60s

[x]N []Y Orthopnea: 2

[x]N []Y PND: CPAP compliant

[x]N []Y Edema:

[x]N []Y Myalgias:

Other:

no bleeding issues/dark stools

=====

[x]N []Y TOB:

[]N [x]Y ETOH: 3oz wine/week

[x]N []Y ILLICIT DRUGS:

=====

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. OA - Osteoarthritis (SCT 396275006)	09/30/2019
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019
12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	02/04/2016
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status
=====		
2)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
4)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
5)	FLUTICAS 500/SALMETEROL 50 INHL DISK 60 INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - RINSE MOUTH OUT AFTER USE. TO PREVENT TROUBLE BREATHING	ACTIVE
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH FOR CLUSTER HEADACHE	ACTIVE
7)	GLIPIZIDE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH	ACTIVE
8)	LANCET,SOFTCLIX USE LANCET AS DIRECTED TWO TO THREE TIMES A WEEK FOR FINGER STICK.	ACTIVE
9)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
10)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE
11)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
12)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
14)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE

- 15) TABLET CUTTER USE DEVICE AS DIRECTED TO SPLIT ACTIVE
TABLETS.
- 16) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A ACTIVE
DAY AS NEEDED

17 Total Medications

No Active Remote Medications for this patient

(goes by list, did not have list with him., updated list provided)

=====

EXAM:

=====

Wt: 193 lb [87.7 kg] (02/09/2022 09:36) Measurement DT WEIGHT
LB(KG)[BMI]

02/09/2022 09:36 193(87.54)[29*]
06/01/2021 09:13 188.9(85.68)[28*]
05/06/2021 14:33 191(86.64)[28*]
12/03/2019 12:34 192(87.09)[28*]

Temp: 96.9 F [36.1 C] (02/09/2022 09:36)
HR: 60 (02/09/2022 09:36)
BP: 138/64 (02/09/2022 09:36)

Pt ambulated to room with no issues, speaking full sentences

Neck:jvd not elevated, no hjr

Lungs: diminished to lower, good respiratory efforts

Cardiac:RRR, S1, S2 no murmurs

Abdomen: obese, soft, ntnd

Ext: no edema DP 1+

=====

LABORATORY/STUDIES: Results reviewed with patient

=====

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104

04/21/2021 16:35	PLASMA	86	13	0.85	138	3.7	103

Collection DT	Spec	Lab	WBC	HGB	HCT	MCV	MCHC
05/18/2021 08:07	BLOOD [634]		5.0	14.6	45.9	95.0	31.8

04/21/2021 16:35	BLOOD [634]		7.4	14.9	45.3	93.2	32.9

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

Collection DT	Spec	Lab	HGBA1c
05/18/2021 08:07	BLOOD [634]		6.3 H
08/04/2020 08:39	BLOOD [634]		6.3 H

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

Collection DT	Spec	Lab	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
05/18/2021 08:07	PLASM [634]		127	50	48	69	
08/04/2020 08:39	PLASM [634]		177	89	59	100	

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

Collection DT	Spec	Lab	BNP
04/21/2021 16:35	PLASM [634]		123 H
08/04/2020 08:40	PLASM [634]		19.9

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Left ventricular systolic function is normal.
The ejection fraction estimate is 55-60%.
There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.
No significant valvular abnormalities identified.
Unable to estimate the RVSP due to the trivial TR jet.
Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.
Normal right ventricular size and function.
A trivial pericardial effusion is present.

Findings

Mitral Valve

Structurally normal mitral valve.
Trace mitral regurgitation.

Aortic Valve

Trileaflet aortic valve.
Trace aortic insufficiency.

Tricuspid Valve

Structurally normal tricuspid valve.
Trace tricuspid regurgitation. Cannot assess RV systolic pressure due to inadequate TR envelope.

Pulmonic Valve

Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.

Left Atrium

Normal left atrial size.

Left Ventricle

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.

Right Atrium

Normal right atrial dimensions.

Right Ventricle

Normal right ventricular size and function.

Pericardial Effusion

A trivial pericardial effusion is present.

Aorta

The visualized portion of the proximal ascending aorta is normal in caliber.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)

STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.
LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.

Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic.

After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments: Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial. 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary

lesion.

Comments: Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%..
Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as: Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021 Start: 08:26 AM End: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Procedure Indication(s)

Prior to transport to the ICU, the patient developed sudden crushing chest pain. He was quickly placed back on the cath table for repeat angiography.

Procedure Summary

Acute stent thrombosis of the Circumflex and LAD, secondary to inadequate anti-coagulation/anti-platelet therapy. ACT values from previous case were likely falsely elevated due to recent pradaxa use.

Balloon angioplasty of the proximal Circumflex stent and the mid LAD stent.

IVUS evaluation of the LAD and Circumflex stents (both well-apposed and well-expanded).

Repeat boluses of heparin and GP 2b/3a given.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

A 6 french EBU 3.5 guide catheter was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex and an additional runthrough wire was placed in the distal LAD. The proximal Circumflex was treated with balloon angioplasty using a 4.0 x 12 mm NC balloon with resolution of intra-stent clot and resumption of TIMI-3 flow. The LAD was treated with balloon angioplasty using a 2.0 x 12 mm balloon and a 3.0 x 12 mm NC balloon. Both stents were evaluated with IVUS, and both were well-expanded and well-apposed. Likely due to falsely elevated ACT values in the setting of recent pradaxa use.

Angiographic Findings

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021 Start: 09:47 AM End: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#Angian: atypical but given reports of SOB, Fatigue, dec functional capacity and

h/o stent thrombosis will order MPS to eval

#HTN: goal <130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCI. Euvolemic on exam.

-cont to HOLD ASA 81mg, currently on dabigatran and Plavix, once stop Plavix,

resume ASA indefinitely

-cont Plavix 75mg QD x 30 months given (9/24/2023), close monitoring of bleeding

-Beta-blocker: cont metoprolol succinate 12.5mg, prev stopped Bisoprolol due to

brady

-start amlodipine 5mg daily, fall precautions discussed

-nitroglycerin 0.4mg SL prn, appropriate use and ER precautions discussed, no

PDE5i

-cont Cardiac rehab, on hold due to COVID

-consult placed for pedal exerciser

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

- per pt has Echo scheduled with Sutter end of March but would like to be placed

on Echo cancellation list to avoid the co-pay, pt will keep appt at Sutter if

unable to get in sooner at Mather

#HLD: 3/25/21 at Kaiser per JLV - Chol 120, TG 110, HDL 42, LDL 56-->5/2021

Chol 127, TG 50, HDL 69, LDL 48

-cont rosuvastatin 20mg QD

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM)

-Rate control: BB as above

-Anticoagulation: cont dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Patient discussed with Attending Physician, Dr. Lam and the treatment plan was developed jointly.

F/U: 1 month

PPE during encounter: Patient and CG wore facemask, provider wore double face mask, face shield, gloves during visits, surfaces wiped after visit.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 02/09/2022 12:22

Receipt Acknowledged By:

02/09/2022 12:24 /es/ Matthew Lam,
MD

Staff Physician,

Cardiology

02/09/2022 ADDENDUM

STATUS: COMPLETED

Plan of care discussed with NP Linda (Hoang) Nguyen.

Complaints of SOB. Query atypical anginal equivalent vs COPD/asthma vs deconditioning.

Past history significant for CAD s/p PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES in context of inf STEMI in March 2021, post-cath course complicated by immediate IST attributed to subtherapeutic ACT (? Pradaxa interference). Preserved LVEF reported then.

- Check echo, reasonable to obtain pharm MIBI given past history r/o ischemia
- Add amlodipine anti-anginal given BP readings today
- Cont Pradaxa for parox a-fib hx, CHADSVASC2 score of 3
- Cont Plavix for at least 12 mo (after 3/2022). If no significant risk of bleeding, could consider extending out 30 mo duration (DAPT score 1) vs restarting ASA 81mg daily
- Cont metoprolol and rosuvastatin as prescribed
- On losartan for HTN

RTC w/ NP as ordered.

/es/ Matthew Lam, MD
Staff Physician, Cardiology
Signed: 02/09/2022 12:33

Cardiology LVN Note

Details

Date entered: February 8, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BLAINE E ENGBERG
Signed by: BLAINE E ENGBERG
Date signed: February 8, 2022

Note

LOCAL TITLE: Cardiology LVN Note
STANDARD TITLE: CARDIOLOGY NURSING NOTE
DATE OF NOTE: FEB 08, 2022@10:03 ENTRY DATE: FEB 08,
2022@10:03:22
AUTHOR: ENGBERG, BLAINE E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Attempted to contact veteran, left message regarding 2/9/22 in person appointment at 0930. Left name and callback number for any questions.

/es/ BLAINE E ENGBERG
LVN, Cardiology, Mather VA
Signed: 02/08/2022 10:03

Neurology Secure Messaging

Details

Date entered: February 4, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ANCHINALU M MEHARI
Signed by: ANCHINALU M MEHARI
Date signed: February 4, 2022

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: FEB 04, 2022@15:03:33 ENTRY DATE: FEB 04,
2022@12:03:33
AUTHOR: MEHARI, ANCHINALU M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 02/03/2022 08:17 PM
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.@
Subject: Galcanezumab

10 months ago we discontinued galcanezumab and Dihydroergotamine following the cessation of cluster headaches on 3/24/2021 after two myocardial infarction events.

Both medications had been effective in reducing the number and severity of attacks.

Headaches have returned during the past week.
The DHE cannot be considered for treatment due to warnings against prescribing due to the medication contributing to reported heart attacks and deaths for patients with my medical history.

That leaves one just one prophylactic medication for treatment that has been effect.

Oxygen will continue to be the primary abortive option.

Please renew the galcanezumab prescription we terminated last year. The plan of course was that the issue would not return, but unfortunately, that doesn't seem to be the case.
NP Nickerson and I discussed this possibility and reinstitution of the EMGALITY treatment should the attacks return.

Regards

Ron Campbell

see attachment of the prescription.

/es/ Anchinalu M Mehari, RN
RNCM Neurology
Signed: 02/04/2022 12:03

Receipt Acknowledged By:
02/04/2022 14:52 /es/ Gasong Yun Nickerson,
DNP
Nurse
Practitioner

02/04/2022 ADDENDUM STATUS: COMPLETED
I have placed an order for galcanezumab 300mg/monthly with 5 refills. I
hope
this works for you. If you need further assistance, let me know.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 02/04/2022 14:55

Receipt Acknowledged By:
02/04/2022 15:06 /es/ Anchinalu M
Mehari, RN
RNCM
Neurology

02/04/2022 ADDENDUM STATUS: COMPLETED
Patient was informed above via secure message.

/es/ Anchinalu M Mehari, RN
RNCM Neurology
Signed: 02/04/2022 15:07

Cardiology Secure Messaging

Details**Date entered:** January 25, 2022**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** NORMITA FRANCISCO STA ROSA**Signed by:** NORMITA FRANCISCO STA ROSA**Date signed:** January 25, 2022**Note**

LOCAL TITLE: Cardiology Secure Messaging

STANDARD TITLE: CARDIOLOGY SECURE MESSAGING

DATE OF NOTE: JAN 25, 2022@17:48:05 ENTRY DATE: JAN 25,
2022@14:48:05

AUTHOR: STA ROSA,NORMITA FR EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 01/25/2022 08:37 AM

From: CAMPBELL, RONALD CLARK

To: Cardiology - Mather.@" data-bbox="69 592 557 611" data-label="Text">Subject: Myocardial Infarction Follow Up

On 3/24/2021 two myocardial infarctions were experienced due to 80% blockage of the circumflex artery and 100% blockage of the LAD. This resulted in two serious coding events.

As follow up to this event an echo scan was planned at 12 months

I would like to schedule this test for after Feb 24 and any others that are deemed appropriate.

Please ask someone to contact me as soon as possible for this scheduling.

-----Original Message-----

Sent: 01/25/2022 05:47 PM
From: STA ROSA, NORMITA FRANCISCO
To: CAMPBELL, RONALD CLARK
Subject: Myocardial Infarction Follow Up

Hello Mr. Will forward your message to your provider along with the information you provided during our telephone conversation. Thank you.

Take care.

/es/ Normita F Sta Rosa, RN
Nurse, Cardiology Spec Clinic, Mather
Signed: 01/25/2022 14:48

01/25/2022 ADDENDUM STATUS: COMPLETED
RNCM spoke with this veteran verified ID x2 states "had a discussion about a follow up echo (6 to 1 yr after my heart attack) the last time I was at cardiology clinic and want to know if this is being scheduled".

Vet states "doing okay, gets SOB but I attribute that to my asthma and holiday wt gain which I am working on now actually switched to plant based since then".

Vet denies CP, no swelling anywhere, no heart rcaing, no dizziness". Most recent BP/HR range from 115-120/60-70's hR 60"s

"Wt is at 187 lbs the last 3 days but was around 180 on Thanksgiving, avoiding salt now and doing what I am supposed to do". Reiterated heart healthy diet , avoiding salt in foods. Vet expressed understanding of this instruction.

Reviewed active medications confirms taking his medications as instructed,
no
misses.

CPRS appt: 2/9/22 at 09:30 NP2 Card

/es/ Normita F Sta Rosa, RN
Nurse, Cardiology Spec Clinic, Mather
Signed: 01/25/2022 14:58

Receipt Acknowledged By:
01/25/2022 17:20 /es/ Hoang Thuy Nguyen,
NP
Medical Service,
Cardiology

Primary Care Secure Messaging

Details

Date entered: January 25, 2022
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: January 25, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JAN 25, 2022@15:47:08 ENTRY DATE: JAN 25,
2022@12:47:09
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----
Sent: 01/25/2022 08:30 AM

From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Jan 25 CT scan

The CT scan scheduled for today has been cancelled with no apparent reschedule.

I don't recall if this was the scheduled follow up for the life threatening cardio or pulmonary issues.

Please have someone advise/remind me of the purpose of the scan.

Regards. Ron Campbell

/es/ Eric Kraft, LVN
Primary Care
Signed: 01/25/2022 12:47

Receipt Acknowledged By:

01/26/2022 14:12 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

01/25/2022 14:23 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

Primary Care Secure Messaging

Details

Date entered: January 7, 2022

Location: MCCLELLAN VA CLINIC

Written by: DIANE CHEEVER-VEGA

Signed by: DIANE CHEEVER-VEGA**Date signed:** January 7, 2022**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JAN 07, 2022@17:37:18 ENTRY DATE: JAN 07,
2022@14:37:19

AUTHOR: CHEEVER-VEGA,DIANE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 01/06/2022 09:57 PM
From: CAMPBELL, RONALD CLARK
To: **Islam, P (Primary Care) - McClellan
Subject: Prostate Cancer PSA

I'm not certain I am
addressing the right person however it is possible an annually schedule
PSA
test may not have been performed for over 3 years.

Gleason score of 9.5 and two bouts with cancer tested by surgery and
radiation
over a 3 year period generated this follow up schedule.

Please let me know who I should be contacting about this. As part of
Deputy
Director Stockwell's focus group on COVID implementation I understand the
challenges the health care system is under. I'm hoping this stress will
not
influence this patient's much needed attention to this matter.

Regard's

Ron Campbell

-----Original Message-----

Sent: 01/07/2022 05:35 PM
From: FEBBO-WILSON, BARBARA JEAN
To: CAMPBELL, RONALD CLARK
Subject: Prostate Cancer PSA

Hi yes this was ordered

Barbara Febbo-Wilson MD
covering for Dr. Nakhaee

/es/ Diane Cheever-Vega, RN
Nurse, Women's Health McClellan Clinic
Signed: 01/07/2022 14:37

TCP Telephone Care Staff Note

Details

Date entered: January 7, 2022
Location: MARTINEZ VA MEDICAL CENTER
Written by: DANIEL A CARRILLO
Signed by: DANIEL A CARRILLO
Date signed: January 7, 2022

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JAN 07, 2022@08:28:48 ENTRY DATE: JAN 07,
2022@08:31:02

AUTHOR: CARRILLO, DANIEL A EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Type of call: CALL BACK.

Contact Phone Number: (206)295-2554

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

The following identifiers were used to verify this patient: DOB. SSN.

Caller Area: MCCLELLAN

Comments:

Patient req an order for a PSA check. Pt states that he will be at the VA today
and req to have it done today if possible. Best number: (206)295-2554

Chief Complaint: Not applicable to call.

Caller Response: *OTHER

Author: CARRILLO, DANIEL A

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 1/7/2022 @ 8:28:48 AM

Ending at: 1/7/2022 @ 8:29:56 AM

Length: 1 minutes.

/es/ DANIEL A CARRILLO

Medical Support Assistant

Signed: 01/07/2022 08:31

Receipt Acknowledged By:

01/07/2022 16:08 /es/ Parvez S. Islam,
MD

Physician, Primary

Care

01/07/2022 14:37

/es/ Diane Cheever-Vega,

RN

Nurse, Women's Health McClellan

Clinic

01/18/2022 07:46

/es/ Eric Kraft,

LVN

Primary

Care

Primary Care Secure Messaging

Details

Date entered: January 6, 2022**Location:** MCCLELLAN VA CLINIC**Written by:** DIANE CHEEVER-VEGA**Signed by:** DIANE CHEEVER-VEGA**Date signed:** January 6, 2022

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JAN 06, 2022@18:51:36 ENTRY DATE: JAN 06,
2022@15:51:36

AUTHOR: CHEEVER-VEGA, DIANE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 01/05/2022 12:43 AM

From: CAMPBELL, RONALD CLARK

To: **Islam, P (Primary Care) - McClellan

Subject: LAST PSA TEST

It appears I have many have a Primary Care Provider Change I was not advised

of. If so, I'm glad to begin working with you on my care.

I thought PSA was being checked annually due to a high risk of reoccurrence with prostate cancer at a Gleason Score of 9.5. treated via a radical prostatectomy followed by reoccurrence of the cancer 24 months later treated with 54 radiation treatments. I searched VA records tonight and found last PSA annual lab test may not have been completed as I have believed. If my search is in error and PSA has been checked in the last 12 months, please let me know how to access the test results. If the annual PSA check is due, please place an order for that and I will complete it at the Auburn clinic immediately.

Thank you

Ron Campbell

/es/ Diane Cheever-Vega, RN
Nurse, Women's Health McClellan Clinic
Signed: 01/06/2022 15:51

Sleep Clinic Telephone Note

Details

Date entered: January 5, 2022
Location: SACRAMENTO VA MEDICAL CENTER
Written by: SUZANA MALIK
Signed by: SUZANA MALIK
Date signed: January 5, 2022

Note

LOCAL TITLE: Sleep Clinic Telephone Note
STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JAN 05, 2022@13:52 ENTRY DATE: JAN 05,
2022@13:52:16
AUTHOR: MALIK, SUZANA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Mode Audio
Time spent 6 minutes

Vetearn called asking for his annual PAP supplies. I will issue him mask and filters from clinic when he comes as walkin tomorrow. They will be at the front desk. Will order the Climateline Oxy Tubing because we do not have them in stock

Issued from clinic following
01 12/pack hypoallergenic filters#36852
02 Respironics Amara view ffm#1090670.

/es/ Suzana Malik
Medical Instrument Technician (Sleep)
Signed: 01/05/2022 13:57

Cardiology Secure Messaging

Details

Date entered: December 30, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROSEMARIE P MACALISANG
Signed by: ROSEMARIE P MACALISANG
Date signed: December 30, 2021

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: DEC 30, 2021@17:00:10 ENTRY DATE: DEC 30,
2021@14:00:11
AUTHOR: MACALISANG, ROSEMARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/23/2021 02:30 PM
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Medication Inquiry
Attachments: 56F842A9-191E-499D-B620-CCF661D0070C.jpeg (442.34 KB)

VA Pharmacy has sent a replacement COPD/Asthma medication.
The medication has a number of moderate possible interactions with some of
my
current medications and current medical conditions.

1. Has VA pharmacy reviewed these and evaluated the patient's risks
associated
with this medication prior to processing?
2. Is there a consultation planned to advise the patient of the risks,
benefits
and any alternative medication choices?
3. With many of these interactions relating to cardio and my cardio event
rehab
program, is this an acceptable medication to introduce at this time?

Please see the attached information regarding these interactions as they
relate
to patient status.

I am focusing on the possible and cardio risk factors i.e. impact on blood
glucose levels management, pulse management, hypertension management and
other

listed cardio interactions.

Please let me know what action I need to take for securing this information

Regards

Ronald Campbell 2701

-----Original Message-----

Sent: 12/30/2021 05:00 PM

From: MACALISANG, ROSEMARIE P

To: CAMPBELL, RONALD CLARK

Subject: Medication Inquiry

Hi Mr. Campbell, I will forward this information/inquiry to your Cardiology

Provider and will notify you back once we get the response.

Have a Happy and Blessed New Year and stay safe!

Rosemarie, RN

/es/ Rosemarie P. Macalisang, RN

RN Care Manager, Cardiology Clinic/SAC

Signed: 12/30/2021 14:00

Receipt Acknowledged By:

12/30/2021 14:09 /es/ IRENE RACHEL
SANCHEZ

Nurse Practitioner,
Cardiology

for HOANG THUY
NGUYEN

12/30/2021 ADDENDUM

STATUS: COMPLETED

Spoke with pt today he was taking symbicort but VA no longer carries so he was given Advair; he was told by PCP this med pred the same so he will continue using it. Denied any chest discomfort or SOB today advised to keep his appt with cardio 2/2022.

/es/ IRENE RACHEL SANCHEZ

Nurse Practitioner, Cardiology

Signed: 12/30/2021 14:14

Receipt Acknowledged By:

12/30/2021 14:48 /es/ Rosemarie P. Macalisang,

RN

RN Care Manager, Cardiology Clinic/

SAC

CPAP/BiPAP Sleep Follow-up

Details

Date entered: December 27, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SKYE M LAUGHRIDGE**Signed by:** SKYE M LAUGHRIDGE**Date signed:** December 27, 2021

Note

LOCAL TITLE: CPAP/BiPAP Sleep Follow-up

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: DEC 27, 2021@17:01 ENTRY DATE: DEC 27, 2021@17:01:59

AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

THIS IS NOT AN IN CLINIC APPT!

Chart review: wireless remote PAP data

campbell, ronald

09/28/2021 - 12/26/2021

Patient ID: 2701

DOB: 04/11/1950

Age: 71 years

612 - Northern California HCS

Compliance Report

Compliance

Payor Standard

Usage 09/28/2021 - 12/26/2021

Usage days 86/90 days (96%)

>= 4 hours 81 days (90%)

< 4 hours 5 days (6%)

Usage hours 517 hours 46 minutes

Average usage (total days) 5 hours 45 minutes

Average usage (days used) 6 hours 1 minutes

Median usage (days used) 6 hours 12 minutes

Total used hours (value since last reset - 12/26/2021) 2,689 hours

AirSense 10 AutoSet

Serial number 23192185375

Mode CPAP

Set pressure 8 cmH2O

EPR Fulltime

EPR level 2

Therapy

Leaks - L/min Median: 10.0 95th percentile: 42.8 Maximum: 79.0

Events per hour AI: 2.0 HI: 0.8 AHI: 2.8

Apnea Index Central: 0.9 Obstructive: 0.4 Unknown: 0.5

RERA Index 0.4

Cheyne-Stokes respiration (average duration per night) 0 minutes (0%)

=====

Compliance: good (usage > 70%)
AHI: normal (normal<5)
Leak: acceptable (< 30 mins)

Standing order for techs, during follow-up auto-CPAP downloads:

1. If AHI > 5 and leak is high, make mask adjustments
2. If AHI > 5 and minimal leak, check AHI breakdown
 - a. If elevated obstructive and/or hypopneas and AHI 5-10, increase minimum pressure by 2 cm H2O. If AHI 11-20, increase min pressure by 3 cm H2O. If AHI > 20, consult with MD/NP.
 - b. If elevated central apneas >5 or periodic breathing > 15%, inform sleep MD/NP
3. If low usage, schedule for phone appointment with tech to discuss and address barriers to PAP compliance.

Plan:

Pt is to continue using machine nightly for at least 4-6 hours.

Follow Up:

Next download in one year for review of data.

* For re-ordering new mask, hose and filters, pt should call prosthetics directly at (916) 843-9172.

* To schedule an appt. with the cpap clinic, pt should call 916-843-9350.

Primary diagnosis sleep apnea (OSA)
G47.33 Obstructive Sleep Apnea
99091 Data collection

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 12/27/2021 17:02

Primary Care Secure Messaging

Details

Date entered: December 23, 2021
Location: MCCLELLAN VA CLINIC
Written by: BARBARA JEAN FEBBO-WILSON
Signed by: BARBARA JEAN FEBBO-WILSON
Date signed: December 23, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 23, 2021@15:44:07 ENTRY DATE: DEC 23,
2021@12:44:07
AUTHOR: FEBBO-WILSON, BARBAR EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/23/2021 02:23 PM
From: CAMPBELL, RONALD CLARK
To: **Febbo-Wilson, B (Primary Care) - McClellan
Subject: Fluticasone Meterol Interractions
Attachments: FE4210BC-33E2-4F92-B087-5571DCAD7E63.jpeg (442.34 KB)

VA Pharmacy has sent a replacement COPD/Asthma medication.
The medication has a number of moderate possible interactions with some of
my
current medications and current medical conditions.

1. Has VA pharmacy reviewed these and evaluated the patient t risks
associated
with this medication prior to processing?

2. Is there a consultation planned to advise the patient of the risks, benefits and any alternative medication choices?

Please see the attached information regarding these interaction as they relate to patient status.

I am focusing on the possible negative pulmonary and cardio risk factors.

Please let me know what action I need to take for securing this information

Regards

Ronald Campbell 2701

-----Original Message-----

Sent: 12/23/2021 03:43 PM

From: FEBBO-WILSON, BARBARA JEAN

To: CAMPBELL, RONALD CLARK

Subject: Fluticasone Meterol Interractions

Attachments: symbicort.pdf (839.08 KB)

Those are the same interactions that could occur with the previous medication

(Budesonide Formoterol) since both contain steroids and similar long acting bronchodilators

There is no contraindication to switching

You can call the pharmacy if you have questions

This medication is a therapeutic substitution that is equally safe and effective

Barbara Febbo-Wilson MD
covering for Dr. Solari

/es/ Barbara Jean Febbo-Wilson, M.D.
Primary Care Physician
Signed: 12/23/2021 12:44

Primary Care Secure Messaging

Details

Date entered: December 21, 2021
Location: MCCLELLAN VA CLINIC
Written by: DIANE CHEEVER-VEGA
Signed by: DIANE CHEEVER-VEGA
Date signed: December 21, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 21, 2021@15:36:49 ENTRY DATE: DEC 21,
2021@12:36:50
AUTHOR: CHEEVER-VEGA,DIANE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/18/2021 12:20 AM
From: CAMPBELL, RONALD CLARK
To: **Febbo-Wilson, B (Primary Care) - McClellan
Subject: Rx# 25872521

Please renew this expired prescription.

HAPPY HOLIDAYS!

Ron Campbell
Meadow Vista

-----Original Message-----

Sent: 12/20/2021 01:22 PM
From: FEBBO-WILSON, BARBARA JEAN
To: CAMPBELL, RONALD CLARK
Subject: Rx# 25872521

can you tell me which medication?

Barbara Febbo-Wilson MD
covering for Dr. Solari

-----Original Message-----

Sent: 12/20/2021 07:46 PM
From: CAMPBELL, RONALD CLARK
To: **Febbo-Wilson, B (Primary Care) - McClellan
Subject: Rx# 25872521
Attachments: B3FFA014-145F-4638-897A-8D5809BBEF6D.png (507.24 KB)

Pharmacy had already moved it to the "history" file

/es/ Diane Cheever-Vega, RN
Nurse, Women's Health McClellan Clinic
Signed: 12/21/2021 12:36

Receipt Acknowledged By:

12/21/2021 12:48 /es/ James H. Nuovo,
MD

Staff Physician,
Hospitalist

Sleep Clinic Telephone Note

Details

Date entered: November 24, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SKYE M LAUGHRIDGE

Signed by: SKYE M LAUGHRIDGE

Date signed: November 24, 2021

Note

LOCAL TITLE: Sleep Clinic Telephone Note
STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: NOV 24, 2021@08:44 ENTRY DATE: NOV 24,
2021@08:44:33
AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

I called pt. regarding his CPAP issues and verified X2.

Pt stated the machine is working great now and there is no longer any issues. Pt stated he is going to continue using his cpap nightly since he understands how important it is.

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 11/24/2021 08:47

Cardiology Secure Messaging

Details

Date entered: November 22, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ROSEMARIE P MACALISANG

Signed by: ROSEMARIE P MACALISANG

Date signed: November 22, 2021

Note

LOCAL TITLE: Cardiology Secure Messaging

STANDARD TITLE: CARDIOLOGY SECURE MESSAGING

DATE OF NOTE: NOV 22, 2021@17:38:46 ENTRY DATE: NOV 22,
2021@14:38:47

AUTHOR: MACALISANG, ROSEMARI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 11/19/2021 12:12 PM

From: CAMPBELL, RONALD CLARK

To: Cardiology - Mather.@"

Subject: COAP OUT

The importance of establishing dedicated use of the CPAP following the two myocardial infarctions and subsequent coding events I experienced has been implemented to date.

Today the unit became non functional. Email and phone messages have been left in the department responsible for urgent replacement.

I am current in a Cardio Rehab VA community care confirmed at Sutter Roseville and they also emphasized the importance of using the CPAP every day.

My last replacement of equipment took about 2-3 weeks through the department.

This may not be the best now.

If use of this equipment is still an important safety and/or cardio recovery

perhaps a priority replacement t request from Mather Cardio would expedite the process.

If,however, not using the equipment is not that important please let me know.

If the use of the CPAP

-----Original Message-----

Sent: 11/22/2021 05:38 PM
From: MACALISANG, ROSEMARIE P
To: CAMPBELL, RONALD CLARK
Subject: COAP OUT

Hi Mr. Campbell, it`s important that you`re compliant with using your CPAP machine. I will alert CPAP/Sleep Lab and your Cardiology Provider regarding these information.

Rosemarie, RN

/es/ Rosemarie P. Macalisang, RN
RN Care Manager, Cardiology Clinic/SAC
Signed: 11/22/2021 14:38

Receipt Acknowledged By:

11/23/2021 17:27 /es/ Skye
Laughridge

Health Tech - Sleep

Lab

11/23/2021 17:01 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

11/23/2021 ADDENDUM

STATUS: COMPLETED

Agree it's important for pt to use CPAP. Cardiology doesn't have control over

Sleep clinic. Sleep tech have been tagged on above note. I also sent a message

via teams to Laughridge, Skye

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 11/23/2021 17:04

11/23/2021 ADDENDUM

STATUS: COMPLETED

Pts. remote data shows that he has been able to use it and data results are

all normal. I will contact the pt to see what is making it non-functional. Pt

will have to bring the machine in for an evaluation. The machine will be checked and trouble-shooted, if needed. If machine is not able to be trouble-

shooted, it will be replaced.

Compliance summary:

campbell, ronald

11/10/2021 - 11/22/2021

Patient ID: 2701

DOB: 04/11/1950

Age: 71 years

612 - Northern California HCS

Compliance Report

Compliance

Payor Standard

Usage 11/10/2021 - 11/22/2021

Usage days 13/13 days (100%)

>= 4 hours 13 days (100%)

< 4 hours 0 days (0%)

Usage hours 85 hours 10 minutes

Average usage (total days) 6 hours 33 minutes

Average usage (days used) 6 hours 33 minutes

Median usage (days used) 6 hours 30 minutes

Total used hours (value since last reset - 11/22/2021) 2,499 hours

AirSense 10 AutoSet

Serial number 23192185375

Mode CPAP

Set pressure 8 cmH2O

EPR Fulltime

EPR level 2

Therapy

Leaks - L/min Median: 8.9 95th percentile: 41.1 Maximum: 71.0

Events per hour AI: 2.1 HI: 0.7 AHI: 2.8

Apnea Index Central: 1.0 Obstructive: 0.6 Unknown: 0.5

RERA Index 0.3

Cheyne-Stokes respiration (average duration per night) 1 minutes (0%)

/es/ Skye Laughridge

Health Tech - Sleep Lab

Signed: 11/23/2021 17:36

Injections, Immunizations, Skin Tests

Details

Date entered: November 22, 2021

Location: LOUIS A. CONTER VA CLINIC

Written by: JUDY LYNN RODRIGUEZ

Signed by: JUDY LYNN RODRIGUEZ

Date signed: November 22, 2021

Note

LOCAL TITLE: Injections, Immunizations, Skin Tests

STANDARD TITLE: IMMUNIZATION NOTE

DATE OF NOTE: NOV 22, 2021@14:45 ENTRY DATE: NOV 22,
2021@14:45:54

AUTHOR: RODRIGUEZ, JUDY LYNN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

The patient was given the influenza VIS which lists the benefits and side effects of the vaccine and which reviews the risks of not receiving the flu vaccine. The VIS was reviewed with the patient and they were given an opportunity to ask questions. The patient was provided education on how to decrease the risk of influenza infection including social distancing and use of good hand hygiene. The patient denied any prior severe reaction to the flu vaccine or its components. The patient gave verbal consent to receive the vaccine.

Influenza, Quadrivalent, Adjuvanted (Fluad - syringe)

Administered: INFLUENZA VACCINE, QUADRIVALENT, ADJUVANTED

Date Administered: Nov 22, 2021 13:45

Series: Series 1

Manufacturer: SEQIRUS

Lot: 312879

Exp Date: Jun 30, 2022

NDC: 070461012103

Admin Route/Site: INTRAMUSCULAR/LEFT DELTOID

Dosage: 0.5mL

Vaccine Information Statement(s):

INFLUENZA(FLU) VACC(INACTIVATED OR RECOMBINANT)VIS Aug 06, 2021
(ENGLISH)

Order By: Ennis, Judy Lynn

Administered By: Ennis, Judy Lynn

/es/ JUDY LYNN ENNIS

LPN, COVID Support, AUB

Signed: 11/22/2021 14:47

Receipt Acknowledged By:

11/23/2021 18:25

/es/ Kathleen J. Beatty, MSN, BSN,

RN

Site/Nurse Manager, Sierra Foothills

Clinic

Primary Care Secure Messaging

Details**Date entered:** November 19, 2021**Location:** MCCLELLAN VA CLINIC**Written by:** DIANE CHEEVER-VEGA**Signed by:** DIANE CHEEVER-VEGA**Date signed:** November 19, 2021**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: NOV 19, 2021@15:20:32 ENTRY DATE: NOV 19,
2021@12:20:33
AUTHOR: CHEEVER-VEGA, DIANE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/19/2021 03:20 PM
From: CHEEVER-VEGA, DIANE
To: CAMPBELL, RONALD CLARK
Subject: General Inquiry

Hello Mr. Campbell

He can defer this for a year (Mather radiology contacted me wanting to
schedule
a CT scan of my lungs)

Thank You, Diane BSN, RNCM

/es/ Diane Cheever-Vega, RN
Nurse, Women's Health McClellan Clinic

Signed: 11/19/2021 12:20

Radiology Note

Details

Date entered: November 19, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MAI KANG KHANG

Signed by: MAI KANG KHANG

Date signed: November 19, 2021

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: NOV 19, 2021@13:47
2021@13:47:43

ENTRY DATE: NOV 19,

AUTHOR: KHANG, MAI KANG

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

EXAM CANCELLATION

Date order was placed: Nov 4, 2021

The patient was scheduled to have a CT examination of the

chest w/. This examination has been discontinued for the following

reason: OTHER: Pt was scheduled for 01/25/22. Per Pt, he called primary provider

to see if ct is still needed as he was being seen at Kaiser and VA, he had other

test already done so provider said that this scan will not be needed until next

year. Please re-order for next year if needed.

Thank you,

Radiology/Nuclear Medicine Service

/es/ MAI KANG KHANG

Medical Support

Signed: 11/19/2021 13:52

Receipt Acknowledged By:

11/22/2021 15:08 /es/ BEHESHTEH

NAKHAEE

Primary Care

Physician

Primary Care Secure Messaging

Details

Date entered: November 18, 2021

Location: MCCLELLAN VA CLINIC

Written by: ERIC EDWARD KRAFT

Signed by: ERIC EDWARD KRAFT

Date signed: November 18, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: NOV 18, 2021@18:26:48 ENTRY DATE: NOV 18,
2021@15:26:49

AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 11/18/2021 06:04 PM

From: CAMPBELL, RONALD CLARK

To: **Febbo-Wilson, B (Primary Care) - McClellan

Subject: CT Scan Lungs

Mather radiology contacted me wanting to schedule a CT scan of my lungs.
Apparently Dr Nakahee my previous primary schedule it.

I'm not certain this is needed as I had a pretty good going over with 2 myocardial infarctions in March at Kaiser and then a 7 1/2 ED department visit at Mather where a multitude of tests were run.

Please advise if opinion is still that so should complete this test.

Since the cardio event and both arteries opened up with stents breathing capacity has increased and I feel better than I in years.

I'm also monitored now during exercise by the Sutter Roseville cardio rehab unit twice a week

/es/ Eric Kraft, LVN
Primary Care
Signed: 11/18/2021 15:26

Receipt Acknowledged By:

11/19/2021 10:18 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

11/19/2021 11:18 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

11/19/2021 ADDENDUM

STATUS: COMPLETED

He can defer this for a year
Thanks

/es/ Barbara Jean Febbo-Wilson, M.D.
Primary Care Physician
Signed: 11/19/2021 11:18

Receipt Acknowledged By:

11/19/2021 12:09 /es/ Diane Cheever-Vega,
RN
Nurse, Women's Health McClellan
Clinic
11/19/2021 14:36 /es/ Eric Kraft,
LVN
Primary
Care

Radiology Note

Details

Date entered: November 18, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ANDREW JOSEPH ANAYA
Signed by: ANDREW JOSEPH ANAYA
Date signed: November 18, 2021

Note

LOCAL TITLE: Radiology Note
STANDARD TITLE: RADIOLOGY NOTE
DATE OF NOTE: NOV 18, 2021@11:16 ENTRY DATE: NOV 18,
2021@11:16:57
AUTHOR: ANAYA, ANDREW JOSEPH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

EXAM CANCELLATION
Date order was placed: Mar 9, 2021
The patient was scheduled to have a CT examination of the
CHEST. This examination has been discontinued for the following
reason: DUPLICATE REQUESTS.

Thank you,
Radiology/Nuclear Medicine Service

/es/ Andrew Anaya

Signed: 11/18/2021 11:17

Receipt Acknowledged By:

11/18/2021 17:45 /es/ BEHESHTEH

NAKHAEE

Primary Care

Physician

Radiology Note

Details

Date entered: November 12, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MAI KANG KHANG

Signed by: MAI KANG KHANG

Date signed: November 12, 2021

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: NOV 12, 2021@14:05 ENTRY DATE: NOV 12,
2021@14:05:30

AUTHOR: KHANG, MAI KANG

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

RADIOLOGY APPOINTMENT TRACKING NOTE

Exam on Hold:

Awaiting patient's response for scheduling

Attempted to schedule the patient:

1st call

CT Scan

Date Desired: Nov 4, 2021

Enter type of CT exam: Other:

chest w/o

"No Contact" letter sent stating patient needs to call to schedule an imaging test.

Comments:

RADIOLOGY SCHEDULING NO CONTACT LETTER
NOV 12, 2021

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

DEAR RONALD CLARK CAMPBELL

We are attempting to schedule you for an imaging test ordered by your provider. We have attempted to contact you at the phone number listed in our database and have been unsuccessful. Please contact us within 14 days

of date this letter to schedule your appointment for: CT SCAN

You can reach us at:
916-364-3170 - CT, Mather

We look forward to assisting you in scheduling your imaging test.

/es/ MAI KANG KHANG
Medical Support
Signed: 11/12/2021 14:06

Cardiology

Details

Date entered: October 4, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: HOANG THUY NGUYEN
Signed by: HOANG THUY NGUYEN
Date signed: October 4, 2021

Note

LOCAL TITLE: Cardiology
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: OCT 04, 2021@11:18 ENTRY DATE: OCT 04,
2021@11:18:46
AUTHOR: NGUYEN,HOANG THUY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

CARDIOLOGY NP TELEPHONE F/U NOTE

Patient was identified by full name, SS# and/or birthdate.
** Phone/VVC appt per COVID19 protocol. Limitations of telehealth modality
explained and Pt/family/caregiver consented to phone/VVC visit **

VVC switched to phone per pt preference, ok for phone appt

71MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 71 y/o M,

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES
and
mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis
of
the Circumflex and LAD requiring balloon angio. EF preserved
#hypertension,
#T2DM
#A. fib (on Pradaxa), 6/2019 at Kaiser
#COPD,
#PE 6/2019
#prostate cancer
#HLD
#OSA: CPAP compliant
#ED
#L common iliac artery aneurysm

Pt states he's doing well, denies any symptoms

Diet: plant based

Exercise: attending cardiac rehab, can't walk everyday due to knees/hip/back

pain, walk 4x/week 30-90mins

wt: 180-183lbs

Home VS: 120s/60s, Hr 66

=====

CARDIAC ROS:

=====

[x]N []Y CP:

[x]N []Y SOB:

[x]N []Y Dizziness:

[x]N []Y Syncope:

[x]N []Y Palpitations:

[x]N []Y Orthopnea:

[x]N []Y PND:

[x]N []Y Edema:

[x]N []Y Myalgias: chronic knee/hip/back pain

Other:

no bleeding issues/dark stool

=====

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/2021
2. Long-term current use of anticoagulant	12/31/2019
3. Obstructive sleep apnea syndrome	09/30/2019
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
5. Pulmonary embolism	06/20/2019
6. Hypertension (SNOMED CT 38341003)	01/23/2020
7. OA - Osteoarthritis (SCT 396275006)	09/30/2019
8. Prostate cancer (SNOMED CT 254900004)	12/03/2019
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
11. Polyp Colon (SCT 68496003)	09/30/2019

12. History of malignant neoplasm of prostate	11/05/2016
13. Dysthymia	02/08/2016
14. Chronic pain syndrome	12/08/2015
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
16. Depressive Disorder NOS *	04/02/2014
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
18. Chronic obstructive lung disease	06/24/2019
19. Benign hypertension	11/26/2013
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
22. Headache (SNOMED CT 25064002)	02/04/2016
23. Carcinoma, Prostate	11/26/2013
24. Arthralgias NOS	11/26/2013
25. Impotence	11/26/2013
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, BISOPROLOL

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
2) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
4) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE

6)	GLIPIZIDE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH	ACTIVE
7)	LANCET, SOFTCLIX USE LANCET AS DIRECTED TWO TO THREE TIMES A WEEK FOR FINGER STICK.	ACTIVE
8)	LANCET, SOFTCLIX DEVICE USE DEVICE AS DIRECTED -FOR FINGERSTICKS.	ACTIVE
9)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
10)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE
11)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ASTHMA	ACTIVE
12)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
14)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
15)	TABLET CUTTER USE DEVICE AS DIRECTED TO SPLIT TABLETS.	ACTIVE
16)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Active Non-VA Medications

Status

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

17 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

LABORATORY/STUDIES: Results reviewed with patient

=====

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104

04/21/2021 16:35	PLASMA	86	13	0.85	138	3.7	103

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
05/18/2021 08:07	BLOOD	5.0	14.6	45.9	95.0	31.8	241
04/21/2021 16:35	BLOOD	7.4	14.9	45.3	93.2	32.9	224

Collection DT	Spec	HGBA1c
05/18/2021 08:07	BLOOD	6.3 H
08/04/2020 08:39	BLOOD	6.3 H

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
05/18/2021 08:07	PLASM	127	50	48	69	
08/04/2020 08:39	PLASM	177	89	59	100	

Collection DT	Spec	BNP
04/21/2021 16:35	PLASM	123 H
08/04/2020 08:40	PLASM	19.9

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.

Left ventricular systolic function is normal.

The ejection fraction estimate is 55-60%.

There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.

No significant valvular abnormalities identified.

Unable to estimate the RVSP due to the trivial TR jet.

Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.

Normal right ventricular size and function.

A trivial pericardial effusion is present.

Findings

Mitral Valve

Structurally normal mitral valve.

Trace mitral regurgitation.

Aortic Valve

Trileaflet aortic valve.

Trace aortic insufficiency.

Tricuspid Valve

Structurally normal tricuspid valve.

Trace tricuspid regurgitation. Cannot assess RV systolic pressure due to inadequate TR envelope.

Pulmonic Valve

Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.

Left Atrium

Normal left atrial size.

Left Ventricle

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.

Right Atrium

Normal right atrial dimensions.

Right Ventricle

Normal right ventricular size and function.

Pericardial Effusion

A trivial pericardial effusion is present.

Aorta

The visualized portion of the proximal ascending aorta is normal in caliber.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)
STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.
Obstructive stenosis of the mid LAD with reduced antegrade flow.
LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.
Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.
Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent

was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments:Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial.100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments:Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021 Start: 08:26 AM End: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Procedure Indication(s)

Prior to transport to the ICU, the patient developed sudden crushing chest pain. He was quickly placed back on the cath table for repeat angiography.

Procedure Summary

Acute stent thrombosis of the Circumflex and LAD, secondary to inadequate anti-coagulation/anti-platelet therapy. ACT values from previous case were likely falsely elevated due to recent pradaxa use.

Balloon angioplasty of the proximal Circumflex stent and the mid LAD stent.

IVUS evaluation of the LAD and Circumflex stents (both well-apposed and well-expanded).

Repeat boluses of heparin and GP 2b/3a given.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

A 6 french EBU 3.5 guide catheter was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex and an additional runthrough wire was placed in the distal LAD. The proximal Circumflex was treated with balloon angioplasty using a 4.0 x 12 mm NC balloon with resolution of intra-stent clot and resumption of TIMI-3 flow. The LAD was treated with balloon angioplasty using a 2.0 x 12 mm balloon and a 3.0 x

12 mm NC balloon. Both stents were evaluated with IVUS, and both were well-expanded and well-apposed. Likely due to falsely elevated ACT values in the setting of recent pradaxa use.

Angiographic Findings

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021Start: 09:47 AMEnd: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCU. Pt states feeling much better since PCI, have been walking at least 1 hour every day and is starting to hike. Transitioned to plant based diet since PCI and lost

12lbs.

-cont to HOLD ASA 81mg, currently on dabigatran and Plavix, once stop Plavix,

resume ASA indefinitely

-cont Plavix 75mg QD x 12 months (3/24/2022)

-Beta-blocker: cont metoprolol succinate 12.5mg, stopped Bisoprolol due to brady

-nitroglycerin 0.4mg SL prn, ER precautions discussed, no PDE5i

-cont Cardiac rehab

-cont cardiac heart dz reversal program

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: 3/25/21 at Kaiser per JLV - Chol 120, TG 110, HDL 42, LDL 56-->5/2021

Chol 127, TG 50, HDL 69, LDL 48

-cont rosuvastatin 20mg QD

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM)

-Rate control: BB as above

-Rhythm control: not indicated at this time.

-Anticoagulation: cont dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

F/U: 4 months

Completed as a telephone visit for COVID-19 precautions

Total time spent on phone/VVC with patient/caregiver/family: 16 mins

/es/ Hoang Thuy Nguyen, NP

Medical Service, Cardiology

Signed: 10/04/2021 11:49

Cardiology LVN Note

Details

Date entered: October 1, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BLAINE E ENGBERG

Signed by: BLAINE E ENGBERG

Date signed: October 1, 2021

Note

LOCAL TITLE: Cardiology LVN Note

STANDARD TITLE: CARDIOLOGY NURSING NOTE

DATE OF NOTE: OCT 01, 2021@10:55 ENTRY DATE: OCT 01,
2021@10:55:36

AUTHOR: ENGBERG, BLAINE E

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Attempted to contact veteran, left message regarding 10/4/21 VVC
appointment at

1300. Left name and callback number to assist setting up VVC. Verified
appointment link was sent through VCM.

/es/ BLAINE E ENGBERG

LVN, Cardiology, Mather VA

Signed: 10/01/2021 10:56

Primary Care Secure Messaging

Details

Date entered: September 28, 2021

Location: MCCLELLAN VA CLINIC

Written by: ERIC EDWARD KRAFT

Signed by: ERIC EDWARD KRAFT

Date signed: September 28, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 28, 2021@15:31:09 ENTRY DATE: SEP 28,
2021@12:31:10
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/27/2021 07:21 PM
From: CAMPBELL, RONALD CLARK
To: **Febbo-Wilson, B (Primary Care) - McClellan
Subject: Cardio Response

Two serious myocardial infarctions suffered 3/24/21.
Cardio rehab including multiple
medication additions and changes
Diet, exercise and VA Community Care placement in Sutter Roseville Cardio
Rehab. Monitoring was to be part of the Cardio care at Mather.

Have made multiple contact (phone & email) requests to Cardio Mather
requesting
lab and radiology work that would be completed prior to a 10/04/21 cardio
appointment. No response.

I'm not certain if I'm still being treated by and on their radar screen
anymore

Ron Campbell

/es/ Eric Kraft, LVN
Primary Care

Signed: 09/28/2021 12:31

Receipt Acknowledged By:

09/28/2021 12:38 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

09/29/2021 13:33 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

10/01/2021 13:11 /es/ Ramona Gonzalez,
LVN

Nursing Service, Cardiology

SAC

09/29/2021 ADDENDUM

STATUS: COMPLETED

He has an Cardiology appointment 10/4 VVC and can keep that and they will
order
what he needs

/es/ Barbara Jean Febbo-Wilson, M.D.

Primary Care Physician

Signed: 09/29/2021 13:34

Receipt Acknowledged By:

09/30/2021 09:36 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

Cardiology Secure Messaging

Details

Date entered: September 27, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: RAMONA GONZALEZ

Signed by: RAMONA GONZALEZ

Date signed: September 27, 2021

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: SEP 27, 2021@15:15:09 ENTRY DATE: SEP 27,
2021@12:15:10
AUTHOR: GONZALEZ, RAMONA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Cardiology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/24/2021 11:54 PM
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Myocardial infarction events Follow Up

On 9/22/2021 I communicated the following

An appointment scheduled for Oct 24 is a 6 month follow up on two
myocardial
infarctions and coding events of Mar. 24, 2021.

A review of a current cardio echo scan and labs will indicate changes in
status
since the implementation of dramatic lifestyle, diet and medication
changes
over the last 6 months.

It was my understanding at the last appointment that this 6 month follow
up
would review these markers in order to determine the next steps in the
treatment plan.

I have received no notification of a radiology appointment or any lab
orders to

be completed and filled prior to this appointment.

Please advise

Regard

Ronald C Campbell

/es/ Ramona Gonzalez, LVN
Nursing Service, Cardiology SAC
Signed: 09/27/2021 12:15

Receipt Acknowledged By:
09/28/2021 16:41 /es/ Hoang Thuy Nguyen,
NP
Medical Service,
Cardiology

09/28/2021 ADDENDUM STATUS: COMPLETED
called and reassured pt, idx2, all questions answered.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 09/28/2021 17:04

Cardiology Secure Messaging

Details

Date entered: September 23, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: RAMONA GONZALEZ
Signed by: RAMONA GONZALEZ
Date signed: September 23, 2021

Note

LOCAL TITLE: Cardiology Secure Messaging
STANDARD TITLE: CARDIOLOGY SECURE MESSAGING
DATE OF NOTE: SEP 23, 2021@14:48:08 ENTRY DATE: SEP 23,
2021@11:48:09
AUTHOR: GONZALEZ, RAMONA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/22/2021 03:49 PM
From: CAMPBELL, RONALD CLARK
To: Cardiology - Mather.@
Subject: Myocardial infarction events Follow Up

On March 24,2021 I experienced two serious myocardial infarctions

On Oct 4th 2021 there is an appointment for follow up with Mather Cardio.

My notes from the last visit indicate there may be labs and:or radiology
work
to be completed prior to the appointment.

I am now a post surgical caregiver for my wife so notice of any scheduling
in
advance would be helpful.

/es/ Ramona Gonzalez, LVN
Nursing Service, Cardiology SAC
Signed: 09/23/2021 11:48

Receipt Acknowledged By:
09/24/2021 10:17 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

TCP Telephone Care Staff Note

Details

Date entered: September 17, 2021**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** CAMARINA DEL VALLE**Signed by:** CAMARINA DEL VALLE**Date signed:** September 17, 2021

Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: SEP 17, 2021@09:34:39 ENTRY DATE: SEP 17,
2021@09:37:10

AUTHOR: DEL VALLE,CAMARINA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** TCP Telephone Care Staff Note Has ADDENDA ***

****PATIENT** called in for CAMPBELL,RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MCCLELLAN

Caller Response: *OTHER

Type of call: CALL BACK.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

--PT REQ CALL TO CONFIRM GLUCOSE METERS ARE IN STOCK

--PT STATES HE LIVES 2 HRS AWAY AND WANTS TO MAKE SURE ON HAND IS CURRENT BEFORE TRAVELING

--BEST CONTACT: 206.295.2554

THANK YOU, CD

Author: DEL VALLE, CAMARINA

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 09/17/2021 @ 9:34:39 AM

Ending at: 09/17/2021 @ 9:36:14 AM

Length: 1 minutes.

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ CAMARINA DEL VALLE

Signed: 09/17/2021 09:37

Receipt Acknowledged By:

09/17/2021 11:23 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

09/20/2021 10:38 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

09/17/2021 ADDENDUM

STATUS: COMPLETED

OK to dispense

/es/ Barbara Jean Febbo-Wilson, M.D.

Primary Care Physician

Signed: 09/17/2021 11:24

Primary Care Secure Messaging

Details

Date entered: September 13, 2021**Location:** MCCLELLAN VA CLINIC**Written by:** BARBARA JEAN FEBBO-WILSON**Signed by:** BARBARA JEAN FEBBO-WILSON**Date signed:** September 13, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 13, 2021@15:36:02 ENTRY DATE: SEP 13,
2021@12:36:03
AUTHOR: FEBBO-WILSON, BARBAR EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/13/2021 11:49 AM
From: CAMPBELL, RONALD CLARK
To: **Febbo-Wilson, B (Primary Care) - McClellan
Subject: Diabetes Lancets

I have an ACCU-CHEK AVIVA
that replaced my ACCU-CHEK A0FTCLIX device that malfunctioned.

I did not realize that the lancets for the devices weee not
interchangeable
until today.

I have been experiencing almost daily hypoglycemic events and frequent
checks

of glucose level has been important in order to manage the issue.

I called pharmacy to find out where I could pick up lancets today in order to avoid serious complications. They were not understanding or uncooperative I am

not sure which.

They want to send me more lancets for the Softclix prescription now expired.

Then they wanted to send me a new device.

Both options could take a week or more.

Perhaps they no longer handle the Aviva model and, therefore, no longer have supplies.

Regardless of their issue I need to be able to check my glucose levels tomorrow

afternoon with either Avila lancets or a new kit including the finger stick,

compatible lancets and compatible test strips (I have a good supply of these

flr the Avila)

I hope this is clear

Regards

Ron Campbell

-----Original Message-----

Sent: 09/13/2021 03:35 PM

From: FEBBO-WILSON, BARBARA JEAN

To: CAMPBELL, RONALD CLARK

Subject: Diabetes Lancets

We no longer carry the Aviva

You can come by the clinic and pick up the new Accu Check Guide meter from the

nurse

You will need the new meter in order for us to get you supplies

It includes the lancet device

Maybe your medication needs to be adjusted if you are having low sugars

I am going to cut your Glipizide in half and would like to see you in the clinic

Barbara Febbo-Wilson MD

covering for Dr. Panal/Solari

/es/ Barbara Jean Febbo-Wilson, M.D.

Primary Care Physician

Signed: 09/13/2021 12:36

12/14/2021 ADDENDUM

STATUS: COMPLETED

Pt has been assessed for ICS/LABA conversion - Symbicort to Wixela

Currently prescribed: Symbicort (budesonide/formoterol) 80/4.5mcg or 160/4.5mcg

Documented intolerance or therapeutic failure to Advair/Wixela Inhub: NO/
YES

Allergies/ADR: PENICILLIN, PREDNISONE, BISOPROLOL

=====

Patient meets one of the following criteria, therefore patient is NOT a candidate for conversion to Wixela Inhub:

[] prior fluticasone/salmeterol intolerance; ADR profile updated

[] patients with asthma SMART - single maintenance & reliever therapy documented and patient unable to use alternative therapy

SMART justification is not PADR approvable under the following circumstances:

- COPD overlay with asthma

- Pt continuing on any of the following with Symbicort
LABA

ICS

Scheduled or prn albuterol

Pending Symbicort RX or RX listed within consult is not for both scheduled and prn

Pt previously on scheduled Symbicort w/o change in asthma severity, but provider wants patient changed to SMART therapy

☐ severe milk protein allergy (lactose based powder)

☐ inability to use dry powder inhalations

☐ other:

Because Symbicort is non-formulary, a NFDR will be submitted to confirm approval to continue therapy with Symbicort.

OR

☒ NONE of the above criteria is met, pt is a candidate for conversion. This conversion is endorsed by VA National PBM, VISN MUM/PBM, and local P&T.

Dose Conversions:

COPD: Symbicort 80/4.5mcg or 160/4.5mcg 2 inh twice daily to Wixela 250/50mcg 1 inh twice daily

Asthma (low-moderate severity): Symbicort 80/4.5mcg 2 inh twice daily to Wixela 250/50mcg 1 inh twice daily

Asthma (moderate-high severity): Symbicort 160/4.5mcg 2 inh twice daily to Wixela 500/50mcg 1 inh twice daily

Prescription has been changed from Symbicort to Wixela Inhub 250/50mcg twice daily.

- A new medication order for Wixela has been entered for provider signature for the pts next refill.

- Order for Symbicort has been discontinued.
- Patient will be notified of this change and educated via letter.

Patient Education Resources (also included in patient letter):

- Step-by-step bulletin for how to use Wixela:
[https://dvagov.sharepoint.com/sites/VHAPBM/Education/Workgroup_Documents_EdAC/Forms/AllItems.aspx?id=%2Fsites%2FVHAPBM%2FEducation%2FWorkgroup_Documents_EdAC%2FPatient Inforgraphic INHUB 072621.pdf&parent=%2Fsites%2FVHAPBM%2FEducation%2FWorkgroup_Documents_EdAC](https://dvagov.sharepoint.com/sites/VHAPBM/Education/Workgroup_Documents_EdAC/Forms/AllItems.aspx?id=%2Fsites%2FVHAPBM%2FEducation%2FWorkgroup_Documents_EdAC%2FPatient%2FInforgraphic%2FINHUB072621.pdf&parent=%2Fsites%2FVHAPBM%2FEducation%2FWorkgroup_Documents_EdAC)
- VA instructional video on how to use Wixela:
<https://www.youtube.com/watch?app=desktop&v=gkH61DUBDPI>

If dose clarification is required - omit above section related to order change

Prescription will be changed from Symbicort to Wixela Inhub once dosing can be confirmed as pt has moderate asthma.

Pts current dose of Symbicort: 80 160/4.5mcg twice daily
Wixela dose for low/moderate asthma: 250/50mcg twice daily
Wixela dose for moderate/severe asthma: 500/50mcg twice daily

Following dose confirmation:

- A new medication order for Wixela will be entered for provider signature for the pts next refill.
- Order for Symbicort will be discontinued.
- Patient will be notified of this change and educated via letter.

Pt is eligible for conversion to Wixela, and may also be candidate for ICS de-escalation no longer needed ICS/LABA combination therapy:

Pt appears on ICS de-escalation dashboard and may be eligible for step-down therapy.

Please evaluate for decreased inhaled corticosteroid therapy.

Clinician resource for ICS evaluation:

<https://dvagov.sharepoint.com/sites/vhaacademicdetailing/Education%20Materials/Forms/GroupbyCampaign.aspx?id=%2Fsites%2Fvhaacademicdetailing%2FEducation%20Materials%2FCOPD%2F10%2D1644%5FCOPD%5FInhaledCorticosteroidsforCOPD%5FP97091%2Epdf&parent=%2Fsites%2Fvhaacademicdetailing%2FEducation%20Materials%2FCOPD>

/es/ Tracey P. Le, PharmD
Clinical Pharmacist
Signed: 12/14/2021 16:28

Primary Care Secure Messaging

Details

Date entered: September 3, 2021
Location: MCCLELLAN VA CLINIC
Written by: ERIC EDWARD KRAFT
Signed by: ERIC EDWARD KRAFT
Date signed: September 3, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 03, 2021@17:13:33 ENTRY DATE: SEP 03,
2021@14:13:33
AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/02/2021 10:55 PM
From: CAMPBELL, RONALD CLARK
To: **Febbo-Wilson, B (Primary Care) - McClellan
Subject: Echo scan results

I am in Mather cardio care following two myocardial infarction a on March 24,2021.

Community care now has me plugged in with Sutter Cardio Rehabilitation n Roseville.

I had my intake appointment with them today and they asked me

1. To secure my latest echo scan results and
2. To find out she I am scheduled for my next follow up echo scan.

I show no contacts for cardio in the Myhealthvet system and, therefore, am unable to contact them on this request.

Your assistance would be very much here appreciated

Regards

Ron Campbell

/es/ Eric Kraft, LVN
Primary Care
Signed: 09/03/2021 14:13

Receipt Acknowledged By:

09/07/2021 11:27 /es/ Diane Cheever-Vega,
RN

Nurse, Women's Health McClellan

Clinic

09/03/2021 14:43 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

09/03/2021 ADDENDUM STATUS: COMPLETED

We can mail him a copy of his echo done 8/20

That is to only one that we have

His other was done at Kaiser in March 2021

/es/ Barbara Jean Febbo-Wilson, M.D.

Primary Care Physician

Signed: 09/03/2021 14:43

Receipt Acknowledged By:

09/07/2021 08:57 /es/ Diane Cheever-Vega,

RN

Nurse, Women's Health McClellan

Clinic

09/07/2021 ADDENDUM STATUS: COMPLETED

Mailed him a copy of his echo done 8/20

That is to the only one that we have

Per PCP. Thank you.

/es/ Diane Cheever-Vega, RN

Nurse, Women's Health McClellan Clinic

Signed: 09/07/2021 09:01

Primary Care Secure Messaging

Details

Date entered: August 16, 2021

Location: MCCLELLAN VA CLINIC

Written by: ERIC EDWARD KRAFT

Signed by: ERIC EDWARD KRAFT

Date signed: August 16, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: AUG 16, 2021@12:51:57 ENTRY DATE: AUG 16,
2021@09:51:57

AUTHOR: KRAFT, ERIC EDWARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 08/16/2021 10:24 AM

From: CAMPBELL, RONALD CLARK

To: **Febbo-Wilson, B (Primary Care) - McClellan

Subject: Medication Refills

Renewals on

71132647 Montelukast

25896800. Losartan

25701193 Cholecalcif

Are needed as soon as possible

Thank You

Ron Campbell

-----Original Message-----

Sent: 08/16/2021 12:51 PM

From: KRAFT, ERIC EDWARD

To: CAMPBELL, RONALD CLARK

Subject: Medication Refills

Your request has been flagged and your Provider has been notified with
your
request.

/es/ Eric Kraft, LVN
Primary Care
Signed: 08/16/2021 09:51

08/16/2021 ADDENDUM STATUS: COMPLETED
Please replace order with correct PCP name.
Thank you.

/es/ BEHESHTEH NAKHAEI
Primary Care Physician
Signed: 08/16/2021 13:49

Receipt Acknowledged By:
08/16/2021 13:53 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care
Physician
08/16/2021 14:37 /es/ Eric Kraft,
LVN
Primary
Care

PACT Telephone Note

Details

Date entered: July 27, 2021
Location: MCCLELLAN VA CLINIC
Written by: JAIME CHEW
Signed by: JAIME CHEW
Date signed: July 27, 2021

Note

LOCAL TITLE: PACT Telephone Note
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 27, 2021@08:55 ENTRY DATE: JUL 27,
2021@08:55:54

AUTHOR: CHEW, JAIME

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

PACT Pharmacy Telephone Note - HTN/Medication Issues

PMH: HTN, CAD s/p STEMI and PCI 3/24/21, DM 2, Afib (on dabigatran), HLP, COPD/?asthma, hx PE 6/2019, prostate CA, OSA (uses CPAP), ED, hx L iliac artery aneurysm, OA, chronic cluster HA, adjustment disorder, neck pain, vitD deficiency

Allergies/ADRs: PENICILLIN (swelling), PREDNISONE (swelling), METFORMIN

S: Called and spoke with this 71yo MALE to follow-up on home BP readings and metoprolol tolerance. Initially contacted at request of cardiology (see 6/1/21 note), with goal to taper off verapamil and titrate bisoprolol for rate control in setting of MI earlier this year. RTC cardio 4 months (Oct 2021), PCP 3 months (Sept 2021). Also followed with neurology (last seen 7/14/21, recall 10mo 5/2022) and PCMH (VVC with Oakland provider).

Last contact 6/28/21:

- BP at goal with stable HR/no subjective intolerances following bisoprolol change to metoprolol succ 12.5mg/d
- continues following plant-based diet

In interim:

- 7/14/21 neuro: d/c Emgality, consider restart if HA return

TODAY 7/27/21:

- endorses adherence with metoprolol succ 12.5mg/d
- denies dizziness/lightheadedness, fatigue, CP/SOB, other subjective intolerance

- no cluster HA symptoms since last contact (no longer on Emgality)
- dry mouth x2days, self-held Spiriva then restarted today without symptom recurrence (also started using mouthwash ?for dry mouth)

Active Outpatient Medications	Status
=====	
cardio meds:	
1) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD. - 6/1/21 cardio: DAPT (clopidogrel + dabigatran x1yr 3/24/22) with plan to then change clopidogrel to ASA 81mg/d	ACTIVE
2) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
3) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
4) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE - started 6/25/21
5) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE-none/prn
6) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE

hx:

- BISOPROLOL FUMARATE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE
 - 6/1/21: started/issued by cardiology
 - only took x3 days 6/2-6/4) then self-held
 - 6/23/21: restarted 2.5mg 6/22 and today 6/23
 - TODAY 6/28/21: none; last dose 6/23/21
- VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR MIGRAINE PROPHYLAXIS
 - 6/15/21: decr 120mg SA to 1 tab qAM (was bid)

- 6/23/21: HELD 6/22 and 6/23/21 UD when he restarted bisoprolol
- TODAY 6/28/21: none; last dose 6/21/21

pulmonary meds:

7)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	EXPIRED
8)	ALBUTEROL SO4 0.083% INHL 3ML UD USE 1 PILLOW IN NEBULIZER EVERY 24 HOURS - TO IMPROVE BREATHING.	EXPIRED
9)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
10)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
11)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

other:

12)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
13)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH	ACTIVE
14)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE

Active Non-VA Medications

Status

=====	
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED
2)	loratadine prn

Coffee: decr from 16oz to 8oz regular coffee qAM

Soda/Tea: denies

0: Vitals - most recent

BP: 130/60 (06/01/2021 09:13)

Pulse: 61 (06/01/2021 09:13)

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Measurement DT	WEIGHT LB(KG) [BMI]
06/01/2021 09:13	188.9(85.68) [28*]
05/06/2021 14:33	191(86.64) [28*]
12/03/2019 12:34	192(87.09) [28*]
06/20/2019 07:56	190(86.18) [28*]
12/28/2018 09:36	191(86.64) [28*]
11/26/2018 14:13	187.7(85.14) [28*]
08/24/2018 10:35	190(86.18) [28*]
03/09/2018 10:21	189(85.73) [28*]
12/27/2017 09:05	187(84.82) [28*]
12/08/2017 14:26	186(84.37) [28*]

Home BP readings: **checks 1hr after meds/eating (before coffee)

Date	BP	HR	
6/25/2021	129/70	53	started metoprolol succ 12.5mg/d
6/26/2021	122/63	47	
6/27/2021	110/64	49	
6/28/2021	132/62	77	

7/20/2021	118/71	52	
7/21/2021	125/65	58	
7/22/2021	112/67	50	
7/23/2021	121/71	57	
7/24/2021	117/65	55	
7/26/2021	119/62	60	

Labs:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							
05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104
28							
04/21/2021 16:35	PLASMA	86	13	0.85	138	3.7	103
24							

Calculated Creat clearance: CrCl=81.6 mL/min (MAY 18, 2021)

Collection DT	Spec	eGFR
05/18/2021 08:07	PLASM	>60

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO
05/18/2021 08:07	PLASM	127	50	48	69

Collection DT	Spec	ALT	AST
04/21/2021 16:35	PLASM	27	31

Collection DT	Spec	HGBA1c	Tsh
05/18/2021 08:07	BLOOD	6.3 H	
08/04/2020 08:39	BLOOD	6.3 H	
12/03/2019 13:43	BLOOD	5.6	
06/20/2019 09:28	BLOOD	6.8 H	1.44

Collection DT	Spec	Alb/Cr	Alb Ur.	Ur. Cr.
08/04/2020 08:40	URINE	6.4	1.00	157.4

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
05/18/2021 08:07	BLOOD	5.0	14.6	45.9	241	95.0	31.8

BLOOD	May 18 2021 08:07	Apr 21 2021 16:35	Aug 04 2020 08:39	Dec 03 2019 13:43		Reference Units Ranges

EOS #	0.2	0.2	0.1	0.3	K/cmm	.1 - .5

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
03/13/2018 08:41	SERUM	25-OH-D	20.4 L	ng/mL	30 - 100
05/19/2014 08:19	SERUM !!	25-OH-D	71	ng/mL	30 - 100

A/P:

1) HTN - home BP remain at ACC/AHA 2017 goal <130/80, with less apparent HR effect with metoprolol succinate (versus bisoprolol). HR target for Afib rate

control <110 (per electronic discussion with cardio NP 6/7/21). SCr/K+ wnl on moderate dose losartan 50mg/d. Denies subjective worsening of HA symptoms with verapamil hold; remains off Emagality. H/H wnl, CrCl >50ml/min on dabigatran with verapamil (P-gp inhibitor).

- continue metoprolol succ 25mg - 1/2 tab once daily
- continue losartan 50mg/d
- continue to monitor/record home BP/HR readings; seek medical attn

for

SBP trending <100, HR persistently <50, or subjective dizziness, lightheadedness or fatigue

2) HLP/CAD - LDL <70 with active order for high/maximum dose rosuvastatin 40mg/d

which is consistent with 2018 ACC/AHA lipid consensus guidelines and VA/DoD 2020 guidelines in setting of ASCVD. LFTs wnl, CrCl >30ml/min. DAPT clopidogrel

+ dabigatran minimum 1 year (3/24/22 per cardio note 6/1/21). H/H wnl.

3) Other:

- COPD/asthma: self-reported ?PFTs at Kaiser 6/21/21 with improved post-bronchodilator lung function. On LAMA + ICS/LABA which is appropriate maintenance therapy, not needing recent SABA. Defer f/u to pulm (?Kaiser)

- 25-OH-D below goal >30ng/mL but no recent result to review; order pending.

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through call and opportunity provided for questions; has clinic phone number for questions.

Follow-up: none/prn; f/u with cardio as scheduled

Time spent: 21 minutes

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

ANTICOAGULATION THERAPY

DIRECT ORAL ANTICOAGULANT (DOAC) MANAGEMENT

Medication monitoring, no dosage change required, continue to
monitor
and assess

HYPERTENSION

No change made

Goals of therapy for condition achieved (guideline appropriate
and/or
patient established).

LIPID MANAGEMENT

No change made

Goals of therapy for condition achieved (guideline appropriate
and/or
patient established).

Address compliance/adherence

Medication monitoring or diagnostic evaluation

Medication reconciliation

No change made

Refer or transition back to provider from Clinical Pharmacy Specialist
clinic

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Jaime K. Chew, Pharm.D., BCPS, BCACP

Clinical Pharmacist

Signed: 07/27/2021 09:44

Neurology Telephone Note

Details

Date entered: July 14, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** GASONG YUN NICKERSON**Signed by:** GASONG YUN NICKERSON**Date signed:** July 14, 2021

Note

LOCAL TITLE: Neurology Telephone Note
STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 14, 2021@09:02 ENTRY DATE: JUL 14,
2021@09:02:38
AUTHOR: NICKERSON,GASONG YU EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

NEUROLOGY NP PHONE CLINIC

The following identifiers were used to identify the Veteran:

Full Name

Full Date of Birth/Last Four of SSN

CAMPBELL,RONALD CLARK is a 71 Y.O. MALE.

PRESENTING COMPLAINTS: chronic cluster headache

INTERVAL HISTORY: Since last visit, patient stopped verapamil, frovatriptan, and DHE-45 because of MI s/p PCI to LCx and LAD on 3/24/21. Patient is now taking metoprolol succinate; his HR is in the 50s. He has been managing his cardiovascular risks through exercise and diet change.

Since the heart surgery on 3/24/21, patient has "zero full blown headache" to a point he required any oxygen. Patient has not been taking Emgality and not using Gamma Core since then.

PREVIOUSLY TRIED HEADACHE MEDS:

Verapamil 120mg - symptomatic bradycardia

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Coronary artery disease	06/01/21	
NGUYEN, HOANG TH		
2. Long-term current use of anticoagulant	12/31/19	HAN, ELDI
KYOUNG		
on pradaxa (afib/CVA risk reduction, and hx of PE)		
3. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
4. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
5. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
6. Hypertension (SNOMED CT 38341003)	01/23/20	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
7. OA - Osteoarthritis (SCT 396275006)	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004)	12/03/19	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/20	
NICKERSON, GASON		
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003)	09/30/19	LWIN, HTWE H

2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019

Added from station 654 as a result of CBOC move.

12. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
13. Dysthymia	02/08/16	
BAHTEN, REGINA S		
14. Chronic pain syndrome	12/08/15	
BAHTEN, REGINA S		
15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS *	04/02/14	
BAHTEN, REGINA S		
17. Chronic cluster headache (SNOMED CT 230473009)	01/25/21	
NICKERSON, GASON		
18. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
2) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET	ACTIVE

- BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.
- 4) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD. ACTIVE
 - 5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE. ACTIVE
 - 6) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES. ACTIVE
 - 7) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH ACTIVE
 - 8) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL) ACTIVE
 - 9) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL** ACTIVE
 - 10) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
 - 11) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED ACTIVE
 - 12) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID. ACTIVE
 - 13) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE
 - 14) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS. ACTIVE

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

15 Total Medications

ALLERGIES: PENICILLIN, PREDNISONE, METFORMIN, BISOPROLOL

EXAMINATION

GENERAL: socially appropriate, respirations regularly and unlabored

MENTAL STATUS: appropriate and full affect, oriented to purpose of visit, normal
speech and language including fluency, naming, repetition, and comprehension

LABS

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	B12	351	pg/ml	211 - 911

Collection DT	Spec	Tsh
06/20/2019 09:28	SERUM	1.44

SCL1 - Lab Cum Selected 1

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
05/18/2021 08:07	PLASM	138	4.0	104	28	9.0

SCL2 - Lab Cum Selected 2

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR
05/18/2021 08:07	PLASM	114	13	0.83	>60
04/21/2021 16:35	PLASM	86	13	0.85	>60

SCL3 - Lab Cum Selected 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST
04/21/2021 16:35	PLASM	7.0	4.2	0.8	0.1	59	31

ALT
27

STUDIES

02/03/2014	CT HEAD W/O	70450 Verified	602

No acute intracranial abnormality.

IMPRESSION

Chronic cluster headache. Since his MI s/p PCI to LCx and LAD on 3/24/21, he has not had cluster headache since. Patient is not taking any meds and has stopped frovatriptan and DHE-45 d/t contraindications. Discussed to resume the treatments (oxygen, Gamma Core, and Emgality) when cluster headache returns.

PLAN

- Stop galcanezumab 300mg Qmonthly; will restart when headaches recur
- Cont. GammaCore PRN
- Cont. O2 10-15L PRN
- Sleep hygiene and CPAP
- Cont. f/u with cardiology
- f/u in 10 months TELE; will need to reassess the need for home oxygen

START TIME: 0902

END TIME: 0925

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 07/14/2021 09:28

Behavioral Medicine Consult 15056

Details

Date entered: July 7, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: THEMIS A YIASLAS

Signed by: THEMIS A YIASLAS

Date signed: July 13, 2021

Note

LOCAL TITLE: Behavioral Medicine Consult 15056

STANDARD TITLE: MENTAL HEALTH CONSULT

DATE OF NOTE: JUL 07, 2021@14:27 ENTRY DATE: JUL 07,
2021@14:27:35

AUTHOR: YIASLAS, THEMIS A EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

Clinical Video on Demand Disclosure and Verbal Informed Consent:

Visit was conducted by Telehealth. Verbal informed consent was obtained at the time of the visit.

Emergency contact information was obtained as follows:

Veteran's Current Address: 1521 WHITEHORSE ROAD
 MEADOW VISTA, CALIFORNIA 95722

Veteran's Phone Number: (206)295-2554,
PHONE NUMBER [CELLULAR] - (206)295-2554

Contact: CAMPBELL, SHEILA
Relationship: SPOUSE
Address: 1521 WHITEHORSE ROAD
 MEADOW VISTA, CALIFORNIA 95722
Phone: (530)613-3463

Cardio-Metabolic Disease Reversal Program (CDRP)

Psychosocial Assessment

Length & Type of Encounter: 60 min; H&B Individual Assessment (or
Psychiatric
Diagnostic Interview)

ID/REFERRAL: RONALD CLARK CAMPBELL is a 60%-SC, 71 year-old, WHITE, NOT
HISPANIC

OR LATINO, MALE Veteran of the. He was referred by NGUYEN, HOANG THUY of
the

Cardiology Clinic to the Cardio-Metabolic Disease Reversal Program.

Background information was obtained through review of his electronic
medical

records and clinical interview with the patient. He was informed about the nature and purpose of the assessment, as well as the scope and limits of confidentiality, and agreed to participate in the evaluation.

CHIEF COMPLAINT: cardio-metabolic disease

HX OF PRESENTING PROBLEM: Pt reported that he had a heart attack in March 2021.

-Denied ever been told have an inoperable blockage in a coronary artery.
-Re-experiencing symptoms re: cardiac event: pt reported that he remembers only bits and pieces of the cardiac event, the shocked expressions on the faces on medical staff right before he coded, "the fear in their faces." Whirlwind a tonight. Requested therapy with the VA, a few sessions (in PCMHI clinic), which helped.

-Pt reported that cardiology has been battling low blood pressure, pulse has gotten down to the 30s. 103/62, 35 bpm.

-Denied CHF Dx, denied being prescribed fluid restriction.

-A.Fib diagnosis, denied taking coumadin.

-Type 2 Diabetes diagnoses around 2010, not on insulin, denied any history of taking insulin.

-Denied Hx Bariatric surgery.

-Denied Hx CKD, denied renal diet or low potassium diet required.

-Denied gout.

-Denied engagement in cardiac rehab.

-Lost weight since November 2020, was on Weight Watchers. Wife has been on WW

for many years, she lost 50 lbs. Pt reported that he lost 20 lbs.

EATING BEHAVIOR: Pt reported that he currently following a plant based diet.

Needs better balance between fruits and vegetables, eating too much fruit.
"If

it doesn't have roots in the ground or need water to grow, I don't eat it."
Pt does the own cooking, likes trying new recipes. Denied any barriers to eating

plant-based. Denied losing control over what or how much you were eating. Denied
binging, purging, nighttime eating, or any Hx Eating disorder.

EXERCISE:

-Currently exercising, walks 45 minutes - 60 minutes, 3 mile minimum, 5x/week.
-What interferes with your ability to engage in physical activity? PAIN

SLEEP: Pt reported that he is waking up at night, caused by "massive headaches." Hx diagnosis with Sleep Apnea, uses CPAP every night. Starting to
nap again. Falls asleep immediately after putting on CPAP. 5-7 hours per night
of sleep, on average.

MENTAL HEALTH HISTORY: Pt endorsed current, significant heart health-related
stress. Some depression (negative PHQ-2). Pt endorsed some irritability/anger/hostility, related to dealing with this health. Denied SI/HI.
5 appts with PCMHI in 2021, helpful, and previous PCMHI treatment in 2013-2015
in context of divorce. Pt attended the VA "Moving Forward" problem solving therapy program, also history of reading Dr. Burns' "Feeling Good" which was
reported as very helpful. Per PCMHI Initial Assessment note, by psychologist
Jason Thompson, dated 4/22/21: "Veteran reports distress in aftermath of recent
medical crisis (cardiac arrest. Veteran conveys feelings of anxiety, uncertainty, anger, and fear of loss of control as a result of this sudden and
unforeseen deterioration of his physical health. He characterizes himself as
accustomed throughout his adult life (i.e. Encompassing his Navy career, deployment to Vietnam, and post-military successful business career) to living a
life guided by values of stoicism, autonomy and independence, all of which he

perceives as now potentially threatened by changes in his physical health that are outside of his control, indicating a corresponding need to rely upon others (professional providers and family members) for his ongoing welfare. He expresses a wish to process both the "traumatic" nature of his recent medical crisis (recalling, for example, moments when death seemed a likely outcome) and the existential and phase-of- life issues now evoked for veteran as a consequence of an intensified awareness of his mortality and the need to redefine a sense of self integrating a hitherto uncharacteristic level of emotional vulnerability, and a greater willingness to accept help from caring others."

SUBSTANCE USE:

- Caffeine: 32 oz of coffee, normal strength
- Alcohol: avoided alcohol, was a trigger for headaches. 1-2 oz wine sometimes.
- Tobacco: Denied
- Drug Use: denied
- Addiction treatment history:

SOCIAL HISTORY: Currently married. Per chart, White, not Hispanic or Latino, Protestant Christian.

MEDICAL HISTORY:

- Last Cardiology Note, dated 6/1/21, by Hoang Thuy Nguyen, NP:
"Mr. Campbell is a 71 y/o M, referred to cardiology for PCI f/u. Per pt, had DOE and chest tightness 10 days prior to calling 911, was seen at Kaiser and is s/p PCI to LCx and LAD 3/24/21....
#HTN: goal<130/80
#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCU. Pt states feeling much better since PCI, have been walking at least 1 hour every day

and is starting to hike. Transitioned to plant based diet since PCI and lost 12 lbs.

-cont to HOLD ASA 81mg, currently on dabigatran and Plavix, once stop Plavix,

resume ASA indefinitely

-cont Plavix 75mg QD x 12 months (3/24/2022)

-Beta-blocker: start Bisoprolol 2.5mg QAM

-nitroglycerin 0.4mg SL prn, ER precautions discussed, no PDE5i

-referred to Cardiac rehab

-referred to cardiac heart dz reversal program

-discussed heart healthy diet and exercise as tolerated

- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: 3/25/21 at Kaiser per JLV - Chol 120, TG 110, HDL 42, LDL 56-->5/2021

Chol 127, TG 50, HDL 69, LDL 48

-cont rosuvastatin 20mg QD

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM)

-Rate control: start Bisoprolol 2.5mg QD

-Rhythm control: not indicated at this time.

-Anticoagulation: cont dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Patient discussed with Attending Physician, Dr. Applegate and the treatment plan was developed jointly."

PAIN: 6 (06/01/2021 09:13)

VITALS: 06/01/2021 09:13 BP:130/60 HR:61 Wt:188.9 lb [85.9 kg]

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
05/18/2021 08:07	PLASM	127	50	48	69	
08/04/2020 08:39	PLASM	177	89	59	100	

LDL DIRECT 6/20/19 09:28 139

05/18/2021 HGBA1c 6.30 H

No recent C-reactive protein

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	B12	351	pg/ml	211 - 911

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	25-OH-D	20.4 L	ng/mL	30 - 100

Computerized Problem List is the source for the following:

- Coronary artery disease 06/01/21
NGUYEN, HOANG TH
- Long-term current use of anticoagulant 12/31/19 HAN, ELDI
KYOUNG
on pradaxa (afib/CVA risk reduction, and hx of PE)
- Obstructive sleep apnea syndrome 09/30/19
PANOSSIAN, LORI
- AF- Atrial Fibrillation (SCT 49436004) 06/20/19 HAN, ELDI
KYOUNG
Dx 6/2019
- Pulmonary embolism 06/20/19 HAN, ELDI
KYOUNG
- Hypertension (SNOMED CT 38341003) 01/23/20 HAN, ELDI
KYOUNG

Added from station 654 as a result of CBOC move.		
7. OA - Osteoarthritis (SCT 396275006)	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
8. Prostate cancer (SNOMED CT 254900004)	12/03/19	HAN, ELDI
KYOUNG		
Added from station 654 as a result of CBOC move.		
9. Chronic cluster headache (SNOMED CT 230473009)	09/21/20	
NICKERSON, GASON		
Added from station 654 as a result of CBOC move.		
10. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/19	LWIN, HTWE H
Added from station 654 as a result of CBOC move.		
11. Polyp Colon (SCT 68496003)	09/30/19	LWIN, HTWE H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
12. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
13. Dysthymia	02/08/16	
BAHTEN, REGINA S		
14. Chronic pain syndrome	12/08/15	
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15. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
16. Depressive Disorder NOS *	04/02/14	
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17. Chronic cluster headache (SNOMED CT 230473009)	01/25/21	
NICKERSON, GASON		
18. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
19. Benign hypertension	11/26/13	CHANG, MYO S
20. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
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21. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
22. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
23. Carcinoma, Prostate	11/26/13	CHANG, MYO S
24. Arthralgias NOS	11/26/13	CHANG, MYO S
25. Impotence	11/26/13	CHANG, MYO S
26. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

CURRENT MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		=====
1)	ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
2)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
3)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
4)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE
5)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
6)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
7)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH	ACTIVE
8)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
9)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE
10)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
11)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE

- 12) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY - FOR STOMACH ACID.
- 13) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE
BEDTIME - TO LOWER CHOLESTEROL.
- 14) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A ACTIVE
DAY AS NEEDED

15 Total Medications

MSE/BEHAVIORAL OBSERVATIONS: Mr. Campbell arrived to the scheduled appointment on time. He was alert and oriented x4 (person, place, date, and purpose). He was casually dressed wearing pants and a shirt with good grooming and hygiene. He was pleasant and open during the session, with good eye contact. Rapport was established with ease. Mood was euthymic and affect was congruent and appropriate. Cognition was grossly intact, though not formally assessed. Speech was fluent with normal r/r/v. J/I good. There was no evidence of psychosis or current SI/HI, plan, or intent. No other safety concerns were raised. There was no indication of child, elder, or dependent adult abuse.

IMPRESSIONS: Mr. Campbell is a 71 y.o. male veteran of the Navy who has atherosclerotic heart disease and type 2 diabetes who expresses interest in the Cardio-Metabolic Disease Reversal Program. He reported that he has already started following a plant-based diet, stating, "If it doesn't have roots in the

ground or need water to grow, I don't eat it." Wife has long history on Weight Watchers, pt as well has lost weight in the program. Denied emotional or compulsive eating habits. Walking 45-60 min per day, 5x/week. Pain is his primary barrier to more physical activity. Pt reports that his memory of being in the hospital and "coding" is fragmented, and includes the frightened faces of the hospital staff. He reports significant improvement as a result of those recent therapy sessions with Dr. Thompson. Offered info on CDRP and answered questions, and Pt reports interest in attending the next available CDRP seminar.

DIAGNOSIS: Atherosclerotic Heart Disease, Type 2 Diabetes, Hyperlipidemia, Chronic Pain

PLAN:

- 1) Cardio-Metabolic Disease Reversal Program Seminar, next available.
- 2) Request medical clearance (if not already completed)

Patient was informed of medical, Emergency Department, and mental health crisis services; MHC triage clinic, VA Hotline and 911. S/He verbalized understanding of how to access services and willingness to utilize crisis services if one emerged prior to the next scheduled appointment. Patient was also informed that patients taking medications for hypertension and/or type 2 diabetes may experience low blood pressure and/or low blood sugar readings as a result of improved health resulting from CDRP, which creates the need for daily/regular self-monitoring of blood pressure and blood sugar, and the need to communicate low readings to the Cardio-Metabolic Disease Reversal Program providers and their treating medical provider as soon as possible to ensure timely adjustments

to their medical/medication treatment plans. The patient expressed understanding.

Provider explained the purpose of this assessment. Limits of confidentiality were discussed and the patient's questions/concerns were addressed. Patient was advised that behavioral/lifestyle treatment outcomes vary. Patient was also informed that lifestyle/behavioral changes take time and that changing one's lifestyle behaviors (e.g., diet, physical activity, stress management/coping) can initially result in some increased discomfort or dissatisfaction (e.g., lower satisfaction with taste of food) is normal, though most patients find that over time lifestyle changes help them improve their health, energy, and ability to cope with the present. The patient understood and agreed to the plan, anticipated outcomes and interventions.

___X__Yes

_____No (if no, describe)

Clinical Reminders:

Depression Screening:

Perform PHQ-2

A PHQ-2 screen was performed. The score was 2 which is a negative screen for depression.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

Several days

2. Feeling down, depressed, or hopeless

Several days

Suicide Screen:

C-SSRS Screening

Columbia-Suicide Severity Rating Scale (C-SSRS Screener)

- you
1. Over the past month, have you wished you were dead or wished
could go to sleep and not wake up?
No
2. Over the past month, have you had any actual thoughts of
killing
yourself?
No
3. Over the past month, have you been thinking about how you might
do
this?
Response not required due to responses to other questions.
4. Over the past month, have you had these thoughts and had some
intention of acting on them?
Response not required due to responses to other questions.
5. Over the past month, have you started to work out or worked out
the
details of how to kill yourself?
Response not required due to responses to other questions.
6. If yes, at any time in the past month did you intend to carry
out
this plan?
Response not required due to responses to other questions.
7. In your lifetime, have you ever done anything, started to do
anything, or prepared to do anything to end your life (for
example,
collected pills, obtained a gun, gave away valuables, went to the
roof
but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

/es/ Themis A. Viaslas, Psy.D.

Clinical Psychologist, Behavioral Medicine

Signed: 07/13/2021 11:31

CPAP/BiPAP Sleep Follow-up

Details

Date entered: June 30, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SKYE M LAUGHRIDGE

Signed by: SKYE M LAUGHRIDGE

Date signed: June 30, 2021

Note

LOCAL TITLE: CPAP/BiPAP Sleep Follow-up

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: JUN 30, 2021@15:43 ENTRY DATE: JUN 30,
2021@15:43:32

AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

THIS IS NOT AN IN CLINIC APPT!

Chart review: wireless remote PAP data

campbell, ronald

04/01/2021 - 06/29/2021

Patient ID: 2701

DOB: 04/11/1950

Age: 71 years

612 - Northern California HCS

Compliance Report

Compliance

Payor Standard

Usage 04/01/2021 - 06/29/2021

Usage days 79/90 days (88%)

>= 4 hours 70 days (78%)

< 4 hours 9 days (10%)

Usage hours 442 hours 48 minutes

Average usage (total days) 4 hours 55 minutes

Average usage (days used) 5 hours 36 minutes

Median usage (days used) 5 hours 45 minutes

Total used hours (value since last reset - 06/29/2021) 1,725 hours

AirSense 10 AutoSet

Serial number 23192185375

Mode CPAP

Set pressure 8 cmH2O

EPR Fulltime

EPR level 2

Therapy

Leaks - L/min Median: 8.7 95th percentile: 33.6 Maximum: 84.8

Events per hour AI: 2.6 HI: 0.7 AHI: 3.3

Apnea Index Central: 1.2 Obstructive: 0.8 Unknown: 0.5

RERA Index 0.5

Cheyne-Stokes respiration (average duration per night) 1 minutes (1%)

=====

Compliance: good (usage > 70%)

AHI: normal (normal<5)

Leak: acceptable (< 30 mins)

Standing order for techs, during follow-up auto-CPAP downloads:

1. If AHI > 5 and leak is high, make mask adjustments
2. If AHI > 5 and minimal leak, check AHI breakdown
 - a. If elevated obstructive and/or hypopneas and AHI 5-10, increase minimum pressure by 2 cm H2O. If AHI 11-20, increase min pressure by 3 cm H2O. If AHI

>

20, consult with MD/NP.

b. If elevated central apneas >5 or periodic breathing > 15%, inform sleep MD/NP

3. If low usage, schedule for phone appointment with tech to discuss and address barriers to PAP compliance.

Plan:

Pt is to continue using machine nightly for at least 4-6 hours.

Follow Up:

Next download in 6 months for review of data.

* For re-ordering new mask, hose and filters, pt should call prosthetics directly at (916) 843-9172.

* To schedule an appt. with the cpap clinic, pt should call 916-843-9350.

Primary diagnosis sleep apnea (OSA)

G47.33 Obstructive Sleep Apnea

99091 Data collection

/es/ Skye Laughridge

Health Tech - Sleep Lab

Signed: 06/30/2021 15:44

PACT Telephone Note

Details

Date entered: June 28, 2021

Location: MCCLELLAN VA CLINIC

Written by: JAIME CHEW

Signed by: JAIME CHEW**Date signed:** June 28, 2021**Note**

LOCAL TITLE: PACT Telephone Note

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUN 28, 2021@09:55 ENTRY DATE: JUN 28,
2021@09:55:54

AUTHOR: CHEW, JAIME

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

PACT Pharmacy Telephone Note - HTN/Medication Issues

PMH: HTN, CAD s/p STEMI and PCI 3/24/21, DM 2, Afib (on dabigatran), HLP, COPD/?asthma, hx PE 6/2019, prostate CA, OSA (uses CPAP), ED, hx L iliac artery aneurysm, OA, chronic cluster HA, adjustment disorder, neck pain, vitD deficiency

Allergies/ADRs: PENICILLIN (swelling), PREDNISONE (swelling), METFORMIN

S: Called and spoke with this 71yo MALE, to follow-up on home BP readings and metoprolol tolerance. Initially contacted at request of cardiology (see 6/1/21 note), with goal to taper off verapamil and titrate bisoprolol for rate control in setting of MI earlier this year. RTC cardio 4 months (Oct 2021), PCP 3 months (Sept 2021). Also followed with neurology (next 6/25/21) and PCMHI (VVC with Oakland provider).

Last contact 6/23/21:

- d/c bisoprolol 2.5mg qAM (symptomatic low HR even with verapamil d/c)
- mailed supply of metoprolol succinate to start 12.5mg/d instead

- now following plant-based diet

TODAY 6/28/21:

- received and started metoprolol succ 12.5mg/d beginning 6/25/21 (did not take

bisoprolol OR verapamil on 6/24/21)

- denies dizziness, lightheadedness, fatigue, CP/SOB, or other subjective intolerance with metoprolol

- checking BP/HR readings consistently 1hr after medications/eating (no coffee

until after he takes reading)

- no cluster HA symptoms since last contact (still no Emgality, neuro 7/14/21)

Active Outpatient Medications

Status

=====

cardio meds:

- 1) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD. ACTIVE
 - 6/1/21 cardio: DAPT (clopidogrel + dabigatran x1yr 3/24/22)
 with plan to then change clopidogrel to ASA 81mg/d
- 2) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE. ACTIVE
- 3) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINAPRIL) ACTIVE
- 4) METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL** ACTIVE
 - TODAY 6/28/21: started 6/25/21
- 5) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED ACTIVE-none/prn
- 6) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE

hx:

- BISOPROLOL FUMARATE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE
 - 6/1/21: started/issued by cardiology
 - only took x3 days 6/2-6/4) then self-held
 - 6/23/21: restarted 2.5mg 6/22 and today 6/23
 - TODAY 6/28/21: none; last dose 6/23/21
- VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR MIGRAINE PROPHYLAXIS
 - 6/15/21: decr 120mg SA to 1 tab qAM (was bid)
 - 6/23/21: HELD 6/22 and 6/23/21 UD when he restarted bisoprolol
 - TODAY 6/28/21: none; last dose 6/21/21

pulmonary meds:

7)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	EXPIRED
8)	ALBUTEROL SO4 0.083% INHL 3ML UD USE 1 PILLOW IN NEBULIZER EVERY 24 HOURS - TO IMPROVE BREATHING.	ACTIVE
9)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
10)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
11)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

other:

12)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
13)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (EMGALITY)	ACTIVE

(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.

- 10/20/20 neuro pharm note: now using more for Afib indication than migraine prophylaxis (improved symptom control with Emgality)
- 6/1/21 cardio: has not taken since MI (confirmed 6/21/21)

- 14) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE FOR DIABETES - TAKE WITH LUNCH
- 15) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE ONCE DAILY - FOR STOMACH ACID.

Active Non-VA Medications	Status
=====	
1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE - 1gm bid

Coffee: 16oz regular coffee qAM
Soda/Tea: denies

0: Vitals - most recent

BP: 130/60 (06/01/2021 09:13)

Pulse: 61 (06/01/2021 09:13)

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Measurement DT	WEIGHT LB(KG)[BMI]
06/01/2021 09:13	188.9(85.68)[28*]
05/06/2021 14:33	191(86.64)[28*]
12/03/2019 12:34	192(87.09)[28*]
06/20/2019 07:56	190(86.18)[28*]
12/28/2018 09:36	191(86.64)[28*]
11/26/2018 14:13	187.7(85.14)[28*]
08/24/2018 10:35	190(86.18)[28*]
03/09/2018 10:21	189(85.73)[28*]
12/27/2017 09:05	187(84.82)[28*]
12/08/2017 14:26	186(84.37)[28*]

Home BP readings: **checks 1hr after meds/eating (before coffee)

Date	BP	HR	
6/25/2021	129/70	53	started metoprolol succ 12.5mg/d
6/26/2021	122/63	47	
6/27/2021	110/64	49	
6/28/2021	132/62	77	

Labs:

Collection	DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02								
05/18/2021	08:07	PLASMA	114	13	0.83	138	4.0	104
28								
04/21/2021	16:35	PLASMA	86	13	0.85	138	3.7	103
24								

Calculated Creat clearance: CrCl=81.6 mL/min (MAY 18, 2021)

Collection	DT	Spec	eGFR
05/18/2021	08:07	PLASM	>60

Collection	DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO
05/18/2021	08:07	PLASM	127	50	48	69
Collection	DT	Spec	ALT	AST		
04/21/2021	16:35	PLASM	27	31		

Collection	DT	Spec	HGBA1c	Tsh
05/18/2021	08:07	BLOOD	6.3 H	
08/04/2020	08:39	BLOOD	6.3 H	
12/03/2019	13:43	BLOOD	5.6	
06/20/2019	09:28	BLOOD	6.8 H	1.44

Collection	DT	Spec	Alb/Cr	Alb Ur.	Ur. Cr.
08/04/2020	08:40	URINE	6.4	1.00	157.4

Collection	DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
05/18/2021	08:07	BLOOD	5.0	14.6	45.9	241	95.0	31.8

BLOOD	May 18 2021 08:07	Apr 21 2021 16:35	Aug 04 2020 08:39	Dec 03 2019 13:43	Reference Units	Reference Ranges

EOS #	0.2	0.2	0.1	0.3	K/cmm	.1 - .5

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
03/13/2018 08:41	SERUM	25-OH-D	20.4 L	ng/mL	30 - 100
05/19/2014 08:19	SERUM !!	25-OH-D	71	ng/mL	30 - 100

A/P:

1) HTN - home BP remain mostly at ACC/AHA 2017 goal <130/80, with less apparent HR effect with metoprolol succinate (versus bisoprolol). HR target for Afib rate control <110 (per electronic discussion with cardio NP 6/7/21). SCr/K+ wnl on moderate dose losartan 50mg/d. Denies subjective worsening of HA symptoms with verapamil decr or recent hold; remains off Emagality. H/H wnl, CrCl >50ml/min on dabigatran with verapamil (P-gp inhibitor).

- continue metoprolol succ 25mg - 1/2 tab once daily; refilled for mail
- continue losartan 50mg/d
- continue to monitor/record home BP/HR readings; seek medical attn for

SBP trending <100, HR persistently <50, or subjective dizziness,

lightheadedness or fatigue

- if HA symptoms worsen with verapamil hold, will need to seek guidance

from neuro (has f/u appt 7/14/21)

- bisoprolol added to ADR profile

2) HLP/CAD - LDL <70 with active order for high/maximum dose rosuvastatin 40mg/d

which is consistent with 2018 ACC/AHA lipid consensus guidelines and VA/DoD 2020 guidelines in setting of ASCVD. LFTs wnl, CrCl >30ml/min. DAPT clopidogrel

+ dabigatran minimum 1 year (3/24/22 per cardio note 6/1/21). H/H wnl.

3) Other:

- COPD/asthma: self-reported ?PFTs at Kaiser 6/21/21 with improved post-bronchodilator lung function. On LAMA + ICS/LABA which is appropriate maintenance therapy, not needing recent SABA. Defer f/u to pulm (?Kaiser)

- 25-OH-D below goal >30ng/mL but no recent result to review; order pending.

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through call and opportunity provided for questions; has clinic phone number for questions.

Follow-up: 1 month phone (7/27/21 @ 10:00), sooner prn

Recheck: subjective med tolerance, home BP/HR readings

Time spent: 21 minutes

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

HYPERTENSION

Nonpharmacologic intervention made

LIPID MANAGEMENT

No change made

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Medication monitoring, no dosage change required, continue to monitor

and assess

Address compliance/adherence

Medication monitoring or diagnostic evaluation

Medication reconciliation

No change made

Prevent or manage an adverse drug reaction or event

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Diabetes - Urine Microalbumin:

Urinalysis and urine microalbumin ordered.

/es/ Jaime K. Chew, Pharm.D., BCPS, BCACP

Clinical Pharmacist

Signed: 06/28/2021 10:35

Sleep Clinic Telephone Note

Details

Date entered: June 28, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JENNIFER CHEN

Signed by: JENNIFER CHEN

Date signed: June 28, 2021

Note

LOCAL TITLE: Sleep Clinic Telephone Note

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUN 28, 2021@08:54 ENTRY DATE: JUN 28,
2021@08:54:20

AUTHOR: CHEN, JENNIFER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Veteran is identify with name, DOB, and last 4 SSN

Duration: 10 minutes

Spoke with Veteran and review data download. Veteran is fully understand of the report. He requests to have copy of reports 3 months prior to March 2021 and 3 months after. He had 2 cardiac arrests, had stent placed. Veteran is very pleased of his CPAP compliance. He is getting benefits from the therapy.

RTC in 90 days to closely monitor data download since he had cardiac episodes.

AirSense 10 AutoSet
Serial number 23192185375
Mode CPAP
Set pressure 8 cmH2O
EPR Fulltime
EPR level 2
Therapy

Usage days 80/90 days (89%)
>= 4 hours 71 days (79%)
< 4 hours 9 days (10%)
Usage hours 450 hours 10 minutes
Average usage (total days) 5 hours 0 minutes
Average usage (days used) 5 hours 38 minutes
Median usage (days used) 5 hours 45 minutes
Total used hours (value since last reset - 06/26/2021) 1,714 hours

Leaks - L/min	Median: 8.5	95th percentile: 33.2	Maximum: 85.1
Events per hour	AI: 2.6	HI: 0.7	AHI: 3.3
Apnea Index	Central: 1.2	Obstructive: 0.8	Unknown: 0.5
	RERA Index 0.5		

Cheyne-Stokes respiration (average duration per night) 1 minutes (0%)

/es/ JENNIFER CHEN

Medical Instrument Technician (PSG)

Signed: 06/28/2021 09:03

Cardiology Case Manager Note

Details

Date entered: June 23, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ROSEMARIE P MACALISANG**Signed by:** ROSEMARIE P MACALISANG**Date signed:** June 23, 2021

Note

LOCAL TITLE: Cardiology Case Manager Note

STANDARD TITLE: CARDIOLOGY CASE MANAGER NOTE

DATE OF NOTE: JUN 23, 2021@13:28 ENTRY DATE: JUN 23,
2021@13:28:31

AUTHOR: MACALISANG, ROSEMARI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Received this message from Dr. Yu, "Please call Mr. Campbell and assess for symptoms of bradycardia, and review his medications. Specifically, is he taking

bisoprolol or verapamil? If so, please provide dosages. Thank you."

This CM called him twice and left a message.

Vet called back.

CARDIOLOGY RNCM F/U Note

=====

[] F2F encounter

[x] Phone encounter

Veteran identified by full name/DOB/SS#

Telephone Conversation with: ☒ patient ☐ significant other ☐ caregiver
☐

other:

=====

Follow up for:

☒ follow-up symptom and review of medications
☐ weight check after initiation of or change in diuretics
☐ lab review after medication initiation or titration
☐ vitals review after medication initiation or titration
☐ other (please describe):

Cardiac review of systems:

☒N ☐Y Chest pain:

☒N ☐Y Shortness of breath:

-Ease of breathing 0-5:

☒N ☐Y Orthopnea or paroxysmal nocturnal dyspnea:

☒N ☐Y Palpitations:

☒N ☐Y Weakness or fatigue:

☒N ☐Y Lightheadedness/Dizziness

☒N ☐Y Swelling of legs, ankles, or feet:

☒N ☐Y Weight gain ≥ 3 lbs in < 5 days OR Weight loss:

=====

OBJECTIVE:

=====

Vitals:

	Wt:	188.9 lb [85.9 kg]	(06/01/2021 09:13)	Measurement DT	WEIGHT
		LB(KG)[BMI]			
06/01/2021 09:13		188.9(85.68)[28*]			
05/06/2021 14:33		191(86.64)[28*]			
12/03/2019 12:34		192(87.09)[28*]			
06/20/2019 07:56		190(86.18)[28*]			
	Temp:	97.7 F [36.5 C]	(06/01/2021 09:13)		
	HR:	61	(06/01/2021 09:13)		
	BP:	130/60	(06/01/2021 09:13)		

Veteran reported that his heart rate early this morning was 42 bpm.

Blood pressure reading are as follows: 110/64; 108/64; 112/69; 125/73;
113/75;

120/68mmHg; Today his blood pressure is 121/68 mmHg; heart rate of 55 bpm.

=====

Pertinent labs:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104
04/21/2021 16:35	PLASMA	86	13	0.85	138	3.7	103

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
05/18/2021 08:07	BLOOD	5.0	14.6	45.9	95.0	31.8	241
04/21/2021 16:35	BLOOD	7.4	14.9	45.3	93.2	32.9	224

Collection DT	Spec	BNP
04/21/2021 16:35	PLASM	123 H
08/04/2020 08:40	PLASM	19.9

=====

MEDICATION INVENTORY:

=====

The veteran's current medications (including non-VA medications and any changes made today) were reviewed with the patient and/or caregiver. A written list was offered and/or provided.

[]N [x]Y Veteran takes medications as directed.

[]N []Y Has the veteran missed or skipped any treatment.

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
2) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE

4)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
5)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
6)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH	ACTIVE
7)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
8)	METOPROLOL SUCCINATE 25MG SA TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - FOR HEART. **USE PILL CUTTER, REPLACES VERAPAMIL**	ACTIVE
9)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
10)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
11)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
12)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
13)	TABLET CUTTER USE DEVICE AS DIRECTED TO SPLIT TABLETS.	ACTIVE
14)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

Inactive Outpatient Medications

Status

1)	ALBUTEROL SO4 0.083% INHL 3ML UD USE 1 PILLLOW IN NEBULIZER EVERY 24 HOURS - TO IMPROVE BREATHING.	EXPIRED

Active Non-VA Medications

Status

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A	ACTIVE

DAY AS NEEDED

16 Total Medications

Veteran said he discontinued his Verapamil since yesterday as directed by PACT

Pharmacist; he did took his Bisoprolol 2.5 mg daily yesterday and today.

Veteran informed that Metoprolol succinate 25 mg, 1/2 tab daily was ordered by

PACT Pharmacist; he will receive this medication in the mail soon.

=====

PATIENT EDUCATION:

=====

Veteran instructed on the following:

- * Reinforced the importance of taking medications as prescribed.
- * Monitor blood pressure and heart rate daily and record it. Call and notify the clinic for cardiac symptoms.
- * Eat a heart healthy diet, low fat low cholesterol diet.

Veteran notified to GET IMMEDIATE CARE if he has symptoms of:

- too short of a breath to say a few words without wheezing or stopping to catch breath
- chest pain not relieved by rest or nitroglycerin, (may spread to the arms, neck, tooth, jaw or back, feeling of tightness, burning, squeezing, fullness or heaviness in the chest, chest discomfort accompanied with shortness of breath, fast or uneven pulse, sweating, lightheadedness, severe indigestion that doesn't go away, nausea or fainting)
- fainting or blackout spells
- persistent heart racing

Veteran expressed understanding of these instructions.

=====

* LEVEL OF UNDERSTANDING: [x]good []fair []poor

=====

REMINDER OF UPCOMING APPTS: 10/4/21 at 13:00 PM.

Will forward these information to Cardiology Provider.

/es/ Rosemarie P. Macalisang, RN
RN Care Manager, Cardiology Clinic/SAC
Signed: 06/23/2021 14:09

Receipt Acknowledged By:

06/23/2021 16:46 /es/ Katherine Yu,
MD

Staff Physician,
Cardiology

PACT Telephone Note

Details

Date entered: June 23, 2021
Location: MCCLELLAN VA CLINIC
Written by: JAIME CHEW
Signed by: JAIME CHEW
Date signed: June 23, 2021

Note

LOCAL TITLE: PACT Telephone Note
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUN 23, 2021@11:45 ENTRY DATE: JUN 23,
2021@11:45:47
AUTHOR: CHEW, JAIME EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PACT Pharmacy Telephone Note - HTN/Medication Issues

PMH: HTN, CAD s/p STEMI and PCI 3/24/21, DM 2, Afib (on dabigatran), HLP, COPD/?asthma, hx PE 6/2019, prostate CA, OSA (uses CPAP), ED, hx L iliac artery aneurysm, OA, chronic cluster HA, adjustment disorder, neck pain, vitD deficiency

Allergies/ADRs: PENICILLIN (swelling), PREDNISONE (swelling), METFORMIN

S: Called and spoke with this 71yo MALE, to follow-up on bisoprolol tolerance and reported decr HR reading to TAN (see note 6/23/21). Initially contacted at request of cardiology (see 6/1/21 note), with goal to taper off verapamil and titrate bisoprolol for rate control in setting of recent MI earlier this year. RTC cardio 4 months (Oct 2021), PCP 3 months (Sept 2021). Also followed with neurology (next 6/25/21) and PCMHI (VVC with Oakland provider).

Last/initial contact 6/21/21:

-
- d/c verapamil SA 120mg qAM, restarted trial of bisoprolol 2.5mg qAM
 - planned to follow-up on BP/HR Friday 6/25/21
 - now following plant-based diet

TODAY 6/23/21:

-
- confirms held verapamil and started bisoprolol yesterday 6/22/21
 - BP this morning 121/68 HR 42 withOUT symptoms (dizziness, fatigue)
 - HR fluctuated over the morning: 47 after he "started to move around", incr to 53 after coffee, then back to 45 just before leaving home to go to appt

Active Outpatient Medications

Status

=====

cardio meds:

1)	BISOPROLOL FUMARATE 5MG TAB TAKE ONE-HALF TABLET BY	ACTIVE

MOUTH EVERY MORNING FOR BLOOD PRESSURE

- 6/1/21: started/issued by cardiology
- only took x3 days 6/2-6/4) then self-held
- TODAY 6/23/21: restarted 2.5mg 6/22 and today 6/23

- 2) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD. ACTIVE
- 6/1/21 cardio: DAPT (clopidogrel + dabigatran x1yr 3/24/22)
with plan to then change clopidogrel to ASA 81mg/d
- 3) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE. ACTIVE
- 4) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINAPRIL) ACTIVE
- 5) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED ACTIVE-none/prn
- 6) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE
- 7) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR MIGRAINE PROPHYLAXIS ACTIVE
- 6/15/21: decr 120mg SA to 1 tab qAM (was bid)
- TODAY 6/23/21: HELD 6/22 and 6/23/21 UD when he restarted bisoprolol

pulmonary meds:

- 8) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY. EXPIRED
- 9) ALBUTEROL SO4 0.083% INHL 3ML UD USE 1 PILLOW IN NEBULIZER EVERY 24 HOURS - TO IMPROVE BREATHING. ACTIVE
- 10) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE. ACTIVE

- 11) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
- 12) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS. ACTIVE

other:

- 13) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH. ACTIVE
- 14) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (EMGALITY) ACTIVE
(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.
- 10/20/20 neuro pharm note: now using more for Afib indication than migraine prophylaxis (improved symptom control with Emgality)
- 6/1/21 cardio: has not taken since MI (confirmed 6/21/21)
- 15) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH ACTIVE
- 16) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID. ACTIVE

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE - 1gm bid

Coffee: 16oz regular coffee qAM

Soda/Tea: denies

O: Vitals - most recent

BP: 130/60 (06/01/2021 09:13)

Pulse: 61 (06/01/2021 09:13)

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Measurement DT WEIGHT

		LB(KG) [BMI]
06/01/2021	09:13	188.9(85.68) [28*]
05/06/2021	14:33	191(86.64) [28*]
12/03/2019	12:34	192(87.09) [28*]
06/20/2019	07:56	190(86.18) [28*]
12/28/2018	09:36	191(86.64) [28*]
11/26/2018	14:13	187.7(85.14) [28*]
08/24/2018	10:35	190(86.18) [28*]
03/09/2018	10:21	189(85.73) [28*]
12/27/2017	09:05	187(84.82) [28*]
12/08/2017	14:26	186(84.37) [28*]

Home BP readings:

6/02/2021			started bisoprolol 2.5mg/d; self-d/c after 3days
6/10/2021	109/61	38	reported in secure message
6/10/2021	127/72	49	reported to cardio; HR last 4d: 37,39,42,49
6/10/2021	117/61	42	reported to TAN
6/11/2021	117/70	52	cardio NP note
6/14/2021			realized med box still filled with verapamil BID
6/15/2021			decr verapamil SA 120mg to 1/day
6/17/2021	140/89	53	*before meds
6/19/2021	137/74	57	*before meds
6/21/2021	111/67	57	*before meds

Labs:

Collection	DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02								
05/18/2021	08:07	PLASMA	114	13	0.83	138	4.0	104
28								
04/21/2021	16:35	PLASMA	86	13	0.85	138	3.7	103
24								

Calculated Creat clearance: CrCl=81.6 mL/min (MAY 18, 2021)

Collection	DT	Spec	eGFR
05/18/2021	08:07	PLASM	>60

Collection	DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO

05/18/2021 08:07	PLASM	127	50	48	69
Collection DT	Spec	ALT	AST		
04/21/2021 16:35	PLASM	27	31		

Collection DT	Spec	HGBA1c	Tsh
05/18/2021 08:07	BLOOD	6.3 H	
08/04/2020 08:39	BLOOD	6.3 H	
12/03/2019 13:43	BLOOD	5.6	
06/20/2019 09:28	BLOOD	6.8 H	1.44

Collection DT	Spec	Alb/Cr	Alb Ur.	Ur. Cr.
08/04/2020 08:40	URINE	6.4	1.00	157.4

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
05/18/2021 08:07	BLOOD	5.0	14.6	45.9	241	95.0	31.8

BLOOD	May 18	Apr 21	Aug 04	Dec 03	Reference
	2021	2021	2020	2019	
	08:07	16:35	08:39	13:43	Units Ranges

EOS #	0.2	0.2	0.1	0.3	K/cmm	.1 - .5

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
03/13/2018 08:41	SERUM	25-OH-D	20.4 L	ng/mL	30 - 100
05/19/2014 08:19	SERUM !!	25-OH-D	71	ng/mL	30 - 100

A/P:

1) HTN - home BP remain at ACC/AHA 2017 goal <130/80, with decr HR following verapamil hold and bisoprolol restart yesterday. HR target for Afib rate control <110 (per electronic discussion with cardio NP 6/7/21). SCr/K+ wnl on moderate dose losartan 50mg/d. Denies subjective worsening of HA symptoms with verapamil decr or recent hold; remains off Emagality. H/H wnl, CrCl >50ml/min on

dabigatran with verapamil (P-gp inhibitor).

Discussed plan briefly electronically with cardio Dr.Yu and PCP notified for continuity of care. Will trial metoprolol succinate instead of bisoprolol with close BP/HR monitoring.

- starting tomorrow Thurs 6/24/21, HOLD bisoprolol, restart verapamil SA 120mg

 - once daily for rate control

- when he receives metoprolol succinate 25mg tabs in mail:

 - [] STOP verapamil

 - [] START metoprolol succ 25mg - 1/2 tab once daily; specific counseling

 - will need to use pill cutter which was also ordered

 - [] continue losartan 50mg/d

- monitor/record home BP/HR readings; have encouraged to wait at least 1-2hrs

 - after taking medications and/or any caffeine

- seek medical attn for persistent HR <50, worsening of subjective dizziness,

 - lightheadedness and fatigue

- if HA symptoms worsen with verapamil hold, will need to seek guidance from neuro (has f/u appt 7/14/21)

2) HLP/CAD - LDL <70 with active order for high/maximum dose rosuvastatin 40mg/d

which is consistent with 2018 ACC/AHA lipid consensus guidelines and VA/DoD 2020 guidelines in setting of ASCVD. LFTs wnl, CrCl >30ml/min. DAPT clopidogrel

+ dabigatran minimum 1 year (3/24/22 per cardio note 6/1/21). H/H wnl.

3) Other:

- COPD/asthma: self-reported ?PFTs at Kaiser 6/21/21 with improved post-bronchodilator lung function. On LAMA + ICS/LABA which is appropriate maintenance therapy, not needing recent SABA. Defer f/u to pulm (?Kaiser)

- 25-OH-D below goal >30ng/mL but no recent result to review; ordered.

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through call and opportunity provided for questions; has clinic phone number for questions.

Follow-up: 5 days phone (6/28/21 @ 09:45)

Recheck: subjective med tolerance, home BP/HR readings

Time spent: 21 minutes

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

ARRHYTHMIA

Medication Intervention(s)

Discontinue and/or change to a different medication

Discontinue and/or change to different antiarrhythmic medication

due

to other reason

Nonpharmacologic intervention made

HYPERTENSION

Medication Intervention(s)

Discontinue and/or change to different medication

Nonpharmacologic intervention made

LIPID MANAGEMENT

No change made

Address compliance/adherence

Care coordination

Medication monitoring or diagnostic evaluation

Medication reconciliation

Discontinue medication

Initiate medication

Prevent or manage an adverse drug reaction or event

Medication Reconciliation:

Unable to complete reconciliation due to the following reason:

-patient/caregiver unable to confirm medications other than

bisoprolol and
verapamil by phone today. Denies other changes since medications
fully
reconciled two days ago

/es/ Jaime K. Chew, Pharm.D., BCPS, BCACP
Clinical Pharmacist
Signed: 06/23/2021 12:26

TCP Telephone Care Staff Note

Details

Date entered: June 23, 2021
Location: MARTINEZ VA MEDICAL CENTER
Written by: BARRY MCKEOWN
Signed by: BARRY MCKEOWN
Date signed: June 23, 2021

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUN 23, 2021@06:00:11 ENTRY DATE: JUN 23,
2021@06:13:01
AUTHOR: MCKEOWN, BARRY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** TCP Telephone Care Staff Note Has ADDENDA ***

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Caller Response: *OTHER

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Slow Heart Rate

Comments:

(ca msa)/WT MTZ (CAMPBELL,2701)Pt. calling to report to Cardiology a drop in HR
from new medication: BP 121/68-42

Triage Note

Phone Triage

Wed Jun 23 2021 06:02:20 GMT-0700 (Pacific Daylight Time)

Demographics

71 y/o Male

Results

CC: Slow Heart Rate

Nurse Recommendation: Now

TEDP Suggestion: Now

Nurse Recommended Follow-up Location: Emergency department, VA

TEDP Suggested Follow-up Location: Emergency department, VA

Values and Measures

SBP: 121 mmHg

Pulse: 42 bpm

Pain scale: denies pain

Duration of CC: 1 Hours

Positive Responses

MEDS: beta-blocker

PMH: heart attack

PMH: heart disease

Negative Responses

Denies: HPI: chest pain, with slow pulse
Denies: HPI: diaphoresis, with slow pulse
Denies: HPI: dyspnea, with slow pulse
Denies: HPI: lightheadedness, orthostatic
Denies: HPI: nausea, with slow pulse
Denies: HPI: syncope, with slow pulse
Denies: HPI: weakness, with slow pulse
Denies: MEDS: beta blocker, recent dosage increase
Denies: PMH: angina
Denies: PMH: pacemaker

Nurse Notes:

Pt calling who just started taking BISOPROLOL TAB 5MG, and says his pulse is 42/min. Pt says his b/p is 133/71 and pulse 44/min (asymptomatic at this time).
TAN advised pt to go to the ER and pt says he will wait and see how it goes.

Author: MCKEOWN, BARRY

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Original call started at: JUN 23, 2021 @ 05:55 (Call was suspended)
- ANDERSON, CALVIN JUN 23, 2021@05:55:57 - JUN 23, 2021@05:58:36

Ending at: 6/23/2021 @ 6:08:08 AM
Length: 10 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Barry McKeown, RN
Telephone Care Advice
Signed: 06/23/2021 06:13

Receipt Acknowledged By:
06/23/2021 09:57 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

06/23/2021 16:51 /es/ Katherine Yu,
MD

Staff Physician,

Cardiology

for HOANG THUY

NGUYEN

06/24/2021 11:08 /es/ Leticia P.
Suba, RN, BSN

Nursing

Service

for ANGELO MARTINEZ

PORTER

06/23/2021 ADDENDUM

STATUS: COMPLETED

Discussed with clinical pharmacist Chew, who has contacted patient.

/es/ Katherine Yu, MD

Staff Physician, Cardiology

Signed: 06/23/2021 16:51

PACT Telephone Note

Details

Date entered: June 21, 2021**Location:** MCCLELLAN VA CLINIC**Written by:** JAIME CHEW**Signed by:** JAIME CHEW**Date signed:** June 21, 2021

Note

LOCAL TITLE: PACT Telephone Note

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUN 21, 2021@15:04 ENTRY DATE: JUN 21,
2021@15:04:07

AUTHOR: CHEW, JAIME

EXP COSIGNER:

URGENCY :
COMPLETED

STATUS :

*** PACT Telephone Note Has ADDENDA ***

PACT Pharmacy Chart Telephone Note - HTN/Medication Issues

PMH: HTN, CAD s/p STEMI and PCI 3/24/21, DM 2, Afib (on dabigatran), HLP, COPD/?asthma, hx PE 6/2019, prostate CA, OSA (uses CPAP), ED, hx L iliac artery aneurysm, OA, chronic cluster HA, adjustment disorder, neck pain, vitD deficiency

Allergies/ADRs: PENICILLIN (swelling), PREDNISONE (swelling), METFORMIN

S: Called and spoke with this 71yo MALE, to follow-up on bisoprolol tolerance at request of cardiology (see 6/1/21 note), with goal to taper off verapamil and titrate bisoprolol for rate control in setting of recent MI earlier this year. RTC cardio 4 months (Oct 2021), PCP 3 months (Sept 2021). Also followed with neurology (next 6/25/21) and PCMHI (VVC with Oakland provider).

TODAY 6/21/21:

- took bisoprolol 2.5mg/d x3days (6/2-6/4), then self-held due to symptomatic low HR 30's to 40's and continued with verapamil SA 120mg bid
- 6/11/21 spoke with cardio NP (per note, was advised by Kaiser to d/c verapamil) BUT pt reporting he understood the plan to be that verapamil would be decreased to 120mg SA 1/day (instead of BID)
- did not decrease verapamil to 120mg SA 1/d until 6/15/21 when he realized his med box was filled incorrectly
- since 6/15/21, he has only been taking verapamil SA 120mg/d with losartan 50mg/d (NO bisoprolol)

- fatigue, tiredness, and positional dizziness present, but less than before
- BP readings since verapamil decr: 140/89 53, 137/74 57, and 111/67 57 (today)

**all taken BEFORE medications

- confirms has not taken Emgality since discharge; has not had "even a shadow"

of a cluster HA since discharge

- now following plant based diet

Active Outpatient Medications

Status

=====

cardio meds:

- 1) BISOPROLOL FUMARATE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE
ACTIVE
- 6/1/21: started/issued by cardiology
- TODAY 6/21/21: only took x3 days 6/2-6/4) then self-held
- 2) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.
ACTIVE
- 6/1/21 cardio: DAPT (clopidogrel + dabigatran x1yr 3/24/22)
with plan to then change clopidogrel to ASA 81mg/d
- 3) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.
ACTIVE
- 4) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINAPRIL)
ACTIVE
- 5) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED
ACTIVE-none/prn
- 6) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.
ACTIVE
- 7) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR MIGRAINE PROPHYLAXIS
ACTIVE
- TODAY 6/21/21: decr to 1 tab qAM since 6/15/21

pulmonary meds:

8)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	EXPIRED
9)	ALBUTEROL S04 0.083% INHL 3ML UD USE 1 PILLOW IN NEBULIZER EVERY 24 HOURS - TO IMPROVE BREATHING.	ACTIVE
10)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
11)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
12)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE

other:

13)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
14)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (EMGALITY) (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES. - 10/20/20 neuro pharm note: now using more for Afib indication than migraine prophylaxis (improved symptom control with Emgality) - 6/1/21 cardio: has not taken since MI (confirmed today 6/21/21)	ACTIVE
15)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH	ACTIVE
16)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE

Active Non-VA Medications

Status

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE - 1gm bid

Coffee: 16oz regular coffee qAM

Soda/Tea: denies

0: Vitals - most recent

BP: 130/60 (06/01/2021 09:13)

Pulse: 61 (06/01/2021 09:13)

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Measurement DT	WEIGHT LB(KG) [BMI]
06/01/2021 09:13	188.9(85.68) [28*]
05/06/2021 14:33	191(86.64) [28*]
12/03/2019 12:34	192(87.09) [28*]
06/20/2019 07:56	190(86.18) [28*]
12/28/2018 09:36	191(86.64) [28*]
11/26/2018 14:13	187.7(85.14) [28*]
08/24/2018 10:35	190(86.18) [28*]
03/09/2018 10:21	189(85.73) [28*]
12/27/2017 09:05	187(84.82) [28*]
12/08/2017 14:26	186(84.37) [28*]

Home BP readings:

6/02/2021			started bisoprolol 2.5mg/d; self-d/c after 3days
6/10/2021	109/61	38	reported in secure message
6/10/2021	127/72	49	reported to cardio; HR last 4d: 37,39,42,49
6/10/2021	117/61	42	reported to TAN
6/11/2021	117/70	52	cardio NP note
6/14/2021			realized med box still filled with verapamil BID
6/15/2021			decr verapamil SA 120mg to 1/day
6/17/2021	140/89	53	*before meds
6/19/2021	137/74	57	*before meds
6/21/2021	111/67	57	*before meds

Labs:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							

05/18/2021 08:07 PLASMA 114 13 0.83 138 4.0 104
28
04/21/2021 16:35 PLASMA 86 13 0.85 138 3.7 103
24

Calculated Creat clearance: CrCl=81.6 mL/min (MAY 18, 2021)

Collection DT Spec eGFR
05/18/2021 08:07 PLASM >60

Collection DT Spec CHOL TRIGLYC HDL LDL-CHO
05/18/2021 08:07 PLASM 127 50 48 69
Collection DT Spec ALT AST
04/21/2021 16:35 PLASM 27 31

Collection DT Spec HGBA1c Tsh
05/18/2021 08:07 BLOOD 6.3 H
08/04/2020 08:39 BLOOD 6.3 H
12/03/2019 13:43 BLOOD 5.6
06/20/2019 09:28 BLOOD 6.8 H 1.44

Collection DT Spec Alb/Cr Alb Ur. Ur. Cr.
08/04/2020 08:40 URINE 6.4 1.00 157.4

Collection DT Spec WBC HGB HCT PLT MCV MCHC
05/18/2021 08:07 BLOOD 5.0 14.6 45.9 241 95.0 31.8

BLOOD	May 18 2021 08:07	Apr 21 2021 16:35	Aug 04 2020 08:39	Dec 03 2019 13:43	Reference Units	Ranges

EOS # 0.2 0.2 0.1 0.3 K/cmm .1 - .5

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
03/13/2018 08:41	SERUM	25-OH-D	20.4 L	ng/mL	30 - 100
05/19/2014 08:19	SERUM !!	25-OH-D	71	ng/mL	30 - 100

A/P:

1) HTN - home BP mostly ACC/AHA 2017 goal <130/80, with improved HR following bisoprolol hold and verapamil decrease. HR at target for Afib rate control <110 (per electronic discussion with cardio NP 6/7/21). SCr/K+ wnl on moderate dose losartan 50mg/d. Denies subjective worsening of HA symptoms on lower verapamil dose; remains off Emagality. H/H wnl, CrCl >50ml/min on dabigatran with verapamil (P-gp inhibitor). Discussed plan briefly electronically with Dr.Yu.

- d/c verapamil, restart bisoprolol 2.5mg/d (using 1/2 of 5mg tab) starting tomorrow Tues 6/22/21
- continue losartan 50mg/d for now
- monitor/record home BP/HR readings; encouraged to wait at least 1-2hrs after taking medications and/or any caffeine
- monitor worsening/improvement of subjective dizziness, lightheadedness and fatigue
- if HA symptoms worsen with verapamil hold, will need to seek guidance from neuro (has f/u appt 7/14/21)

2) HLP/CAD - LDL <70 with active order for high/maximum dose rosuvastatin 40mg/d which is consistent with 2018 ACC/AHA lipid consensus guidelines and VA/DoD 2020 guidelines in setting of ASCVD. LFTs wnl, CrCl >30ml/min. DAPT clopidogrel + dabigatran minimum 1 year (3/24/22 per cardio note 6/1/21). H/H wnl.

3) Other:

- COPD/asthma: self-reported ?PFTs this morning at Kaiser with improved lung function post-bronchodilator. On LAMA + ICS/LABA which is appropriate maintenance therapy, not needing recent SABA. Defer f/u to pulm (?Kaiser)
- 25-OH-D below goal >30ng/mL but no recent result to review; ordered.

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through call and opportunity provided for questions; has clinic phone number for questions.

Follow-up: 4 days phone (6/25/21 @ 0815)

Recheck: subjective med tolerance, home BP/HR readings

Time spent: 42 minutes

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

ANTICOAGULATION THERAPY

DIRECT ORAL ANTICOAGULANT (DOAC) MANAGEMENT

Medication monitoring, no dosage change required, continue to monitor

and assess

HYPERTENSION

Medication Intervention(s)

Discontinue and/or change to different medication

Nonpharmacologic intervention made

LIPID MANAGEMENT

No change made

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Nonpharmacologic intervention made

Address compliance/adherence

Care coordination

Medication monitoring or diagnostic evaluation

Medication reconciliation

Discontinue medication

Initiate medication

Medication Reconciliation:

Med Rec performed with patient/caregiver:

-Home meds compared with CPRS meds

- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Jaime K. Chew, Pharm.D., BCPS, BCACP

Clinical Pharmacist

Signed: 06/21/2021 17:30

06/23/2021 ADDENDUM

STATUS: COMPLETED

Pt wants to talk to Jaime Chew because his heart rate has drop to 45. Pt can be reach at 206-295-2554.

/es/ IRMAN I HUSSEIN

PHARMACY TECHNICIAN

Signed: 06/23/2021 09:10

Receipt Acknowledged By:

06/23/2021 12:28

/es/ Jaime K. Chew, Pharm.D., BCPS,

BCACP

Clinical

Pharmacist

Medical Clerk Note

Details

Date entered: June 21, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: TRINITY MYST ALICEA

Signed by: TRINITY MYST ALICEA

Date signed: June 21, 2021

Note

LOCAL TITLE: Medical Clerk Note
STANDARD TITLE: COMMUNICATION NOTE
DATE OF NOTE: JUN 21, 2021@11:34 ENTRY DATE: JUN 21,
2021@11:34:07
AUTHOR: ALICEA, TRINITY MYST EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Medical Clerk Note Has ADDENDA ***

pt called saying he has now had his heart rate in the low 50's for 10 days.
Pt
wants advisement on what to do with medication

/es/ TRINITY MYST ALICEA

Signed: 06/21/2021 11:35

Receipt Acknowledged By:

06/21/2021 13:54 /es/ Katherine Yu,
MD

Staff Physician,

Cardiology

for HOANG THUY

NGUYEN

06/21/2021 ADDENDUM

STATUS: COMPLETED

RN Macalisang, Please call Mr. Campbell and assess for symptoms of
bradycardia,
and review his medications. Specifically, is he taking bisoprolol or
verapamil?

If so, please provide dosages. Thank you.

/es/ Katherine Yu, MD

Staff Physician, Cardiology

Signed: 06/21/2021 13:56

Receipt Acknowledged By:

06/22/2021 08:17 /es/ Rosemarie P. Macalisang,
RN

RN Care Manager, Cardiology Clinic/

SAC

06/21/2021 ADDENDUM

STATUS: COMPLETED

Attempted to call this veteran, unable to contact him, unable to leave a message.

/es/ Rosemarie P. Macalisang, RN
RN Care Manager, Cardiology Clinic/SAC
Signed: 06/21/2021 15:58

06/22/2021 ADDENDUM

STATUS: COMPLETED

This CM called this veteran again today, no answer. Left a message and call back number.

/es/ Rosemarie P. Macalisang, RN
RN Care Manager, Cardiology Clinic/SAC
Signed: 06/22/2021 08:14

Primary Care Secure Messaging

Details

Date entered: June 11, 2021**Location:** MCCLELLAN VA CLINIC**Written by:** BARBARA JEAN FEBBO-WILSON**Signed by:** BARBARA JEAN FEBBO-WILSON**Date signed:** June 11, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 11, 2021@12:15:01 ENTRY DATE: JUN 11,
2021@09:15:02
AUTHOR: FEBBO-WILSON, BARBAR EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 06/10/2021 04:07 PM
From: CAMPBELL, RONALD CLARK
To: **Febbo-Wilson, B (Primary Care) - McClellan
Subject: Erratic BP - Event Yesterday

Yesterday I experienced what I thought was a hypoglycemic event. Severe dizziness with disorientation. I had some orange juice and 1/2 of a protein bar which usually abated the issue. It did not. I travel home and immediately ate more carbs. Again the symptoms persisted. I ended up try to just rest and slept for over 4 hrs

This morning I was awakened with the same symptoms. I took my BP at 109/61/38
After consulting my daughter an RN and the physician she works with at UCLA I contacted Mather Cardio at 7:43 AM today.
I was told a cardio nurse would call right back.

The suspect is the Beta Blocker that was prescribed for me on 6/1.
I have been seeing my BPM drop consistently over the last 4 days to this new low this morning.

I have not heard back anything from cardio and am holding off taking any more of the beta blocker until I do.

FYI

-----Original Message-----

Sent: 06/11/2021 12:14 PM
From: FEBBO-WILSON, BARBARA JEAN
To: CAMPBELL, RONALD CLARK
Subject: Erratic BP - Event Yesterday

The Cardiology nurse put a message in for the doctor
I would recommend holding this until they get back to you
continue to monitor your heart rate and blood pressure

Barbara Febbo-Wilson MD
covering for Dr. Panal

/es/ Barbara Jean Febbo-Wilson, M.D.
Primary Care Physician
Signed: 06/11/2021 09:15

Cardiology Case Manager Note

Details

Date entered: June 10, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROSEMARIE P MACALISANG
Signed by: ROSEMARIE P MACALISANG
Date signed: June 10, 2021

Note

LOCAL TITLE: Cardiology Case Manager Note
STANDARD TITLE: CARDIOLOGY CASE MANAGER NOTE
DATE OF NOTE: JUN 10, 2021@15:59 ENTRY DATE: JUN 10,
2021@15:59:14
AUTHOR: MACALISANG, ROSEMARI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

CARDIOLOGY RNCM F/U Note

=====
[] F2F encounter
[x] Phone encounter

Veteran identified by full name/DOB/SS#

Veteran called stating that he has low heart rate with his new medication, Bisoprolol; requesting a call back.

Telephone Conversation with: ☒ patient ☐ significant other ☐ caregiver
☐
other:

=====

Follow up for:

☐ follow-up symptom
☐ weight check after initiation of or change in diuretics
☐ lab review after medication initiation or titration
☐ vitals review after medication initiation or titration
☒ other (please describe): follow-up response to medication

Cardiac review of systems:

☒N ☐Y Chest pain:
☒N ☐Y Shortness of breath:
 -Ease of breathing 0-5:
☒N ☐Y Orthopnea or paroxysmal nocturnal dyspnea:
☒N ☐Y Palpitations:
☐N ☒Y Weakness or fatigue:
☐N ☒Y Lightheadedness/Dizziness

=====

OBJECTIVE:

=====

Vitals:

	Wt:	188.9 lb [85.9 kg]	(06/01/2021 09:13)	Measurement DT	WEIGHT
		LB(KG)[BMI]			
06/01/2021 09:13		188.9(85.68)[28*]			
05/06/2021 14:33		191(86.64)[28*]			
12/03/2019 12:34		192(87.09)[28*]			
06/20/2019 07:56		190(86.18)[28*]			
	Temp:	97.7 F [36.5 C]	(06/01/2021 09:13)		
	HR:	61	(06/01/2021 09:13)		

BP: 130/60 (06/01/2021 09:13)

Veteran said that his heart rate were as follows in the last 4 days:
37; 39; 42; 49 bpm

Blood pressure today is 127/72 mmHg; heart rate today is 49 bpm

=====

Pertinent labs:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL

C02

05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104

28

04/21/2021 16:35	PLASMA	86	13	0.85	138	3.7	103

24

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT

05/18/2021 08:07	BLOOD	5.0	14.6	45.9	95.0	31.8	241

04/21/2021 16:35	BLOOD	7.4	14.9	45.3	93.2	32.9	224

Collection DT	Spec	BNP

04/21/2021 16:35	PLASM	123 H

08/04/2020 08:40	PLASM	19.9

=====

MEDICATION INVENTORY:

=====

The veteran's current medications (including non-VA medications and any changes made today) were reviewed with the patient and/or caregiver. A written list was offered and/or provided.

[]N [x]Y Veteran said that he takes medications regularly, except for Bisoprolol.

Vet said that he hasn't taken his Bisoprolol today due to low heart rate.

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications

Status

=====

1)	BISOPROLOL FUMARATE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE	ACTIVE

2)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2	ACTIVE

- PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.
- 3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH. ACTIVE
 - 4) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD. ACTIVE
 - 5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE. ACTIVE (S)
 - 6) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES. ACTIVE
 - 7) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE WITH LUNCH ACTIVE
 - 8) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL) ACTIVE
 - 9) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
 - 10) NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED ACTIVE
 - 11) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID. ACTIVE
 - 12) ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL. ACTIVE
 - 13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS. ACTIVE
 - 14) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR MIGRAINE PROPHYLAXIS ACTIVE

Inactive Outpatient Medications

Status

- =====
- 1) ALBUTEROL SO4 0.083% INHL 3ML UD USE 1 PILLOW IN NEBULIZER EVERY 24 HOURS - TO IMPROVE BREATHING. EXPIRED

Active Non-VA Medications	Status
=====	=====
1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

16 Total Medications

=====

PATIENT EDUCATION:

=====

Veteran instructed on the following:

* Continue to monitor blood pressure and heart rate daily and record it.
Call
and notify the clinic for cardiac symptoms.

Veteran informed that this CM will alert Cardiology Provider regarding these
information and will call him back for response.

Veteran also notified to GET IMMEDIATE CARE if symptom/s worsen or if he has
symptoms of:

- too short of a breath to say a few words without wheezing or stopping to catch breath
- chest pain not relieved by rest or nitroglycerin, (may spread to the arms, neck, tooth, jaw or back, feeling of tightness, burning, squeezing, fullness or heaviness in the chest, chest discomfort accompanied with shortness of breath, fast or uneven pulse, sweating, lightheadedness, severe indigestion that doesn't go away, nausea or fainting)
- fainting or blackout spells
- persistent heart racing

Veteran expressed understanding of these instructions.

=====

* LEVEL OF UNDERSTANDING: [x]good []fair []poor

=====

Alerting Cardiology Provider regarding these information, please advise.

/es/ Rosemarie P. Macalisang, RN
RN Care Manager, Cardiology Clinic/SAC
Signed: 06/10/2021 16:09

Receipt Acknowledged By:
06/11/2021 09:56 /es/ Hoang Thuy Nguyen,
NP
Medical Service,
Cardiology

TCP Telephone Care Staff Note

Details

Date entered: June 10, 2021
Location: MARTINEZ VA MEDICAL CENTER
Written by: FELICIA PARK
Signed by: FELICIA PARK
Date signed: June 10, 2021

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUN 10, 2021@10:00:50 ENTRY DATE: JUN 10,
2021@10:31:54
AUTHOR: PARK,FELICIA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

**PATIENT called in for CAMPBELL,RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MCCLELLAN

Caller Response: *OTHER

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. Other: name.

Class Code: Other specified counseling.

Chief Complaint: Palpitations

Comments:

MSA/clerk comment:

THIS MORNING HEART RATE 37 SPIKING TO AS HIGH AS 132 WALKING JUST NOW SPIKE TO 132 NORMAL RESTING HEART RATE IS AROUND 68 SINCE YESTERDAY
.... PH: 206-295-2554.-LK

Triage Note

Phone Triage

Thu Jun 10 2021 10:07:35 GMT-0700 (Pacific Daylight Time)

Demographics

71 y/o Male

Results

CC: Palpitations

Nurse Recommendation: Now, 911

TEDP Suggestion: Now, 911

Nurse Recommended Follow-up Location: Emergency department, VA

TEDP Suggested Follow-up Location: Emergency department, VA

Values and Measures

SBP: 117 mmHg

Pulse: 42 bpm

Pain scale: denies pain

Duration of CC: 7 Hours

Negative Responses

Denies: HPI: syncope, with palpitations

Veteran Education

Verbal Education Provided:

Based on your responses, you should be treated in the emergency room.

Take action:

You need to see a provider now or your condition could worsen.
Consider calling an ambulance.

Nurse Notes:

Received back line warm transfer with MSA Team IM of Vet c/o "THIS MORNING

HEART RATE 37 SPIKING TO AS HIGH AS 132 ..."

Vet on line. His speech is clear and concise. He speaks in full sentences, no

pauses. He makes needs known easily.

Vet reports he can be reached at 206-295-2554 should call become disconnected.

S: He states. "A beta blocker was introduced last week. I'm having erratic

heartbeats from as low as thirty seven, three a.m., this woke me up, spiking up

to one thirty two and then to sixty. I'm feeling like I've been in a fog.

I

call it disoriented. I've been dizzy."

B: 71 yr old male with PMHX:

"Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant	12/31/2019
2. Obstructive sleep apnea syndrome	09/30/2019
3. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
4. Pulmonary embolism	06/20/2019
5. Hypertension (SNOMED CT 38341003)	01/23/2020

6. OA - Osteoarthritis (SCT 396275006)	09/30/2019
7. Prostate cancer (SNOMED CT 254900004)	12/03/2019
8. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
10. Polyp Colon (SCT 68496003)	09/30/2019
11. History of malignant neoplasm of prostate	11/05/2016
12. Dysthymia	02/08/2016
13. Chronic pain syndrome	12/08/2015
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
15. Depressive Disorder NOS *	04/02/2014
16. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
17. Chronic obstructive lung disease	06/24/2019
18. Benign hypertension	11/26/2013
19. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
21. Headache (SNOMED CT 25064002)	02/04/2016
22. Carcinoma, Prostate	11/26/2013
23. Arthralgias NOS	11/26/2013
24. Impotence	11/26/2013
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013"

A: Reports was on a "zoom meeting yesterday" and "became dizzy," thought he was hypoglycemic so drank some OJ, ate a couple bites of a power bar and ate two glucose tabs." Reports sx didnt improve immediately but finally resolved. Reports didnt checked FSBG, "glucose pen" doesnt work. Reports A1C is "usually about six" and denies episodes of hypoglycemia. Reports "felt in a fog all day yesterday." Reports awoke this morning 3a with palpitations, dizziness, HR 37 and "erratic" up to 132. Reports BP/HR x 1 hr ago: 117/61 HR 42. Denies confusion, syncope, diaphoresis, cp, sob, f/c, n/v, abd pain, black stool, bloody stool, maroon stool.

R: TEDP = now/911. Advised to hang up and dial 911. Advised any delay in dialing 911 could be life threatening and best to err on side of caution for his safety and well being. Advised TANS unable to authorize VA payment for non VA care. Vet declines the non-VA emergency care guide 844#. States he already has it. Vet isnt sure what he will do.

Advised to call NCHCS VetsConnect/TAN back, 800# provided/available 24/7 for any further concerns/questions. Vet verbalizes understanding of all information presented.

Note forwarded to PCP and PACT RN

Author: PARK,FELICIA

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).
Original call started at: JUN 10, 2021 @ 09:58 (Call was suspended)
- KIMBROUGH,LINDA M JUN 10, 2021@09:58:05 - JUN 10, 2021@10:00:24

Ending at: 6/10/2021 @ 10:19:19 AM
Length: 20 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Felicia Park, RN
Staff Nurse
Signed: 06/10/2021 10:31

Receipt Acknowledged By:
06/11/2021 09:46 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

06/11/2021 14:15 /es/ Angelo M. Porter, RN, CNL,
CM
Registered Nurse, Primary
Care

Pharmacy PACT Primary Care Note

Details

Date entered: June 7, 2021
Location: MCCLELLAN VA CLINIC
Written by: JAIME CHEW
Signed by: JAIME CHEW
Date signed: June 7, 2021

Note

LOCAL TITLE: Pharmacy PACT Primary Care Note
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: JUN 07, 2021@13:36 ENTRY DATE: JUN 07,
2021@13:36:57
AUTHOR: CHEW, JAIME EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Pharmacy PACT Primary Care Note Has ADDENDA ***

PACT Pharmacy Chart Review Note - Medication Review

PMH: HTN, CAD s/p STEMI and PCI 3/24/21, DM 2, Afib (on dabigatran), HLP, COPD/?asthma, hx PE 6/2019, prostate CA, OSA (uses CPAP), ED, hx L iliac artery aneurysm, OA, chronic cluster HA, adjustment disorder, neck pain, vitD deficiency

Allergies/ADRs: PENICILLIN (swelling), PREDNISONE (swelling), METFORMIN

S: Focused chart review for this 71yo MALE, cardiology requesting PACT pharm

assistance with BP monitoring and medication adjustments, with specific recommendation to titrate off verapamil and up titrate BB/ARBs. RTC cardio 4 months (Oct 2021), PCP 3 months (Sept 2021). Also followed with neurology (next 6/25/21) and PCMH (VVC with Oakland provider).

Active Outpatient Medications		Status
=====		
cardio meds:		
1)	BISOPROLOL FUMARATE 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE - 6/1/21: started/issued by cardiology	ACTIVE
2)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD. - 6/1/21 cardio: DAPT (clopidogrel + dabigatran x1yr 3/24/22)	ACTIVE
3)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
4)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINAPRIL)	ACTIVE
5)	NITROGLYCERIN 0.4MG SL TAB DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES IF NEEDED FOR CHEST PAIN. IF NO RELIEF AFTER THE FIRST TABLET CALL 911-MAY TAKE 1 TABLET EVERY 5 MINUTES (MAX 3 TABLETS) IF NEEDED	ACTIVE
6)	ROSUVASTATIN CA 40MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME - TO LOWER CHOLESTEROL.	ACTIVE
7)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR MIGRAINE PROPHYLAXIS	ACTIVE

pulmonary meds:

8)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	EXPIRED
9)	ALBUTEROL SO4 0.083% INHL 3ML UD USE 1 PILLON IN	ACTIVE

NEBULIZER EVERY 24 HOURS - TO IMPROVE BREATHING.

- 10) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 ACTIVE
PUFFS BY ORAL INHALATION TWICE A DAY - FOR
BREATHING. RINSE MOUTH OUT AFTER USE.
- 11) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 EXPIRED-LF
10/4/20
SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL
ALLERGIES.
- 12) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE EXPIRED-90ds
3/13/21
DAILY -FOR ALLERGY SYMPTOMS.
- 13) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY
- 14) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

other:

- 15) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET ACTIVE
BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO
IMPROVE BONE STRENGTH.
- 16) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG ACTIVE
(EMGALITY)
(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT
HEADACHES.
- 6/1/21 cardio: has not taken since MI
- 10/20/20 neuro pharm note: now using more for Afib
indication than migraine prophylaxis (improved
symptom control with Emgality)
- 17) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR DIABETES - TAKE WITH LUNCH
- 18) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY - FOR STOMACH ACID.

Active Non-VA Medications

Status

- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A ACTIVE
DAY AS NEEDED

0: Vitals - most recent

BP: 130/60 (06/01/2021 09:13)

Pulse: 61 (06/01/2021 09:13)

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Measurement DT	WEIGHT LB(KG)[BMI]
06/01/2021 09:13	188.9(85.68)[28*]
05/06/2021 14:33	191(86.64)[28*]
12/03/2019 12:34	192(87.09)[28*]
06/20/2019 07:56	190(86.18)[28*]
12/28/2018 09:36	191(86.64)[28*]
11/26/2018 14:13	187.7(85.14)[28*]
08/24/2018 10:35	190(86.18)[28*]
03/09/2018 10:21	189(85.73)[28*]
12/27/2017 09:05	187(84.82)[28*]
12/08/2017 14:26	186(84.37)[28*]

Labs:

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
05/18/2021 08:07	PLASMA	114	13	0.83	138	4.0	104
04/21/2021 16:35	PLASMA	86	13	0.85	138	3.7	103

Calculated Creat clearance: CrCl=81.6 mL/min (MAY 18, 2021)

Collection DT	Spec	eGFR
05/18/2021 08:07	PLASM	>60

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO
05/18/2021 08:07	PLASM	127	50	48	69

Collection DT	Spec	ALT	AST
04/21/2021 16:35	PLASM	27	31

Collection DT	Spec	HGBA1c	Tsh
05/18/2021 08:07	BLOOD	6.3 H	
08/04/2020 08:39	BLOOD	6.3 H	
12/03/2019 13:43	BLOOD	5.6	

06/20/2019 09:28 BLOOD 6.8 H 1.44

Collection DT	Spec	Alb/Cr	Alb Ur.	Ur. Cr.
08/04/2020 08:40	URINE	6.4	1.00	157.4

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
05/18/2021 08:07	BLOOD	5.0	14.6	45.9	241	95.0	31.8

BLOOD	May 18 2021 08:07	Apr 21 2021 16:35	Aug 04 2020 08:39	Dec 03 2019 13:43	Reference Units	Reference Ranges

EOS #	0.2	0.2	0.1	0.3	K/cmm	.1 - .5

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	25-OH-D	20.4 L	ng/mL	30 - 100
05/19/2014 08:19	SERUM !!	25-OH-D	71	ng/mL	30 - 100

A/P:

1) HTN - BP near ACC/AHA 2017 goal <130/80, not yet reflective of bisoprolol

addition. HR at target for Afib rate control <110 (per electronic discussion

with cardio NP), will need to monitor with verapamil taper/bisoprolol titration.

SCr/K+ wnl on moderate dose losartan 50mg/d. Unclear if verapamil is assisting

with cluster HA prophylaxis since has not been taking Emgality since 3/2021. H/H

wnl, CrCl >50ml/min on dabigatran with verapamil (P-gp inhibitor).

- depending on subjective tolerance and home BP/HR readings, tentative

plan to taper verapamil every 2 weeks from 120mg bid to 80mg bid to 40mg bid then hold, while uptitrating bisoprolol

- need to monitor BP/HR, subjective dizziness/lightheadedness

- if HA symptoms with taper, have pt reach out to neurology

2) HLP/CAD - LDL <70 with active order for high/maximum dose rosuvastatin 40mg/d

which is consistent with 2018 ACC/AHA lipid consensus guidelines and VA/DoD 2020 guidelines in setting of ASCVD. LFTs wnl, CrCl >30ml/min. DAPT clopidogrel

+ dabigatran minimum 1 year (3/24/22 per cardio note 6/1/21).

Will request MSA assistance scheduling patient for PACT pharm appt in 2wks to

review home BP/HR readings and subjective tolerance of bisoprolol start.

Has

neurology follow-up scheduled 6/25/21.

Time spent: 30 minutes

Future Appointments:

MAS CLINIC VISITS FUTURE

06/15/2021 15:30 OAK VVC PCMHI JT

06/25/2021 09:00 SAC NEURO LOCUM 2

07/14/2021 09:00 SAC NEURO NP PHONE

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

ANTICOAGULATION THERAPY

DIRECT ORAL ANTICOAGULANT (DOAC) MANAGEMENT

Medication monitoring, no dosage change required, continue to monitor

and assess

HYPERTENSION

No change made

LIPID MANAGEMENT

No change made

Address compliance/adherence

Identify drug-drug interaction

Medication monitoring or diagnostic evaluation

/es/ Jaime K. Chew, Pharm.D., BCPS, BCACP
Clinical Pharmacist
Signed: 06/07/2021 13:40

06/07/2021 ADDENDUM STATUS: COMPLETED
Please call and offer a PACT pharmacist appointment in **2 weeks** at
request of
cardiology to follow-up on home blood pressure readings.

[X] *30min* telephone appointment in NSAC PACT PHARM PHONE (NSPPPH)
- overbook okay **ONLY** on a Thurs or Fri afternoon after 13:00 if needed
and
no later than 1530)

Please ask to have:

[X] ALL prescription and over the counter medications and/or supplements
for appt
[X] recent blood pressure and heart rate/pulse readings for appointment

Please let me know if patient declines to schedule appointment. Thank you!

/es/ Jaime K. Chew, Pharm.D., BCPS, BCACP
Clinical Pharmacist
Signed: 06/07/2021 13:41

Receipt Acknowledged By:
06/10/2021 09:58 /es/ O'NEIL-
DOMINGUEZ, KIARA

06/09/2021 10:49 /es/ MARY LIN
HELFRICK

PCMHI- Primary Care Mental Health Follow-Up

Details

Date entered: June 2, 2021

Location: OAKLAND VA CLINIC

Written by: JASON M THOMPSON

Signed by: JASON M THOMPSON

Date signed: June 2, 2021

Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: JUN 02, 2021@09:54 ENTRY DATE: JUN 02,
2021@09:54:42

AUTHOR: THOMPSON, JASON M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Primary Care Mental Health Integration (PC-MHI) Follow-up

Patient Identification: Patient is a 71 year old, WHITE MALE.

Veteran is seen by PC-MHI as part of the Patient-Aligned Care Team (PACT).

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

LOWER LEG CONDITION 20%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

KNEE CONDITION 10%

S/C

BACK STRAIN 20%

S/C

KNEE CONDITION

10%

S/C

SCREENINGS/MEASURES:

PHQ-9:

MHAS - PHQ9 SCORE

Date	Instrument	Raw	Trans	Scale
04/15/2021 12:16	PHQ9	16		PHQ9 GAD-7:

MHAS - MHA Score

Date	Instrument	Raw	Trans	Scale
04/15/2021 12:16	GAD-7	17		Anxiety

SESSION CONTENT: Veteran returns for 4th VVC session in brief PCMHI intervention for anxiety/depression. Veteran reports ongoing stable mood and a generally positive outlook in the face of his challenging medical circumstances, as a result of utilizing social support (wife and three adult daughters) and cognitive-behavioral coping strategies as discussed in previous sessions in current course of Tx.

RISK ASSESSMENT:

Suicidal/Homicidal/Assaultive Ideation/Intent/Plan:

No

MENTAL STATUS EXAM:

Appearance: Casually dressed and well-groomed

Demeanor: Cooperative and friendly

Mood: Euthymic

Affect: Congruent

Psychotic symptoms/Thought content: None observed or reported

Cognitive deficits/Memory Impairment: None observed or reported

Judgment/Insight: Good

DIAGNOSTIC IMPRESSIONS:

Adjustment Disorder

INTERVENTION:

Psychotherapy: CBT; ACT

Limits of confidentiality, risks, benefits, and side effects of psychiatric medications and/or therapy were discussed with the patient. The patient expressed understanding and the willingness to take medications and/or engage in treatment.

LENGTH OF SESSION: 30 minutes
-----**FOLLOW-UP PLAN:**

Return for PC-MHI follow-up: 3:30PM, 6/15/2021 (VVC)

/es/ JASON MARK THOMPSON

PSYCHOLOGIST

Signed: 06/02/2021 10:00

Cardiology Consult (Sac)

Details

Date entered: June 1, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** HOANG THUY NGUYEN**Signed by:** HOANG THUY NGUYEN**Date signed:** June 1, 2021

Note

LOCAL TITLE: Cardiology Consult (Sac)

STANDARD TITLE: CARDIOLOGY PROCEDURE CONSULT

DATE OF NOTE: JUN 01, 2021@10:42 ENTRY DATE: JUN 01,
2021@10:42:55

AUTHOR: NGUYEN, HOANG THUY

EXP COSIGNER: APPLGATE, PATRICIA J

URGENCY:

STATUS:

COMPLETED

*** Cardiology Consult (Sac) Has ADDENDA ***

CARDIOLOGY NP CONSULT NOTE

Patient was identified by full name, SS# and/or birthdate.

Patient came in with: ☒ Self
 ☐ Spouse
 ☐ Other:

71MALE

=====

RELEVANT CARDIAC HX:

=====

Mr. Campbell is a 71 y/o M, referred to cardiology for PCI f/u. Per pt, had DOE and chest tightness 10 days prior to calling 911, was seen at Kaiser and is s/p PCI to LCx and LAD 3/24/21

#CAD: s/p inferior STEMI 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio.
#hypertension,
#T2DM
#A. fib (on Pradaxa), 6/2019 at Kaiser
#COPD,
#PE 6/2019
#prostate cancer
#HLD
#OSA: CPAP compliant
#ED
#L common iliac artery aneurysm

Cardiovascular risk factors:

☐ smoking	☐ FH of premature CHD	☐ PAD
☒ HTN	☐ high LDL	☒ DM
☒ age/sex	☐ low HDL	☐ substance abuse

4/21/21 Presented to Mather ED for SOB, transferred to Kaiser Sac, pt reports
he was dc from ED and Dx with asthma/copd exacerbation 2/2 pollen

Diet: plant based since discharge

Exercise: walk 1 hour daily, started to do trails

=====

CARDIAC ROS:

=====

Activity:

☒N ☐Y CP:

☐N ☒Y SOB: was getting SOB all the time, "way different now" some DOE, feels

recover pretty quickly, can walk quite a distance, limited by knee pain

☒N ☐Y Dizziness:

☒N ☐Y Syncope:

☒N ☐Y Palpitations:

☒N ☐Y Orthopnea: 2 pillow at baseline

☒N ☐Y PND:

☒N ☐Y Edema:

☒N ☐Y Myalgias:

Other:

no bleeding issues/dark stool

=====

SOCIAL HISTORY

☐ Tobacco: Quit 1999, previously 2ppd x 20 years

☐ ETOH: glass or wine 3x/week

☐ Illicit drugs: denies

FAMILY HISTORY

FATHER: MI at 72 y/o

Military: navy, medical discharge for R knee injury

Employment history: sales representative

Lives with: wife in meadow vista

=====

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant

12/31/2019

2. Obstructive sleep apnea syndrome	09/30/2019
3. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
4. Pulmonary embolism	06/20/2019
5. Hypertension (SNOMED CT 38341003)	01/23/2020
6. OA - Osteoarthritis (SCT 396275006)	09/30/2019
7. Prostate cancer (SNOMED CT 254900004)	12/03/2019
8. Chronic cluster headache (SNOMED CT 230473009)	09/21/2020
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
10. Polyp Colon (SCT 68496003)	09/30/2019
11. History of malignant neoplasm of prostate	11/05/2016
12. Dysthymia	02/08/2016
13. Chronic pain syndrome	12/08/2015
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
15. Depressive Disorder NOS *	04/02/2014
16. Chronic cluster headache (SNOMED CT 230473009)	01/25/2021
17. Chronic obstructive lung disease	06/24/2019
18. Benign hypertension	11/26/2013
19. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
21. Headache (SNOMED CT 25064002)	02/04/2016
22. Carcinoma, Prostate	11/26/2013
23. Arthralgias NOS	11/26/2013
24. Impotence	11/26/2013
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

=====

ALLERGIES: PENICILLIN, PREDNISONE, METFORMIN

=====

MEDICATIONS:

=====

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL SO4 0.083% INHL 3ML UD USE 1 PILLLOW IN NEBULIZER EVERY 24 HOURS - TO IMPROVE BREATHING.	ACTIVE
2) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE BID

- 3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH. ACTIVE QD
- 4) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD. ACTIVE QD
- 5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE. ACTIVE BID
- 6) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE - not taking
AS DIRECTED AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
- 7) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG ACTIVE prn, have not taken since MI
(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.
- 8) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE - now taking
10mg - feels BG is too low
FOR DIABETES - TAKE WITH LUNCH
- 9) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE QD
FOR BLOOD PRESSURE (REPLACES LISINOPRIL)
- 10) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
- 11) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE - have not been taking
ONCE DAILY - FOR STOMACH ACID.
- 12) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL. ACTIVE taking full
- 13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE QD
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

14) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE BID
TWICE A DAY FOR MIGRAINE PROPHYLAXIS

Active Non-VA Medications	Status
1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE
2) Non-VA DIHYDROERGOTAMINE *HAZ* INJ,SOLN 1ML taking INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE - not

16 Total Medications

No Active Remote Medications for this patient

(Reconciled with patient/caregiver, updated list provided)

EXAM:

Wt: 188.9 lb [85.9 kg] (06/01/2021 09:13) Measurement DT WEIGHT
LB(KG)[BMI]
06/01/2021 09:13 188.9(85.68)[28*]
05/06/2021 14:33 191(86.64)[28*]
12/03/2019 12:34 192(87.09)[28*]
06/20/2019 07:56 190(86.18)[28*]
Temp: 97.7 F [36.5 C] (06/01/2021 09:13)
HR: 61 (06/01/2021 09:13)
BP: 130/60 (06/01/2021 09:13)

Neck: jvd not elevated, no hepatojugular reflux

Lungs: diminished but good respiratory efforts,

Cardiac: IRIR, S1, S2 no murmurs

Abdomen: obese, soft, ntnd

Ext: no edema

LABORATORY/STUDIES: Results reviewed with patient

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
C02							

05/18/2021 08:07 PLASMA 114 13 0.83 138 4.0 104
 28
 04/21/2021 16:35 PLASMA 86 13 0.85 138 3.7 103
 24

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
05/18/2021 08:07	BLOOD	5.0	14.6	45.9	95.0	31.8	241
04/21/2021 16:35	BLOOD	7.4	14.9	45.3	93.2	32.9	224

Collection DT	Spec	HGBA1c
05/18/2021 08:07	BLOOD	6.3 H
08/04/2020 08:39	BLOOD	6.3 H

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
05/18/2021 08:07	PLASM	127	50	48	69	
08/04/2020 08:39	PLASM	177	89	59	100	

Collection DT	Spec	BNP
04/21/2021 16:35	PLASM	123 H
08/04/2020 08:40	PLASM	19.9

 ECHO:

8/2020

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
 Left ventricular systolic function is normal.
 The ejection fraction estimate is 55-60%.
 There is mild mitral regurgitation.

3/24/21 at Kaiser per JLV

Summary

Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.
 No significant valvular abnormalities identified.
 Unable to estimate the RVSP due to the trivial TR jet.
 Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.
 Normal right ventricular size and function.
 A trivial pericardial effusion is present.

Findings

Mitral Valve

Structurally normal mitral valve.
Trace mitral regurgitation.

Aortic Valve
Trileaflet aortic valve.
Trace aortic insufficiency.

Tricuspid Valve
Structurally normal tricuspid valve.
Trace tricuspid regurgitation. Cannot assess RV systolic pressure due to inadequate TR envelope.

Pulmonic Valve
Pulmonic valve not well visualized. Doppler interrogation suggests no pulmonic stenosis is present. Trace pulmonary insufficiency.

Left Atrium
Normal left atrial size.

Left Ventricle
Normal left ventricular cavity size with normal wall thickness. Borderline left ventricular systolic function with an ejection fraction of 55%. The basal inferior wall appears hypokinetic.

Right Atrium
Normal right atrial dimensions.

Right Ventricle
Normal right ventricular size and function.

Pericardial Effusion
A trivial pericardial effusion is present.

Aorta
The visualized portion of the proximal ascending aorta is normal in caliber.

Cath 3/24/21 at Kaiser per JLV

Procedure Indication(s)

STEMI

Procedure Summary

Acute thrombotic occlusion of the proximal Circumflex.

Obstructive stenosis of the mid LAD with reduced antegrade flow.

LV function at the lower limits of normal.

Successful PCI of the proximal Left Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent.

Successful PCI of the mid LAD with a 3.0 x 12 mm SYNERGY (DES) stent.

Recommendations

Dual antiplatelet therapy for a minimum of one year.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

The patient came to the cardiac cath lab hypotensive and bradycardic. After being placed on the cath table, he became unresponsive. Airway was secured and he quickly regained consciousness. His pulse was non-palpable and femoral access was obtained emergently. He was given atropine and neosynephrine for brief support. A quick diagnostic cath showed a totally occluded proximal Circumflex with an obstructive stenosis in the mid LAD and reduced flow to the distal LAD. A 6 french EBU 3.5 was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex. Antegrade flow was re-established with a 2.0 x 12 mm balloon, with marked improvement in BP/HR. We then stented the proximal Circumflex with a 4.0 x 16 mm SYNERGY (DES) stent. The stent was post-dilated with a 4.0 x 12 mm NC balloon. There was some plaque shift to the ostium of the high first OM. The runthrough wire was placed in the first OM, and the ostium was pre-dilated with a 2.0 x 12 mm balloon. There was some residual thrombus in the proximal Circumflex which was treated with repeated balloon inflations in the proximal vessel. The runthrough was then placed in the distal LAD. The mid LAD was pre-dilated with a 2.0 x 12 mm balloon. The mid segment was stented with a 3.0 x 12 mm SYNERGY (DES) stent. The stent was post-dilated using a 3.0 x 8 mm NC balloon.

Angiographic Findings

Dominance: Left

Coronary Angiography

LMCA: Large caliber vessel with mild disease

LAD: Moderate diffuse disease

Lesion on Mid LAD: 80% stenosis, reduced to 0%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

Lesion on Prox LAD: 50% stenosis, .

Comments:Long segment of non-obstructive disease in the proximal segment

LCx:

Lesion on Prox CX: Ostial.100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present. This lesion is noted to be the culprit/primary lesion.

Comments:Large vessel with large thrombus burden

Lesion on 1st Ob Marg: 95% stenosis, reduced to 40%.. Pre-TIMI II flow is noted. Post Procedure TIMI III flow was present.

RCA: Small, non-dominant artery.

Ventriculography

Ventriculography Findings

LV function is at the lower limits of normal with hypokinesis of the inferior wall.

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Data

Procedure Date

Date: 03/24/2021 Start: 08:26 AM End: 09:28 AM

Entry Locations

- Retrograde Percutaneous access was performed through the Right Femoral artery (Primary location). A 6 Fr sheath was inserted. Hemostasis was successfully obtained using Sheath secured in place.

Procedure Indication(s)

Prior to transport to the ICU, the patient developed sudden crushing chest pain. He was quickly placed back on the cath table for repeat angiography.

Procedure Summary

Acute stent thrombosis of the Circumflex and LAD, secondary to inadequate anti-coagulation/anti-platelet therapy. ACT values from previous case were likely falsely elevated due to recent pradaxa use.

Balloon angioplasty of the proximal Circumflex stent and the mid LAD stent.

IVUS evaluation of the LAD and Circumflex stents (both well-apposed and well-expanded).

Repeat boluses of heparin and GP 2b/3a given.

Recommendations

P2Y12-inhibitor for one year with pradaxa for AF.

Standard post-MI medical therapy with BB/ACE (both titrated up as tolerated by BP/HR) and high-dose/high-potency statin.

Procedural Narrative

A 6 french EBU 3.5 guide catheter was used to engage the LM. A 180 cm runthrough wire was placed in the distal Circumflex and an additional runthrough wire was placed in the distal LAD. The proximal Circumflex was treated with balloon angioplasty using a 4.0 x 12 mm NC balloon with resolution of intra-stent clot and resumption of TIMI-3 flow. The LAD was treated with balloon angioplasty using a 2.0 x 12 mm balloon and a 3.0 x 12 mm NC balloon. Both stents were evaluated with IVUS, and both were well-expanded and well-apposed. Likely due to falsely elevated ACT values in the setting of recent pradaxa use.

Angiographic Findings

Dominance: Left

Coronary Angiography

LAD:

Lesion on Mid LAD: 100% stenosis, reduced to 0%.. Pre-TIMI 0 flow is noted. Post Procedure TIMI III flow was present.

LCx:

Lesion on Prox CX: 95% stenosis, reduced to 0%.. Pre-TIMI III flow is noted. Post Procedure TIMI III flow was present.

Ventriculography

LV function assessed as:Abnormal.

Ejection Fraction

- Method: LV gram estimated. EF: 50 %

Procedure Date

Date: 03/24/2021Start: 09:47 AMEnd: 10:29 AM

=====

ASSESSMENT/PLAN:

=====

#HTN: goal<130/80

#CAD: s/p 03/24/21- PCI of pLCx with 4.0x16mm Synergy DES and mLAD with 3.0x12mm Synergy DES, hospital course c/b acute stent thrombosis of the Circumflex and LAD requiring balloon angio. EF 55% post PCU. Pt states feeling much better since PCI, have been walking at least 1 hour every day and is starting to hike. Transitioned to plant based diet since PCI and lost 12lbs.

-cont to HOLD ASA 81mg, currently on dabigatran and Plavix, once stop Plavix,

resume ASA indefinitely

-cont Plavix 75mg QD x 12 months (3/24/2022)

- Beta-blocker: start Bisoprolol 2.5mg QAM
- nitroglycerin 0.4mg SL prn, ER precautions discussed, no PDE5i
- referred to Cardiac rehab
- referred to cardiac heart dz reversal program
- discussed heart healthy diet and exercise as tolerated
- DIHYDROERGOTAMINE known to cause MI, would avoid using, pt aware.

#HLD: 3/25/21 at Kaiser per JLV - Chol 120, TG 110, HDL 42, LDL 56-->5/2021

Chol 127, TG 50, HDL 69, LDL 48

- cont rosuvastatin 20mg QD

Atrial fibrillation: persistent CHA2DS2VASc 3 (age 1, HTN, DM)

- Rate control: start Bisoprolol 2.5mg QD
- Rhythm control: not indicated at this time.
- Anticoagulation: cont dabigatran 150mg BID

non-cardiac

#T2DM

#COPD,

#PE 6/2019

#prostate cancer

#OSA: CPAP compliant

#ED

#L common iliac artery aneurysm

Patient discussed with Attending Physician, Dr. Applegate and the treatment

plan was developed jointly.

F/U: 4 months

PPE during encounter: Patient and CG wore facemask, provider wore face mask,
face shield, gloves during visits, surfaces wiped after visit.

PharmD Chew, pt on multiple RX for HTN, would appreciate your help with streamlining RXs. Recommend titrate off verapamil and up titrate BB/ARBs. Thank you.

Dr. Febbo-wilson, Pt reports taking glipizide 10mg instead of the 5mg that's ordered, reports that was inc during last hospitalization and BG has been lower than normal. Can you please f/u and manage prn. Thank you.

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 06/01/2021 10:48

/es/ Patricia J. Applegate, MD
Staff Physician, Cardiology
Cosigned: 06/01/2021 11:03

Receipt Acknowledged By:

06/08/2021 07:49 /es/ Jaime K. Chew, Pharm.D., BCPS,
BCACP

Clinical

Pharmacist

06/02/2021 11:49 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

06/01/2021 ADDENDUM
Case discussed with H Nguyen, NP

STATUS: COMPLETED

/es/ Patricia J. Applegate, MD
Staff Physician, Cardiology
Signed: 06/01/2021 11:03

06/02/2021 ADDENDUM

STATUS: COMPLETED

I spoke to him
He is taking only 5 mg of Glipizide and last A1C is 6.3 so I advised him to
continue the 5 mg
FU 3 months

/es/ Barbara Jean Febbo-Wilson, M.D.

Primary Care Physician

Signed: 06/02/2021 11:57

06/11/2021 ADDENDUM

STATUS: COMPLETED

Alerted pt CM that pt called in due to bradycardia (HR 37; 39; 42; 49 bpm) with associated weakness/dizziness after starting Bisoprolol 2.5mg.

Called pt at this time idx 2, per pt called Kaiser and was told to stop verapamil today and restart BB tomorrow.

Today pt denies any symptoms, VS today 117/70 52. Agree with stopping verapamil and restarting bisoprolol tomorrow if HR>60 and SBP>90. Pt was on verapamil for chronic migraines, reports no migraine since stent. Advise pt that I will alert his neurologist regarding discontinuation of verapamil and if there are any concern neurology will let him know.

Dr. Nickerson, please note verapamil discontinued due to symptomatic bradycardia. PT with recent stent, preference is for pt to be on BB. Cardio wise no concern for stopping verapamil. Are there any concerns neuro wise? Does verapamil need to be titrated off slowly? Would appreciate your help with f/u and calling pt to suggest alternative prn. Thank you

/es/ Hoang Thuy Nguyen, NP
Medical Service, Cardiology
Signed: 06/11/2021 15:44

/es/ Patricia J. Applegate, MD
Staff Physician, Cardiology
Cosigned: 06/14/2021 08:44

Receipt Acknowledged By:

06/11/2021 16:32 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

PCMHI- Primary Care Mental Health Follow-Up

Details

Date entered: May 19, 2021**Location:** OAKLAND VA CLINIC**Written by:** JASON M THOMPSON**Signed by:** JASON M THOMPSON**Date signed:** May 19, 2021

Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: MAY 19, 2021@09:45 ENTRY DATE: MAY 19,
2021@09:45:13

AUTHOR: THOMPSON, JASON M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Primary Care Mental Health Integration (PC-MHI) Follow-up

Patient Identification: Patient is a 71 year old, WHITE MALE.

Veteran is seen by PC-MHI as part of the Patient-Aligned Care Team (PACT).

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

TRAUMATIC ARTHRITIS 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

KNEE CONDITION 10%

S/C
KNEE CONDITION 10%
S/C
LOWER LEG CONDITION 20%
S/C
BACK STRAIN 20%
S/C

SCREENINGS/MEASURES:

PHQ-9:

MHAS - PHQ9 SCORE

Date	Instrument	Raw	Trans Scale
04/15/2021 12:16	PHQ9	16	PHQ9 GAD-7:

MHAS - MHA Score

Date	Instrument	Raw	Trans Scale
04/15/2021 12:16	GAD-7	17	Anxiety

SESSION CONTENT: Veteran returns for 3rd session in brief PCMHI
intervention

for anxiety/depression. Veteran reports stable mood and a generally
positive

outlook, despite multiple stressors. Session focused on reviewing and
reinforcing veteran's effective cognitive reappraisal of his current
challenges in relation to his principal life values, derived from a
synthesis

of the ethical framework veteran assimilated in the Navy and his
Christian
beliefs.

RISK ASSESSMENT:

Suicidal/Homicidal/Assaultive Ideation/Intent/Plan:

No

MENTAL STATUS EXAM:

Appearance: Casually dressed and well groomed

Demeanor: Friendly and cooperative

Mood: Euthymic

Affect: Congruent

Psychotic symptoms/Thought content: None observed or reported
Cognitive deficits/Memory Impairment: None observed or reported
Judgment/Insight: Good

DIAGNOSTIC IMPRESSIONS:

Adjustment Disorder

INTERVENTION:

Psychotherapy: Acceptance and Commitment Therapy

Limits of confidentiality, risks, benefits, and side effects of psychiatric medications and/or therapy were discussed with the patient. The patient expressed understanding and the willingness to take medications and/or engage in treatment.

LENGTH OF SESSION: 30 minutes

FOLLOW-UP PLAN:

Return for PC-MHI follow-up: 3:30PM, 6/1/2021 (VVC).

/es/ JASON MARK THOMPSON

PSYCHOLOGIST

Signed: 05/19/2021 09:53

Neurology Secure Messaging

Details

Date entered: May 14, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: LACHERYL LATHAM

Signed by: LACHERYL LATHAM

Date signed: May 14, 2021

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: MAY 14, 2021@13:15:35 ENTRY DATE: MAY 14,
2021@10:15:36

AUTHOR: LATHAM, LACHERYL

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 05/14/2021 01:15 PM

From: LATHAM, LACHERYL

To: CAMPBELL, RONALD CLARK

Subject: General Inquiry

Hi,

The respiratory therapist notified me that your current oxygen order expires on 6/11/2021 and will need to be renewed by a neurologist. Please call to schedule a new patient appointment with Dr. Egan at 916-843-2732. I have also asked the schedulers to contact you. He doesn't have any availability until after 6/11, so I will ask one of the other providers to renew your oxygen.

/es/ LaCheryl Latham, MSN, RN-BC

Care Manager, Neurology/SAC

Signed: 05/14/2021 10:15

05/25/2021 ADDENDUM

STATUS: COMPLETED

he follows with gasong, she can renew his o2.

/es/ Vasanthi Krishna, MD

Assistant Chief, Neurology (Mather)

Signed: 05/25/2021 14:07

Receipt Acknowledged By:

05/28/2021 12:20 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

05/26/2021 09:21 /es/ LaCheryl Latham, MSN, RN-
BC

Care Manager, Neurology/

SAC

Primary Care Secure Messaging

Details

Date entered: May 12, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAE

Signed by: BEHESHTEH NAKHAE

Date signed: May 12, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 12, 2021@18:37:30 ENTRY DATE: MAY 12,
2021@15:37:31

AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 05/11/2021 04:11 PM

From: CAMPBELL, RONALD CLARK

To: **Nakhaee, B (Primary Care) - Mather

Subject: Kaiser Event Records

on April 16th I ordered all Kaiser medical records regard two life
threatening

ED events in the last year. to be sent to your attention. I also ordered a copy for myself.

My copy came from Kaiser electronically within 48 hrs of the request.

Today VA Mather cardio called me looking for these records. Did you ever receive yours? How do I get them entered on my VA medical record?

-----Original Message-----

Sent: 05/12/2021 06:37 PM

From: NAKHAEE, BEHESHTEH

To: CAMPBELL, RONALD CLARK

Subject: Kaiser Event Records

Yes, I have received them and I have send them to medical record to be documented in your chart.

I am not sure if it is under process or not.

It is better to contact medical record to see if they have them or not?

There

were 2 CDs that i have received. i was not able to open them by myself. therefore I have sent them to medical record to down load it to your chart.

I hope that it will be downloaded into your chart soon.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAEE

Primary Care Physician

Signed: 05/12/2021 15:37

Receipt Acknowledged By:

05/14/2021 08:18 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

Mental Health Secure Messaging**Details****Date entered:** May 11, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MELISSA E DORVAL**Signed by:** MELISSA E DORVAL**Date signed:** May 11, 2021**Note**

LOCAL TITLE: Mental Health Secure Messaging
STANDARD TITLE: MENTAL HEALTH SECURE MESSAGING
DATE OF NOTE: MAY 11, 2021@19:19 ENTRY DATE: MAY 11,
2021@16:20:04
AUTHOR: DORVAL, MELISSA E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 05/11/2021 07:00 PM
From: CAMPBELL, RONALD CLARK
To: **PCMHI - SAC
Subject: Video Connect Appointment

I had an appointment at 3:30 PM scheduled today with multiple reminder emails received. It is now 4:00 PM and we have not connected and no VA contact has been made updating me with any status.

I'm assuming we had schedule or technical problems. I will try and reschedule

Thanks

Ron Campbell

-----Original Message-----

Sent: 05/11/2021 07:19 PM
From: DORVAL, MELISSA E.
To: CAMPBELL, RONALD CLARK
Subject: Video Connect Appointment

Good afternoon, Mr. Campbell,

It looks like you were scheduled with Dr. Thompson, the psychologist in our Oakland clinic. Your email somehow came to Mather instead, so I will make sure Dr. Thompson gets your message. If I can be of further assistance, please let me know.

Best regards,
Melissa Dorval BS RN
Care Manager, Primary Care Mental Health Integration
916-843-2741

/es/ Melissa E. Dorval, RN BSN
Nursing Service
Signed: 05/11/2021 16:20

Receipt Acknowledged By:
05/13/2021 11:19 /es/ JASON MARK
THOMPSON

PSYCHOLOGIST

Primary Care Note

Details

Date entered: May 6, 2021

Location: MCCLELLAN VA CLINIC

Written by: JAMES H NUOVO

Signed by: JAMES H NUOVO

Date signed: May 6, 2021

Note

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: MAY 06, 2021@15:21 ENTRY DATE: MAY 06,
2021@15:21:54

AUTHOR: NUOVO, JAMES H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

SUBJECTIVE:

patient ID actively confirmed by full name and DOB

71y/o MALE

C/C:

Pt presents requesting help with wheezing. He has a long history of COPD with bronchospasm. He is having increasing symptoms that have not responded to his current regimen. He did receive a recent Rx for Symbicort; however, he didn't understand the instructions and is only taking one half the recommended dose. He also ran out of his albuterol pillows used with his nebulizer. He denies chest pain, fevers, DOE or increased sputum. He does have an appointment with Kaiser Pulmonary next month.

He also notes that he was discharged from Kaiser after an MI needing

stenting. He has been medically stable and has no symptoms of chest pain. He states that he had a recent Echo and had an ejection fraction of 55%. He wants a referral to Cardiology in the VA to establish care.

ALLERGIES: PENICILLIN, PREDNISONE, METFORMIN

*

**

ACTIVE PROBLEM LIST

Long-term current use of anticoagulant (SCT 711150003)	DEC 31, 2019
Obstructive sleep apnea syndrome (SCT 78275009)	SEP 30, 2019
AF- Atrial Fibrillation (SCT 49436004)	JUN 20, 2019
Pulmonary embolism (SCT 59282003)	JUN 20, 2019
Hypertension (SCT 64176011)	JAN 23, 2020
OA - Osteoarthritis (ICD-10-CM M19.90)	SEP 30, 2019
Prostate cancer (SCT 3036967016)	DEC 03, 2019
Chronic cluster headache (SCT 230473009)	SEP 21, 2020
Adjustment Disorder with Mixed Emotional Features (ICD-10-CM F43.23)	SEP 30, 2019
Polyp Colon (ICD-10-CM K63.5)	SEP 30, 2019
History of malignant neoplasm of prostate (SCT 428262008)	NOV 05, 2016
Dysthymia (SCT 78667006)	FEB 08, 2016
Chronic pain syndrome (SCT 373621006)	DEC 08, 2015
Cervical radiculitis (ICD-9-CM 723.4)	JUL 23, 2014
Depressive Disorder NOS (ICD-9-CM 311.)	APR 02, 2014
Chronic cluster headache (SCT 230473009)	JAN 25, 2021
Chronic obstructive lung disease (SCT 13645005)	JUN 24, 2019
Benign hypertension (ICD-9-CM 401.9)	NOV 26, 2013
Hyperlipidemia (SCT 55822004)	NOV 05, 2016
Type 2 diabetes mellitus (SCT 44054006)	NOV 05, 2016
Headache (SCT 25064002)	FEB 04, 2016
Carcinoma, Prostate (ICD-9-CM 185.)	NOV 26, 2013
Arthralgias NOS (ICD-9-CM 719.40)	NOV 26, 2013
Impotence (ICD-9-CM 607.84)	NOV 26, 2013

Vitamin D deficiency (ICD-9-CM 268.9)

NOV 26, 2013

MEDICATIONS RECONCILED WITH PT:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH Qty: 3 for 90 days Sig: INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE Refills: 3	Issu:04-21-21 Last:04-22-21 Expr:04-22-22
2)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE Refills: 1	Issu:08-17-20 Last:04-12-21 Expr:08-18-21
3)	CLOPIDOGREL BISULFATE 75MG TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	ACTIVE Refills: 5	Issu:04-20-21 Last:05-01-21 Expr:04-21-22
4)	DABIGATRAN ETEXILATE 150MG ORAL CAP Qty: 180 for 90 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE (S) Refills: 3	Issu:04-20-21 Last:07-05-21 Expr:04-21-22
5)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 1 for 30 days Sig: TAKE ONE TABLET BY MOUTH AS DIRECTED AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS	ACTIVE Refills: 3	Issu:01-15-21 Last:01-21-21 Expr:01-16-22
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty: 3 for 30 days Sig: INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE Refills: 0	Issu:09-21-20 Last:03-01-21 Expr:09-22-21
7)	LOSARTAN 50MG TAB Qty: 30 for 30 days	ACTIVE	Issu:01-19-21

	Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	Refills: 1	Last:02-16-21 Expr:01-20-22
8)	PANTOPRAZOLE NA 40MG EC TAB Qty: 60 for 60 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE Refills: 3	Issu:06-26-20 Last:06-29-20 Expr:06-27-21
9)	ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE Refills: 1	Issu:08-17-20 Last:02-16-21 Expr:08-18-21
10)	VERAPAMIL HCL 120MG SA TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE Refills: 2	Issu:02-12-21 Last:05-03-21 Expr:02-13-22

Pending Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ALBUTEROL S04 0.083% INHL 3ML UD Qty: 3 Sig: USE 1 PILLOW IN NEBULIZER AS NEEDED - TO IMPROVE BREATHING.	PENDING Refills: 0	

Active Non-VA Medications		Refills	Start Date
			Expiration
=====			
1)	Non-VA ACETAMINOPHEN 325MG TAB Sig: 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE	
2)	Non-VA DIHYDROERGOTAMINE *HAZ* INJ,SOLN Sig: 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE	

13 Total Medications

SERVICE CONNECTION: S/C Disabilities:	TRAUMATIC ARTHRITIS	10% SC
S/C Disabilities:	IMPAIRMENT OF FEMUR	10% SC
S/C Disabilities:	KNEE CONDITION	10% SC
S/C Disabilities:	KNEE CONDITION	10% SC
S/C Disabilities:	LOWER LEG CONDITION	20% SC
S/C Disabilities:	BACK STRAIN	20% SC

OBJECTIVE:

97.6 F [36.4 C] (05/06/2021 14:33)
 130/66 (05/06/2021 14:33)
 72 (05/06/2021 14:33)
 69 in [175.3 cm] (12/03/2019 12:34)
 191 lb [86.8 kg] (05/06/2021 14:33)
 16 (05/06/2021 14:33)

PHYSICAL EXAM:

Eyes- EOMI
 Neck- no thyromegaly, no masses
 Cardiac- RRR
 Lung- CTA
 Extremities- warm and dry

LABS:

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
08/04/2020 08:39	PLASM	177	89	59	100	
07/11/2019 07:48	PLASM	150	82	49	85	

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL	PROTEIN
04/21/2021 16:35	PLASM	27	31	59	4.2	0.8	7.0

04/21/2021	GLUCOSE	86.00
04/21/2021	SODIUM	138.00
04/21/2021	POTASSIUM	3.70
04/21/2021	CHLORIDE	103.00
04/21/2021	CO2	24.00
04/21/2021	UREA NITROGEN	13.00
04/21/2021	CREATININE	0.85
04/21/2021	CALCIUM	9.20
05/19/2014	P04	3.60
04/21/2021	ALBUMIN	4.20
04/21/2021	eGFR	

Collection DT	Spec	HGBA1c
08/04/2020 08:39	BLOOD	6.3 H
12/03/2019 13:43	BLOOD	5.6

SCL1 - PSA

Collection DT	Spec	PSA
06/20/2019 09:28	SERUM	<0.01
03/13/2018 08:41	SERUM	<0.01
02/08/2016 10:02	SERUM	<0.01
06/11/2015 08:20	SERUM	<0.01
05/19/2014 08:21	SERUM	<0.01
12/11/2013 14:12	SERUM	<0.01

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
04/21/2021 16:35	BLOOD	7.4	14.9	45.3	93.2	32.9	224
08/04/2020 08:39	BLOOD	6.3	16.7	50.7	92.0	32.9	287

Collection DT	Spec	Tsh
06/20/2019 09:28	SERUM	1.44

SCL1 - UA

Collection DT	Spec	COLOR	SP.GRAV	UROBILI	BILIRUB	KETONES	GLU
08/04/2020 08:40	URINE	Yellow	1.026	<0.2 L	Negative	Negative	

Ur
Prot
Negative
Negative

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	25-OH-D	20.4 L	ng/mL	30 -
05/19/2014 08:19	SERUM !!	25-OH-D	71	ng/mL	30 -
11/20/2013 08:28	SERUM !!	25-OH-D	36	ng/mL	30 -

!! Indicates COMMENTS AVAILABLE...Refer to Interim Lab Report.

Social:

10/25/2013 Former Smoker - None For >7 Years

ASSESSMENT AND PLAN:

COPD exacerbation; mild. Pt misunderstood instructions for use of Symbicort.

I gave him extensive training on the proper use of this medication and will start it at 2 puffs BID. I also refilled his albuterol pillows for use PRN with his nebulizer. I gave him additional instruction on the management of wheezing and indications to come to the ED. Finally, I advised him on the other measures to treat wheezing and reinforced follow up with Pulmonary.

I submitted the referral to Cardiology as well.

All labs reviewed with patient
F/U 6 weeks/

Side effects of medicines & Risks/benefits of treatment reviewed with pt
Barriers to education: none
Instructions written out
Pt states understanding and agrees to plan

Discussed stress issues associated with recent MI. Pt is former Navy cadet and feels most comfortable when he has a plan of action. He feels he accomplished that today.

/es/ James H. Nuovo, MD
Staff Physician, Hospitalist
Signed: 05/06/2021 15:29

PC Preventive Health 60498

Details

Date entered: May 6, 2021

Location: MCCLELLAN VA CLINIC

Written by: SALLY ESTRELLADO**Signed by:** SALLY ESTRELLADO**Date signed:** May 6, 2021**Note**

LOCAL TITLE: PC Preventive Health 60498
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: MAY 06, 2021@14:34 ENTRY DATE: MAY 06,
2021@14:34:12
AUTHOR: ESTRELLADO, SALLY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:

Vitals:

Most recent VS: Wt. 191 lb [86.8 kg] (05/06/2021 14:33)
 BP 130/66 (05/06/2021 14:33)
 HR 72 (05/06/2021 14:33)
 Temp 97.6 F [36.4 C] (05/06/2021 14:33)
 BMI 28.3

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the
past
year?
Never
2. How many drinks containing alcohol did you have on a
typical
day when you were drinking in the past year?
Response not required due to responses to other questions.
3. How often did you have six or more drinks on one occasion
in
the past year?

Response not required due to responses to other questions.

Tobacco Use Screening:

The patient is a former tobacco user.

The patient quit fifteen or more years ago.

Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

The Veteran reports the following:

Within the past 12 months, you worried whether your food would run out before you got money to buy more.

Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true

Braden Skin Risk Assessment:

No impairment or abnormality in sensory perception, moisture, activity, mobility, nutrition, or friction.

Emotional Health Screening (Nurse):

The Veteran denies any worry or stress in their life at this time.

Diabetic Foot Care Education:

The following items were reviewed with the patient: 1. the importance of daily foot checks 2. the progression of callouses and blisters to ulcerations and possible infection 3. the importance of daily foot hygiene. Warm (NOT HOT) bathing of the feet, complete drying, and thorough inspection for changes in the condition of the skin constitutes daily foot care. 4. the importance of the use of clean, non-restrictive socks/stockings and well-fitting shoes. 5. the importance of immediate

follow-up of any foot injuries or ulcers. The patient should be non-weight bearing, whenever there are lesions on the foot, to prevent

further cellular damage.

Diabetic Foot Exams:

The patient had a complete foot inspection completed.

Exam (req'd): No ulcers, blisters, callus

The posterior tibialis and dorsalis pedis pulses are normal bilaterally.

A standard monofilament was used to test foot sensation and the exam

was normal.

Barriers to Education Not Recorded:

The patient has no noted or self-perceived barriers to learning.

Nutrition Screening:

The patient notes no significant weight change.

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or

caregiver state the patient is taking (including non-VA prescriptions, over

the counter medications, vitamins and herbal supplements)?

Yes

Allergies:

PENICILLIN, PREDNISONE, METFORMIN

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

=====	
1)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.
2)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.
3)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.

4)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE (S)
5)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS	ACTIVE
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
7)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
8)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
9)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
10)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE

Inactive Outpatient Medications

Status

- =====
- | | | |
|----|---|---------|
| 1) | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY. | EXPIRED |
| 2) | FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL ALLERGIES. | EXPIRED |
| 3) | GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH | EXPIRED |
| 4) | LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -FOR ALLERGY SYMPTOMS. | EXPIRED |
| 5) | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY | EXPIRED |
| 6) | TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - | EXPIRED |

FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

Active Non-VA Medications

Status

- =====
- | | | |
|----|---|--------|
| 1) | Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A
DAY AS NEEDED | ACTIVE |
| 2) | Non-VA DIHYDROERGOTAMINE *HAZ* INJ,SOLN 1ML
INTRAMUSCULAR ONCE DAILY AS NEEDED | ACTIVE |

18 Total Medications No Active Remote Medications for this patient

/es/ Sally Estrellado, LVN
Nursing Service, Primary Care
Signed: 05/06/2021 14:41

Injections, Immunizations, Skin Tests

Details

Date entered: May 6, 2021
Location: MCCLELLAN VA CLINIC
Written by: SALLY ESTRELLADO
Signed by: SALLY ESTRELLADO
Date signed: May 6, 2021

Note

LOCAL TITLE: Injections, Immunizations, Skin Tests
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: MAY 06, 2021@14:13 ENTRY DATE: MAY 06,
2021@14:13:26
AUTHOR: ESTRELLADO, SALLY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Prior pneumococcal vaccination

The patient has previously received the pneumococcal polysaccharide
vaccine

PPSV23 (Pneumovax).

Date: June 12, 2019

Location: Kaiser Foundation Health Plan

/es/ Sally Estrellado, LVN

Nursing Service, Primary Care

Signed: 05/06/2021 14:14

PC Provider Change Note

Details

Date entered: May 4, 2021

Location: MCCLELLAN VA CLINIC

Written by: MONICA MARIE MASER

Signed by: MONICA MARIE MASER

Date signed: May 4, 2021

Note

LOCAL TITLE: PC Provider Change Note

STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE

DATE OF NOTE: MAY 04, 2021@10:41 ENTRY DATE: MAY 04,
2021@10:41:37

AUTHOR: MASER, MONICA MARIE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Who requested the change - Patient.

Why was the request made - administrative purpose, location

When was the change made: May 4, 2021.

Who made the change: Monica

Request approved by: Monica

MSA was advised accordingly to move forward with scheduling for
NSAC PACT GOLD- 1 HOUR 05/06/21
provider Dr. Nuvo

/es/ MONICA MARIE MASER

Signed: 05/04/2021 10:45

Medical Clerk Note

Details

Date entered: May 3, 2021

Location: MCCLELLAN VA CLINIC

Written by: MONICA MARIE MASER

Signed by: MONICA MARIE MASER

Date signed: May 3, 2021

Note

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: MAY 03, 2021@18:51 ENTRY DATE: MAY 03,
2021@18:51:51

AUTHOR: MASER, MONICA MARIE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Medical Clerk Note Has ADDENDA ***

msa was asked to contact veteran to do a provider change from mather to
Mccl-

the soonest the MSA can schedule is june for a est pt transfer appt-
pt was upset that he has NOT been contacted by his current PCP from his ED
visit

at mather and prior to that Kaiser- pt states he has had several heart
attacks

and needs solutions and help-MSA offered soonest appt for MCCL which is in
June-

patient stated that he will again reach out to PA to advise accordingly-

/es/ MONICA MARIE MASER

Signed: 05/03/2021 18:57

Receipt Acknowledged By:

05/04/2021 10:51 /es/ Jane Addagatla,
MD

Physician, Primary

Care

05/18/2021 11:24 /es/ Marc
Berner

PATIENT

ADVOCATE

05/04/2021 10:37 /es/ DEVERA, ANICETO
LISING

05/04/2021 ADDENDUM

STATUS: COMPLETED

Pls schedule pt w/ NSAC PACT GOLD on 05/06/21@1430 (60 mins), pt will be
seen by

Dr Nuovo (initial visit) and followed up by Dr Febbo-Wilson. Thank you

/es/ DEVERA, ANICETO LISING

Signed: 05/04/2021 10:37

Receipt Acknowledged By:

05/04/2021 11:33 /es/ MONICA MARIE
MASER

05/10/2021 ADDENDUM

STATUS: COMPLETED

please update Banner to
NSAC PACT GOLD

/es/ MONICA MARIE MASER

Signed: 05/10/2021 11:20

Receipt Acknowledged By:

05/10/2021 11:23 /es/ DEVERA, ANICETO
LISING

05/10/2021 13:25 /es/ MEGAN CLAIRE
TIMMENS

PROGRAM

ANALYST

Primary Care Secure Messaging

Details

Date entered: April 28, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAE

Signed by: BEHESHTEH NAKHAE

Date signed: April 28, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 28, 2021@20:28:33 ENTRY DATE: APR 28,
2021@17:28:33
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/26/2021 09:55 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: RX 26102149 CL00ID0GREL BISULFATE
Attachments: DEC14205-7EB0-485B-8425-A4433A82F6D9.jpeg (34.82 KB),

E4A02BA4-4E82-4962-A244-3D7CFA10F52C.jpeg (28.59 KB)

Here are the prescriptions for the Plavix and Pradaxa for you.

-----Original Message-----

Sent: 04/28/2021 08:28 PM

From: NAKHAEE, BEHESHTEH

To: CAMPBELL, RONALD CLARK

Subject: RX 26102149 CLOOIDOGREL BISULFATE

Hello Mr. Campbell,

I meant a copy of the prescription if possible please.

Thank you.

Dr. Nakhaee

/es/ BEHESHTEH NAKHAEE

Primary Care Physician

Signed: 04/28/2021 17:28

Primary Care Secure Messaging

Details

Date entered: April 28, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAEE

Signed by: BEHESHTEH NAKHAEE

Date signed: April 28, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 28, 2021@20:26:46 ENTRY DATE: APR 28,
2021@17:26:47
AUTHOR: NAKHAEE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/28/2021 08:26 PM
From: NAKHAEE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: ED Visit 4/21 4/22

Thank you for the information.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAEE
Primary Care Physician
Signed: 04/28/2021 17:26

Primary Care Secure Messaging

Details

Date entered: April 28, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEHESHTEH NAKHAEE
Signed by: BEHESHTEH NAKHAEE
Date signed: April 28, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 28, 2021@20:26:08 ENTRY DATE: APR 28,
2021@17:26:08
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/26/2021 09:38 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: ED Visit 4/21 4/22

I experienced severe dyspnea and labored breathing, audible wheezing, tightness of chest and persistent coughing accompanying the slightest bit of exertion for a period leading up to calling in for triage the morning of 4/21.

I was direct to proceed immediately to the VA ED.

I was unable to drive. Fortunately my daughter, a BSN from Los Angeles was visiting and transported me the the Mather VA ED.

I was checked my heart condition and for PE's on my lungs. A series of blood tests were also run.

They announced late on the 21st that they could find no cause for my symptoms and said I needed to be observed overnight.

No rooms were available at Mather so I was transferred to Kaiser, Sacramento shortly before midnight for overnight observation.

At Kaiser I was examined very briefly as the physician asked why I was there.

I explained that it was for overnight observation. He disagreed this was necessary and I was discharged shortly at about 1AM on the 22nd.

My symptoms continued with every attempt at minimal exertion.

My chart indicates asthma, severe COPD and that LORATADINE had been discontinued following the heart attacks on 3/24.

No pulmonary function tests were run at either hospital during my ED visits.

Subsequently I have taken my action to check pollen count histories in my area.

They spiked significantly just before the 21st. I took some action and wear a mask at all times when outdoors and recycle air in a vehicle and use the albuterol inhaler 2 to 3 times a day now. The symptoms seem to be lessening but are still very problematic.

I would like to schedule an online appointment as soon as possible to discuss what appears to be a significant change in my pulmonary function possibly due to the onset of acute asthma attacks coupled with the loss of the allergy medication.

RON CAMPBELL
MEADOW VISTA, CA
2701

/es/ BEHESHTAH NAKHAEI
Primary Care Physician
Signed: 04/28/2021 17:26

PCMHI- Primary Care Mental Health Follow-Up

Details

Date entered: April 28, 2021

Location: OAKLAND VA CLINIC

Written by: JASON M THOMPSON

Signed by: JASON M THOMPSON

Date signed: April 28, 2021

Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: APR 28, 2021@10:55 ENTRY DATE: APR 28,
2021@10:55:34

AUTHOR: THOMPSON, JASON M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Primary Care Mental Health Integration (PC-MHI) Follow-up

Patient Identification: Patient is a 71 year old, WHITE MALE.

Veteran is seen by PC-MHI as part of the Patient-Aligned Care Team (PACT).

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

TRAUMATIC ARTHRITIS 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

KNEE CONDITION 10%

S/C

KNEE CONDITION 10%

S/C

LOWER LEG CONDITION	20%
S/C	
BACK STRAIN	20%
S/C	

SCREENINGS/MEASURES:

PHQ-9:

MHAS - PHQ9 SCORE

Date	Instrument	Raw	Trans Scale
04/15/2021 12:16	PHQ9	16	PHQ9 GAD-7:

MHAS - MHA Score

Date	Instrument	Raw	Trans Scale
04/15/2021 12:16	GAD-7	17	Anxiety

SESSION CONTENT: Veteran returns for 2nd VVC session in brief PCMH intervention for anxiety/depression. Veteran reports distress associated w/ incident in past week when he experienced shortness of breath and went to the

ER due to concern regarding risk of cardiac event in aftermath of recent heart attacks. He states that this most recent ER visit was not as distressing as the ER visits in the immediate aftermath of his heart attacks

not only because the shortness of breath reportedly was no indicative of any

further cardiac pathology or medical crisis, but also because now having become familiarized w/ ER intake procedures the experience overall was "more

predictable" and consequently less traumatizing for him.

Session focused on facilitating veteran's articulation of affect associated w/

both this recent incident and broader phase-of-life issues related to veteran's awareness of his greater physical vulnerability, including some aspects of this experience (in particular, veteran's renewed proximity to his

daughter) that he has found to be positive.

RISK ASSESSMENT:

Suicidal/Homicidal/Assaultive Ideation/Intent/Plan:

No

MENTAL STATUS EXAM:

Appearance: Casually dressed and well groomed

Demeanor: Calm and respectful

Mood: Euthymic

Affect: Positive, at times breaking into laughter. Affect was congruent w/

stated mood. Veteran appears to be relying on dark humor as a mature, adaptive

coping mechanism

Psychotic symptoms/Thought content: None reported or stated

Cognitive deficits/Memory Impairment: None observed or reported

Judgment/Insight: Good

DIAGNOSTIC IMPRESSIONS:

Adjustment disorder with depressed/anxious mood

INTERVENTION:

Psychotherapy: Brief interpersonal psychotherapy for depression

Limits of confidentiality, risks, benefits, and side effects of psychiatric medications and/or therapy were discussed with the patient. The patient expressed understanding and the willingness to take medications and/or engage in treatment.

LENGTH OF SESSION: 30 minutes

FOLLOW-UP PLAN:

Return for PC-MHI follow-up: 3:30PM 5/4/21 VVC

/es/ JASON MARK THOMPSON

PSYCHOLOGIST

Signed: 04/28/2021 11:11

Primary Care Secure Messaging

Details

Date entered: April 22, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAE

Signed by: BEHESHTEH NAKHAE

Date signed: April 22, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 22, 2021@16:55:57 ENTRY DATE: APR 22,
2021@13:55:58
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/21/2021 08:28 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Budesonide

Thanks.

Back in Mather ER with severe shortness of breath and elevated blood pressure.

FYI

-----Original Message-----

Sent: 04/22/2021 04:55 PM
From: NAKHAE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Budesonide

I saw the note. Sorry to hear that. Hope that you will get better soon.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTAH NAKHAE
Primary Care Physician
Signed: 04/22/2021 13:55

PCMHI Primary Care Mental Health Initial Assessment

Details

Date entered: April 22, 2021
Location: OAKLAND VA CLINIC
Written by: JASON M THOMPSON
Signed by: JASON M THOMPSON
Date signed: April 22, 2021

Note

LOCAL TITLE: PCMHI Primary Care Mental Health Initial Assessment
STANDARD TITLE: MENTAL HEALTH INITIAL EVALUATION NOTE
DATE OF NOTE: APR 22, 2021@13:30 ENTRY DATE: APR 22,
2021@13:30:34
AUTHOR: THOMPSON, JASON M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Primary Care Mental Health Integration (PC-MHI) Assessment

Patient Identification: Patient is a 71 year old, WHITE MALE.

Veteran is seen by PC-MHI as part of the Patient-Aligned Care Team (PACT).

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 60

BACK STRAIN

20%

S/C

KNEE CONDITION

10%

S/C

KNEE CONDITION

10%

S/C

TRAUMATIC ARTHRITIS

10%

S/C

IMPAIRMENT OF FEMUR

10%

S/C

LOWER LEG CONDITION

20%

S/C

SCREENINGS/MEASURES:

PHQ-9:

MHAS - PHQ9 SCORE

Date

Instrument

Raw

Trans Scale

04/15/2021 12:16

PHQ9

16

PHQ9 GAD-7:

MHAS - MHA Score

Date

Instrument

Raw

Trans Scale

04/15/2021 12:16

GAD-7

17

Anxiety

REFERRED BY: Melissa Dorval, RN

REASON FOR REFERRAL: Anxiety about health

VISIT DURATION (minutes): 30 minutes

Veteran's primary concern(s) (duration, frequency, intensity, triggering events, etc.): Veteran reports distress in aftermath of recent medical crisis

(cardiac arrest. Veteran conveys feelings of anxiety, uncertainty, anger, and

fear of loss of control as a result of this sudden and unforeseen deterioration

of his physical health. He characterizes himself as accustomed throughout his adult life (i.e. encompassing his Navy career, deployment to Vietnam, and post-military successful business career) to living a life guided by values of stoicism, autonomy and independence, all of which he perceives as now potentially threatened by changes in his physical health that are outside of his control, indicating a corresponding need to rely upon others (professional providers and family members) for his ongoing welfare. He expresses a wish to process both the "traumatic" nature of his recent medical crisis (recalling, for example, moments when death seemed a likely outcome) and the existential and phase-of-life issues now evoked for veteran as a consequence of an intensified awareness of his mortality and the need to redefine a sense of self integrating a hitherto uncharacteristic level of emotional vulnerability, and a greater willingness to accept help from caring others.

FUNCTIONAL ASSESSMENT:

Close relationships: Veteran's daughter is an RN and has recently moved back

home w/ veteran in order to provide care for him.

Health and Medical Concerns: See above and chart re cardiac health. Veteran also has a history of diabetes, asthma, and prostate cancer.

Pain: Veteran reports cluster headaches.

Brief summary of past mental health treatment (e.g. therapy, medication, hospitalization, inpatient treatment, etc.): Veteran reports some previous experience of CBT. He states that he found some of the cognitive restructuring exercises helpful.

Substance use history: None reported

RISK ASSESSMENT:

Suicidal/Homicidal/Assaultive Ideation/Intent/Plan:

No

MENTAL STATUS EXAM:

Appearance: Casually dressed and well-groomed

Demeanor: Professional, extremely organized

Mood: Anxious

Affect: Congruent

Psychotic symptoms/Thought content: None observed or reported

Cognitive deficits/Memory Impairment: None observed or reported

Judgment/Insight: Good

DIAGNOSTIC IMPRESSIONS:

Adjustment disorder with depressed/anxious mood

INTERVENTION:

Psychotherapy: Active listening; CBT

Limits of confidentiality, risks, benefits, and side effects of psychiatric medications and/or therapy were discussed with the patient. The patient expressed understanding and the willingness to take medications and/or engage in treatment.

Veteran provided with Mental Health contact information and information for accessing emergency services (Veterans Crisis Line, 1-800-273-8255, VA or local hospital).

Veteran's questions and/or concerns were addressed.

FOLLOW-UP PLAN:

Return for PC-MHI follow-up: April 27th 3:30PM

/es/ JASON MARK THOMPSON

PSYCHOLOGIST

Signed: 04/22/2021 13:57

Nursing Patient Care Transfer/Endorsement

Details

Date entered: April 21, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ZACHERY ARMSTRONG BOHN

Signed by: ZACHERY ARMSTRONG BOHN

Date signed: April 21, 2021

Note

LOCAL TITLE: Nursing Patient Care Transfer/Endorsement

STANDARD TITLE: NURSING TRANSFER SUMMARIZATION NOTE

DATE OF NOTE: APR 21, 2021@23:13 ENTRY DATE: APR 21,
2021@23:13:34

AUTHOR: BOHN,ZACHERY ARMSTR EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Transferring Nurse Note

TRANSFER FROM: ED

TRANSFER TO:

Kaiser Sacramento

Patient Transferred via: ALS Ambulance

Accompanied by: Bay Medic 708

Date and time transferred: Apr 21,2021@23:00

Does patient have any skin medication patches on? No

Is patient on isolation? No

Is Patient anticoagulated? No

I have reviewed CPRS for the existence of an order in the Life-Sustaining Treatment (LST) display group on the orders tab (active/default view). The patient wristband accurately reflects a code status of:

Full Code (no indicator on wristband, all patients who do not have a DNR order are considered full code)

Is patient on legal Hold? No

Does the patient require 1:1 observation? No

Is the patient conserved? No

Allergies: PENICILLIN, PREDNISONE, METFORMIN

*
**

ACTIVE PROBLEM LIST

Long-term current use of anticoagulant (SCT 711150003)	DEC 31, 2019
Obstructive sleep apnea syndrome (SCT 78275009)	SEP 30, 2019
AF- Atrial Fibrillation (SCT 49436004)	JUN 20, 2019
Pulmonary embolism (SCT 59282003)	JUN 20, 2019
Hypertension (SCT 64176011)	JAN 23, 2020
OA - Osteoarthritis (ICD-10-CM M19.90)	SEP 30, 2019
Prostate cancer (SCT 3036967016)	DEC 03, 2019
Chronic cluster headache (SCT 230473009)	SEP 21, 2020
Adjustment Disorder with Mixed Emotional Features (ICD-10-CM F43.23)	SEP 30, 2019
Polyp Colon (ICD-10-CM K63.5)	SEP 30, 2019
History of malignant neoplasm of prostate (SCT 428262008)	NOV 05, 2016
Dysthymia (SCT 78667006)	FEB 08, 2016
Chronic pain syndrome (SCT 373621006)	DEC 08, 2015
Cervical radiculitis (ICD-9-CM 723.4)	JUL 23, 2014
Depressive Disorder NOS (ICD-9-CM 311.)	APR 02, 2014
Chronic cluster headache (SCT 230473009)	JAN 25, 2021
Chronic obstructive lung disease (SCT 13645005)	JUN 24, 2019
Benign hypertension (ICD-9-CM 401.9)	NOV 26, 2013
Hyperlipidemia (SCT 55822004)	NOV 05, 2016
Type 2 diabetes mellitus (SCT 44054006)	NOV 05, 2016
Headache (SCT 25064002)	FEB 04, 2016
Carcinoma, Prostate (ICD-9-CM 185.)	NOV 26, 2013

Arthralgias NOS (ICD-9-CM 719.40)
Impotence (ICD-9-CM 607.84)
Vitamin D deficiency (ICD-9-CM 268.9)

NOV 26, 2013
NOV 26, 2013
NOV 26, 2013

Vital Signs:

Blood Pressure: 146/81 (04/21/2021 23:06) Heart rate: 86 (04/21/2021 23:06)
Respiration: 20 (04/21/2021 23:06) Temperature: 97.4 F [36.3 C] (04/21/2021 16:00)

Oxygen Saturation:

Measurement DT	POx (L/MIN)(%)
04/21/2021 23:06	98
04/21/2021 22:01	95

Discharge medications sent with patient? N/A
Patient Equipment: Monitor

ASSESSMENT/REASON FOR TRANSFER: (Describe abnormal assessment, symptoms, treatment provided critical lab values)

No changes from last nursing assessment.

During nurse to nurse report there was an opportunity to ask questions and discuss problems. Yes

Report Given to: Chris I Kaiser ED, RN

/es/ Zachery A. Bohn, RN, BSN

Nurse, ED/SAC

Signed: 04/21/2021 23:14

Inter-Facility Transfer Form

Details

Date entered: April 21, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ANAMIKA K DOMA

Signed by: ANAMIKA K DOMA

Date signed: April 21, 2021**Note**

LOCAL TITLE: Inter-Facility Transfer Form
STANDARD TITLE: TRANSFER SUMMARIZATION NOTE
DATE OF NOTE: APR 21, 2021@22:57 ENTRY DATE: APR 21,
2021@22:57:20
AUTHOR: DOMA, ANAMIKA K EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department of Veterans Affairs

Inter-facility Transfer Form

=====

This form must be completed for all transfers out of VA facilities.
VA form 10-2649B Physician Certification and Patient Consent for
Transfer must also be completed for all transfers.

=====

SECTION I - DEMOGRAPHIC AND ELEGIBILITY INFORMATION

PATIENT IDENTIFICATION:

Patient Name: CAMPBELL, RONALD CLARK

SSN: 546-80-2701

DOB: APR 11, 1950

Phone#: (206)295-2554

Address:

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Service Status:

S/C Disabilities: BACK STRAIN 20% SC

S/C Disabilities: KNEE CONDITION 10% SC

S/C Disabilities: KNEE CONDITION 10% SC

S/C Disabilities: TRAUMATIC ARTHRITIS 10% SC

S/C Disabilities: IMPAIRMENT OF FEMUR 10% SC

S/C Disabilities: LOWER LEG CONDITION 20% SC

Next of Kin:

Primary NOK: CAMPBELL, SHEILA

Relation: SPOUSE

1521 WHITEHORSE ROAD

Phone: (530)613-3463

MEADOW VISTA, CALIFORNIA 95722

Eligibility for VA care: 1 field mu

Eligibility for travel/special mode: Yes.

SECTION II - REASON FOR TRANSFER

1. DESCRIBE SERVICES NEEDED:

Hospital but for admission

LEVEL OF CARE REQUESTING:

ACUTE

2. NATURE OF SERVICES NEEDED BY PATIENT REQUIRING TRANSFER (Identify)

No bed at referring facility.

SECTION III - TYPE AND LEVEL OF SERVICES REQUIRED

1. DIAGNOSIS:

Dyspnea, coronary artery disease

2. LEVEL OF CARE PRIOR TO TRANSFER (ER, Outpatient, Ward, ICU etc.):

ER

3. DESCRIPTION OF TREATMENT PRIOR TO TRANSFER:

Duoneb, normal saline

4. DESCRIPTION OF FURTHER TREATMENT CONTEMPLATED:

See Section II number 1.

SECTION IV - CONDITION OF PATIENT ON TRANSFER

1. Is the patient medically stable for transfer? Yes

DESCRIBE:(e.g. vital signs, significant history, physical findings,
mental status, airway status, lab test etc.)

Stable vital signs

Is the patient behaviorally stable for transfer?

Patient's behavior stable for transfer.

SECTION V - MODE OF TRANSPORTATION

1. Describe Special Mode and Staff Requirements:

Transfer Mode: ALS ambulance

2. IV Medications or other treatments on Route:

Required equipment: Hep-lock, Cardiac monitor

SECTION VII - PATIENT/FAMILY CONSENT RECEIVED

1. DOES PATIENT CONSENT TO TRANSFER?

Yes

2. REFERRING PHYSICIAN CERTIFIES THAT BENEFITS OF TRANSFER OUTWEIGH
RISKS?

Yes

SECTION VIII - RESPONSIBLE INDIVIDUALS

1. REFERRING FACILITY:

Sacramento VA Medical Center, 10535 Hospital Way, Mather, CA 95655,

916-843-7000

2. NAME OF REFERRING PHYSICIAN:

Dr. Anamika Doma

WARD: ED

3. NAME OF ACCEPTING PHYSICIAN:

>>>> Dr. John Chung

PHONE NUMBER OF ACCEPTING PHYSICIAN:

Not available at this time.

4. SELECT THE ACCEPTING FACILITY BELOW

Other Facility: Kaiser Sacramento

*** ADVANCE DIRECTIVE INACTIVE OR NOT ON FILE. ***

Unknown

SECTION VI - INFORMATION TO BE SENT WITH PATIENT

VA MEDICAL DATA:

ADVERSE REACTIONS/ALLERG BRIEF

Allergy/Reaction: PENICILLIN, PREDNISONE, METFORMIN

PROGRESS NOTES

04/21/2021 22:57 Local Title: INTER-FACILITY TRANSFER FORM

Standard Title: TRANSFER SUMMARIZATION NOTE

AUTHOR: DOMA,ANAMIKA K

< THE ABOVE NOTE IS UNSIGNED >

- DRAFT COPY * DRAFT COPY * DRAFT COPY * DRAFT COPY * DRAFT COPY * DRAFT
COPY

-

04/21/2021 19:02 Local Title: PRIMARY CARE SECURE MESSAGING
Standard Title: PRIMARY CARE SECURE MESSAGING

-----Original Message-----

Sent: 04/20/2021 12:29 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Budesonide

160/FORMOTER 4.5MCG 120D INH
RX#25872521

I no
longer see this medication listed for reorder. Was it discontinued?

Ron Campbell

-----Original Message-----

Sent: 04/21/2021 07:02 PM
From: NAKHAEE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Budesonide

Hello,
It was renewed for you.

Sincerely,

Dr. Nakhaee

Signed by: /es/ BEHESHTEH NAKHAEE
Primary Care Physician
04/21/2021 16:02

04/21/2021 17:39 Local Title: EMERGENCY DEPT CLINICIAN NOTE
Standard Title: PHYSICIAN EMERGENCY DEPARTMENT NOTE

SACRAMENTO MATHER EMERGENCY DEPARTMENT VISIT NOTE
APR 21, 2021

Age:71 Sex: MALE Race:WHITE

CHIEF COMPLAINT / HISTORY OF PRESENTING ILLNESS:

71y/o MALE with hypertension, diabetes, A. fib (on Pradaxa), COPD, PE, and prostate cancer c/o increasing shortness of breath with talking and walking for the past 3 days. Patient states that he had similar symptoms of shortness of breath one month ago when he went to Kaiser Roseville and had 2 cardiac arrests which resulted in 2 stents being placed. Patient quit smoking in the past.
Denies fever/chills, dysuria, n/v/d, productive cough, or CP/SOB/abdominal pain.

ROS: All 13 systems are negative unless otherwise stated above in HPI.

PAST HISTORY:

Per CPRS & previous notes.

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant KYOUNG	12/31/19	HAN,ELDI
on pradaxa (afib/CVA risk reduction, and hx of PE)		
2. Obstructive sleep apnea syndrome PANOSSIAN,LORI	09/30/19	
3. AF- Atrial Fibrillation (SCT 49436004) KYOUNG	06/20/19	HAN,ELDI
Dx 6/2019		
4. Pulmonary embolism KYOUNG	06/20/19	HAN,ELDI
5. Hypertension (SNOMED CT 38341003) KYOUNG	01/23/20	HAN,ELDI
Added from station 654 as a result of CBOC move.		
6. OA - Osteoarthritis (SCT 396275006)	09/30/19	LWIN,HTWE

H

Added from station 654 as a result of CBOC move.

7. Prostate cancer (SNOMED CT 254900004) 12/03/19 HAN, ELDI
KYOUNG

Added from station 654 as a result of CBOC move.

8. Chronic cluster headache (SNOMED CT 230473009) 09/21/20
NICKERSON, GASON

Added from station 654 as a result of CBOC move.

9. Adjustment Disorder with Mixed Emotional 09/30/19 LWIN, HTWE
H
Features (SCT 55668003)

Added from station 654 as a result of CBOC move.

10. Polyp Colon (SCT 68496003) 09/30/19 LWIN, HTWE
H

2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019

Added from station 654 as a result of CBOC move.

11. History of malignant neoplasm of prostate 11/05/16
FIECHTNER, BRIDG

12. Dysthymia 02/08/16
BAHTEN, REGINA
S

13. Chronic pain syndrome 12/08/15
BAHTEN, REGINA
S

14. Cervical radiculitis (SNOMED CT 11049006) 07/23/14 LEE, JEAN

15. Depressive Disorder NOS * 04/02/14
BAHTEN, REGINA
S

16. Chronic cluster headache (SNOMED CT 230473009) 01/25/21
NICKERSON, GASON

17. Chronic obstructive lung disease 06/24/19
FIECHTNER, BRIDG

"severe" (nonVA)

18. Benign hypertension 11/26/13 CHANG, MYO
S

19. Hyperlipidemia (SNOMED CT 55822004) 11/05/16
FIECHTNER, BRIDG

20. Type 2 diabetes mellitus (SNOMED CT 44054006) 11/05/16
FIECHTNER, BRIDG

21. Headache (SNOMED CT 25064002) 02/04/16
REMLER, MICHAEL

22. Carcinoma, Prostate	11/26/13	CHANG, MYO
S		
23. Arthralgias NOS	11/26/13	CHANG, MYO
S		
24. Impotence	11/26/13	CHANG, MYO
S		
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO
S		

ALLERGIES: PENICILLIN, PREDNISONE, METFORMIN

MEDS: Per CPRS: reconciliation not completed

Computer is the source for the following medication list:

VERAPAMIL HCL 120MG SA TAB Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING
FOR

MIGRAINE PROPHYLAXIS

DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: TAKE ONE CAPSULE BY MOUTH
TWICE

A

DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN
MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.

CHOLECALCIF 50MCG (D3-2,000UNIT) TAB Sig: TAKE ONE TABLET BY MOUTH ONCE
DAILY

- FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.

GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML Sig: INJECT 300 MG (3 ML) UNDER
THE

SKIN ONCE A MONTH - TO PREVENT HEADACHES.

ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY

-

TO

LOWER CHOLESTEROL.

LOSARTAN 50MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD
PRESSURE

(REPLACES LISINAPRIL)

FROVATRIPTAN 2.5MG TAB PKG 9 Sig: TAKE ONE TABLET BY MOUTH AS DIRECTED
AS

NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE
AFTER

2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
 PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -
 FOR
 STOMACH ACID.

SOCIAL HX: past smoker, no significant etoh/drug hx

PHYSICAL EXAMINATION:

VITALS: 04/21/2021 16:00 BP:174/74 HR:65 Wt:----

RR: 18 (04/21/2021 16:00)

Temp: 97.4 F [36.3 C] (04/21/2021 16:00)

Pox: %RA Measurement DT POx

(L/MIN)(%)

12/03/2019 12:40 98

12/28/2018 09:36 98

General: A/Ox3, NAD, pleasant, calm & cooperative. Patient speaking full sentences. No acute respiratory distress.

HEENT: NC/AT, MMM's, oropharynx clear, nares patent, no discharge.

Neck: Supple, nml ROM.

CV: RRR, no MRG.

Lungs: BS=bilat, no rales, or rhonchi. Mild bilateral wheezing.

Abd: Soft, NT/ND, nml BS's, no guarding/rebound.

Ext: MAEx4, no LE edema.

Skin: Nml color, dry, and warm.

Neuro: No focal deficits, strength & sensation grossly intact.

EKG: NSR@85 bpm, normal axis, T-wave inversions in leads II, III, AVF.

No

prior

EKGs in CPRS.

LABORATORY VALUES:

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
08/04/2020 08:39	BLOOD	6.3	16.7	50.7	92.0	32.9	287
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	95.5	32.0	282

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL

C02

11/10/2020 08:43	PLASMA	1.02

08/04/2020 08:39 PLASMA 114 15 0.89 138 4.1 103
27

** Additional Results available outside occurrence limit **

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL	PROTEIN
08/04/2020 08:39	PLASM	34	30	73	4.7	0.9	7.2
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9	6.8

SCL1 - UA

Collection DT	Spec	COLOR	SP.GRAV	UROBILI	BILIRUB	KETONES	GLU
08/04/2020 08:40	URINE	Yellow	1.026	<0.2 L	Negative	Negative	

Ur

Prot

08/04/2020 08:40 URINE Yellow 1.026 <0.2 L Negative Negative

Negative

Negative

MIC - Microbiology

Collected: 05/24/2014 04:31

Acc: BC 14 1907

Collection Sample: AER/ANAER BLD CUL

Site/Specimen: BLOOD

Comment on Specimen: LA

Bact Report: FINAL

Remarks: Prelim. Rpt: NO GROWTH TO DATE (bottles continuously monitored)

Prelim. Rpt: NO GROWTH TO DATE (bottles continuously monitored)

Final Report: NO GROWTH AFTER 5 DAYS

GLUCOSE (FINGER-STICK): 88

IMAGING:

04/21/2021

17:41 Date Procedure CPT Status Case #

04/21/2021 CHEST 1 VIEW

71045 Verified 1970

No acute cardiopulmonary process.

4/21/2021 4:42 PM

11/10/2020 CT CHEST - LOW DOSE

71250 Verified

1245

Unchanged multiple lung nodules.

Recommend 12 month follow-up.

11/10/2020 3:23 PM

11/10/2020 CORONAL, SAGITTAL, AXIAL, 3D
RECONSTRUCTION

76376 Verified

1246

11/10/2020 CT ANGIO ABDOMEN AND PELVIS

74174 Verified

1244

Extensive atherosclerosis with unchanged left common iliac 22

x

21 mm aneurysm.

Unchanged renal cysts. Diverticulosis. Other chronic
findings.

Please see CT chest for lung nodule descriptions.

11/10/2020 3:38 PM

MEDS DISPENSED IN EMERGENCY DEPARTMENT: per orders

ED COURSE:

PCP added as additional signer to this note to assist with continuity of
care.21:53 Dr. John Chung (Kaiser EPRP) accepts patient for admission and
transfer

to

Kaiser Sacramento. Job ID number 3530261696.

DIFFERENTIAL/Medical Decision Making:

r/o PNA, UTI, electrolyte abn, anemia, dehydration, MI, PE

IMPRESSION/PROBLEM LIST:

1. Dyspnea
2. Coronary artery disease
3. Cardiac stents

ED PLAN/RECOMMENDATIONS:

1. Admit and transfer to Kaiser Sacramento.

Treatment and plan discussed and agreed upon with the patient.

Disposition: Admit and transfer to Kaiser Sacramento.

Condition: stable.

Signed by: /es/ Anamika K. Doma, DO
Physician, Emergency Medicine
04/21/2021 22:55

Receipt Acknowledged by: * AWAITING SIGNATURE *

04/21/2021 16:20 Local Title: NURSING EMERGENCY DEPT NOTE
Standard Title: NURSING EMERGENCY DEPARTMENT NOTE

1620 Pt to room 11, Pt on monitor and V'S done.

1621 Pt assessed, pt C/O SOB on exertion

MODE OF ARRIVAL: Ambulatory

=====

LOC/MENTAL STATUS: Alert and oriented x4. Calm, cooperative.

MOBILITY: Independent

NEURO: Moves all extremities equally. Speech clear and appropriate.
Follows
verbal instructions. GCS: 15

RESPIRATORY: RRR 18, unlabored. Room air. LS clear and equal bi-lat

CARDIOVASCULAR: Rhythm: SR. Radial pulses palpable and strong. Cap
refill
<2
seconds.

MUSCULOSKELETAL: WNL

GASTROENTESTINAL: Flat, soft, non-tender.

GENITOURINARY: Voids without difficulty. Yellow, clear.

SKIN: Color normal for ethnicity, warm, dry.

Extremities: + Distal pulses, no edema.

ENVIRONMENTAL SAFETY: Bed low and locked. Adequate lighting. Call light
within
reach. Siderails up x2.

=====

=
IV ACCESS

20ga LAC placed in ED. Dressing and site CDI. Secured with transparent
dressing.

Started this shift. Flushes without difficulty.

=====

=
NURSING NOTES

EKG done in triage

1635 IV started and labs drawn

1640 MD at bedside

1730 Pt resting comfortably in bed. No change in pt condition

1845 Pt swabbed for Covid

1846 Pt to CT via wheelchair

1900 Pt returned from CT, pt reassessed, no change in pt condition.

1910 D dimer redrawn

1955 Verbal report to Zach RN

Signed by: /es/ James Allen Garcia, RN
Nurse ED Mather
04/21/2021 20:02

04/21/2021 20:41 Local Title: ADDENDUM

Standard Title: ADDENDUM

Ref: Nursing Emergency Dept No Dated: 04/21/2021

16:20

AUTHOR: BOHN,ZACHERY ARMSTRONG

You may not PRINT this UNSIGNED Addendum.

< THE ABOVE NOTE IS UNSIGNED >

- DRAFT COPY * DRAFT COPY * DRAFT COPY * DRAFT COPY * DRAFT COPY * DRAFT
COPY

-

04/21/2021 16:00 Local Title: NURSING EMERGENCY DEPT TRIAGE

Standard Title: NURSING EMERGENCY DEPARTMENT TRIAGE NOTE

Emergency Department/Urgent Care Center Triage

Patient age:71 Sex: MALE

On arrival patient was: AMBULATORY , WHEELCHAIR

Patient phone number: (206)295-2554 PHONE NUMBER [CELLULAR] -
(206)295-2554

Allergies: PENICILLIN, PREDNISONE, METFORMIN

Subjective/Chief Complaint:

"sob on exertion x 3 days" Pt stated he was coded x 2 times on 3/24 (Kaiser Roseville Hospital) and had 2 cardiac stents as the result. Pt denies n/v/f/c/dizziness.

Objective:

clear speech, fully awake, aaox4 gcs 15. EKG done given to MD Bies, Chart to

MD

Doma. Pt to ER 11, report to James RN

The patient is not a fall risk.

Vital Signs

Vitals - most recent

BMI: 28.4

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Weight: 192 lb [87.3 kg] (12/03/2019 12:34)

Temperature

97.4 F (36.3 C)

Pulse

65

Respirations

18

Blood Pressure

174/74

Pain scale recorded:

0

Pulse Oximetry 96 Room Air

Emergency Severity Index (ESI) level

Level 2

Current Medications:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET	ACTIVE

BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO
IMPROVE BONE STRENGTH.

2)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
3)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS	ACTIVE
4)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
5)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
6)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
7)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
8)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE

Pending Outpatient Medications

Status

=====		
1)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	PENDING
2)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	PENDING
3)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	PENDING

Active Non-VA Medications

Status

=====		
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE
2)	Non-VA DIHYDROERGOTAMINE *HAZ* INJ, SOLN 1ML	ACTIVE

INTRAMUSCULAR ONCE DAILY AS NEEDED

13 Total Medications

Current Problems:

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant 12/31/19 HAN,ELDI
KYOUNG
on pradaxa (afib/CVA risk reduction, and hx of PE)
2. Obstructive sleep apnea syndrome 09/30/19
PANOSSIAN,LORI
3. AF- Atrial Fibrillation (SCT 49436004) 06/20/19 HAN,ELDI
KYOUNG
Dx 6/2019
4. Pulmonary embolism 06/20/19 HAN,ELDI
KYOUNG
5. Hypertension (SNOMED CT 38341003) 01/23/20 HAN,ELDI
KYOUNG
Added from station 654 as a result of CBOC move.
6. OA - Osteoarthritis (SCT 396275006) 09/30/19 LWIN,HTWE
H
Added from station 654 as a result of CBOC move.
7. Prostate cancer (SNOMED CT 254900004) 12/03/19 HAN,ELDI
KYOUNG
Added from station 654 as a result of CBOC move.
8. Chronic cluster headache (SNOMED CT 230473009) 09/21/20
NICKERSON,GASON
Added from station 654 as a result of CBOC move.
9. Adjustment Disorder with Mixed Emotional 09/30/19 LWIN,HTWE
H
Features (SCT 55668003)
Added from station 654 as a result of CBOC move.
10. Polyp Colon (SCT 68496003) 09/30/19 LWIN,HTWE
H
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019
Added from station 654 as a result of CBOC move.
11. History of malignant neoplasm of prostate 11/05/16
FIECHTNER,BRIDG
12. Dysthymia 02/08/16

BAHTEN, REGINA

S

13. Chronic pain syndrome

12/08/15

BAHTEN, REGINA

S

14. Cervical radiculitis (SNOMED CT 11049006)

07/23/14 LEE, JEAN

15. Depressive Disorder NOS *

04/02/14

BAHTEN, REGINA

S

16. Chronic cluster headache (SNOMED CT 230473009)

01/25/21

NICKERSON, GASON

17. Chronic obstructive lung disease

06/24/19

FIECHTNER, BRIDG

"severe" (nonVA)

18. Benign hypertension

11/26/13 CHANG, MYO

S

19. Hyperlipidemia (SNOMED CT 55822004)

11/05/16

FIECHTNER, BRIDG

20. Type 2 diabetes mellitus (SNOMED CT 44054006)

11/05/16

FIECHTNER, BRIDG

21. Headache (SNOMED CT 25064002)

02/04/16

REMLER, MICHAEL

22. Carcinoma, Prostate

11/26/13 CHANG, MYO

S

23. Arthralgias NOS

11/26/13 CHANG, MYO

S

24. Impotence

11/26/13 CHANG, MYO

S

25. Vitamin D deficiency (SNOMED CT 34713006)

11/26/13 CHANG, MYO

S

Coronavirus Disease 2019 (COVID-19) Screen

The patient was asked if in the last 14 days they have had new onset of any

COVID-19 symptoms. They report the following:

Within the past 14 days, the patient reports no exposure to someone with a

febrile/respiratory illness or someone with a known or suspected case of COVID-19 (within 6 feet for > 15 minutes).

Result:

Screen is negative.

Suicide Screen:

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go

to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of

acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or

prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

MENTAL STATUS:

Level Of Awareness: Alert

Oriented To: Person, place, date, situation.

Accucheck Glucose Level

MG/DL: 88

Female of Child-bearing age (< 52 yo)?

NO

DOMESTIC VIOLENCE SCREEN

Are you living in a home where you have been hit, kicked, verbally or sexually

threatened by someone recently?

No

SEPSIS SCREEN

Does the patient meet Two or more of the following parameters?

Temperature >100.4 F (38C) F or <96.8 F (36C)

Acute altered mental status GCS <15

Heart Rate >90 bpm

Respirations >20 bpm

WBC >12k or <4K (if known)

OR

Any one of the following:

SBP < 90 mmHg

SBP drop of 40mmHg from baseline

NO

Signed by: /es/ Quichi Ngo, RN
Nurse ED/SAC
04/21/2021 16:21

04/21/2021 13:46 Local Title: TCP TELEPHONE CARE STAFF NOTE

Standard Title: NURSING TELEPHONE ENCOUNTER NOTE

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:

(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Caller Response: ER-VA

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Shortness Of Breath

Comments:

MSa/CLERK COMMENT:PT FEELS WINDED OVER VERY SMALL TASKS. TWO PREVIOUS
HEART

ATTACKS ON 3/24/21.

BEST CONTACT 206.295.2554

Triage Note

Phone Triage

Wed Apr 21 2021 13:53:39 GMT-0700 (Pacific Daylight Time)

Demographics

71 y/o Male

Results

CC: Shortness Of Breath

Nurse Recommendation: Now

TEDP Suggestion: Now

Nurse Recommended Follow-up Location: Emergency department, VA

TEDP Suggested Follow-up Location: Emergency department, VA

Values and Measures

SBP: 163 mmHg

Temperature: 98.0 Fahrenheit

Pulse: 71 bpm

Pain scale: denies pain

Duration of CC: 3 Days

Positive Responses

HPI: cough, new or worsening

HPI: dyspnea, moderate to severe

HPI: symptoms similar to past heart attack

PMH: heart attack

PMH: pulmonary embolism

Negative Responses

Denies: HPI: blue discoloration, lips or nail beds

Denies: HPI: chest pain, new or worsening

Denies: HPI: chest pain, pleuritic

Denies: HPI: dyspnea, sudden onset

Denies: HPI: hemoptysis

Denies: HPI: leg swelling, unilateral

Denies: HPI: mental status change, confusion

Denies: HPI: syncope, with dyspnea

Denies: HPI: wheezing, new or worsening

Veteran Education

Verbal Education Provided:

Based on your responses, you should be treated in the emergency room.

Take action:

You need to see a provider now or your condition could worsen.

Consider calling an ambulance.

Nursing Note

S: c/o worsening SOB with any activity

B: 71 y/o male with PMH of:

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant 12/31/19 HAN, ELDI KYOUNG
on pradaxa (afib/CVA risk reduction, and hx of PE)
2. Obstructive sleep apnea syndrome 09/30/19

PANOSSIAN, LORI

3. AF- Atrial Fibrillation (SCT 49436004) 06/20/19 HAN, ELDI
KYOUNG

Dx 6/2019

4. Pulmonary embolism 06/20/19 HAN, ELDI
KYOUNG

5. Hypertension (SNOMED CT 38341003) 01/23/20 HAN, ELDI
KYOUNG

Added from station 654 as a result of CBOC move.

6. OA - Osteoarthritis (SCT 396275006) 09/30/19 LWIN, HTWE

H

Added from station 654 as a result of CBOC move.

7. Prostate cancer (SNOMED CT 254900004) 12/03/19 HAN, ELDI
KYOUNG

Added from station 654 as a result of CBOC move.

8. Chronic cluster headache (SNOMED CT 230473009) 09/21/20

NICKERSON, GASON

Added from station 654 as a result of CBOC move.

9. Adjustment Disorder with Mixed Emotional 09/30/19 LWIN, HTWE

H

Features (SCT 55668003)

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10. Polyp Colon (SCT 68496003) 09/30/19 LWIN, HTWE

H

2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019

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FIECHTNER, BRIDG

12. Dysthymia 02/08/16

BAHTEN, REGINA

S

13. Chronic pain syndrome 12/08/15

BAHTEN, REGINA

S

14. Cervical radiculitis (SNOMED CT 11049006) 07/23/14 LEE, JEAN

15. Depressive Disorder NOS * 04/02/14

BAHTEN, REGINA

S

16. Chronic cluster headache (SNOMED CT 230473009) 01/25/21

NICKERSON, GASON

17. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
18. Benign hypertension	11/26/13	CHANG, MYO
S		
19. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
21. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
22. Carcinoma, Prostate	11/26/13	CHANG, MYO
S		
23. Arthralgias NOS	11/26/13	CHANG, MYO
S		
24. Impotence	11/26/13	CHANG, MYO
S		
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO
S		

Veteran was at Kaiser for MI and PE/DVT per Veteran end of march.

A: veteran reports he has been having persistent cough and used to cough up clear phlegm, currently he is having dry cough only. Veteran states he starts coughing any time he take a deep breath in. Veteran reports moderate to severe shortness of breath with regular activity such as walking from his car to the front door of his house. veteran states his SOB is intermittent. At times he is able to go walking with his dog and does not have SOB. Veteran called today and reports having severe shortness of breath while at a grocery store earlier

today. Veteran denies f/c/n/v/d, denies HA, denies exposure to COVID,
denies
wheezing, denies palpitations, denies chest pain, denies edema. denies
changes
with bowel/bladder function, denies blood in stool or urine.

R: TEDP Now. Advised Veteran to go to SAC VA ED for further evaluation.
FYI
to
PCP and CMRN.

Author: VAN SICKLE, ALEXANDRA A

Evaluation/Management Code: HC PRO PHONE CALL 21-30 MIN (98968).
Original call started at: APR 21, 2021 @ 13:39 (Call was suspended)
- LENZMEIER, ALLISON DIANE APR 21, 2021@13:39:56 - APR 21, 2021@13:43:16

Ending at: 4/21/2021 @ 2:04:55 PM
Length: 21 minutes. (Call was suspended. This call length is the total
amount
of time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

Signed by: /es/ Alexandra Van Sickle, RN, MSN, CRRN, PHN
Alexandra A Van Sickle
04/21/2021 14:38

Receipt Acknowledged by: /es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
04/21/2021 17:01

/es/ BEHESHTAH NAKHAEI
Primary Care Physician
04/21/2021 16:29

04/20/2021 19:35 Local Title: PRIMARY CARE SECURE MESSAGING
Standard Title: PRIMARY CARE SECURE MESSAGING

-----Original Message-----

Sent: 04/20/2021 02:49 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: RX 26102149 CLOOIDOGREL BISULFATE

I received the 30 day supply.
There are no refills remaining

Kaiser Cardio care advises me that I should be on this medication for 12 months before I'm reevaluated to stop taking it.

I order to avoid future prescription emergencies in the near future having some refills available would be helpful. With a 30 day fill I usually try and reorder two weeks prior to my next required delivery.

Thanks

Ron Campbell

-----Original Message-----

Sent: 04/20/2021 07:35 PM
From: NAKHAEE, BEHESHTAH
To: CAMPBELL, RONALD CLARK
Subject: RX 26102149 CLOOIDOGREL BISULFATE

no problem.
it is ordered for you. Just double check that you are on Eliquis and Plavix both per cardiology recommendation at Kaiser? I appreciate if you could provide us their written recommendations since I am ordering them.

Sincerely,

Dr. Nakhaee

Signed by: /es/ BEHESHTAH NAKHAEE
Primary Care Physician

04/20/2021 10:36 Local Title: ANTICOAG TELEPHONE NOTE 60019
Standard Title: PHARMACY TELEPHONE ENCOUNTER NOTE

SUBJECTIVE:

Indication:

Hypertension	-----	1 point
Diabetes mellitus	-----	1 point
Age 65-74	-----	1 point

History of Venous Thromboembolism (VTE)

Anticipated duration of anticoagulant therapy:

Indefinite/extended (no anticipated stop date)

Patient identified as needing review for the following:

Adherence (overdue for refill)

ASSESSMENT/PLAN:

DOAC adherence assessed: Concerns about adherence

Prior to current fill date, rx was last filled on 11/10/20 which triggered

adherence flag.

Pt has no refills on current rx, will renew order.

For ongoing monitoring, a population-based approach will be used to ensure

safety, adherence to therapy, and appropriateness of prescribing.

Periodic

risk/benefit assessments will be performed as necessary.

Signed by: /es/ Gregory H. Ono, Pharm.D.
Anticoagulation Clinical Pharmacy Specialist
04/20/2021 10:42

04/16/2021 15:39 Local Title: PRIMARY CARE SECURE MESSAGING
Standard Title: PRIMARY CARE SECURE MESSAGING

-----Original Message-----

Sent: 04/16/2021 11:42 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: General Inquiry

FYI I received a call from Primary Care Mental Health.
I have been assigned help from the Oakland VA medical center via either
phone
or video beginning in the next few weeks.
mThanks for your action. It is very much appreciated

Ron

-----Original Message-----

Sent: 04/16/2021 03:38 PM
From: NAKHAEE, BEHESHTAH
To: CAMPBELL, RONALD CLARK
Subject: General Inquiry

You are Welcome. I am glad that have been cared.

Sincerely,

Dr. Nakhaee

Signed by: /es/ BEHESHTAH NAKHAEE
Primary Care Physician
04/16/2021 12:39

04/15/2021 12:17 Local Title: PCMH PRIMARY CARE MENTAL HEALTH CONSULT
Standard Title: MENTAL HEALTH CONSULT

Primary Care Mental Health Integration (PC-MHI) Assessment

The following identifiers were used to identify the Veteran:

Full Name

Full Date of Birth/Last Four of SSN

REFERRED BY: PACT RNCM

REASON FOR REFERRAL: Depression, anxiety, acute stress

VISIT DURATION: 21-30 minutes (telephone)

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

BACK STRAIN 20%

S/C

KNEE CONDITION 10%

S/C

KNEE CONDITION 10%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

LOWER LEG CONDITION 20%

S/C

PRIMARY CONCERN:

The veteran reported as his primary concern acute stress related to recent major cardiac events.

SCREENINGS/MEASURES:

PHQ-9: 16

GAD-7: 17

C-SSRS: Negative

FUNCTIONAL ASSESSMENT:

Sleep:

--Poor, waking most nights at 1-2am with anxiety/worry

Close Relationships:

--Denies impairment, reports supportive relationship with wife

Health/Medical Concerns:

--Hx of multiple medical comorbidities (HTN, afib, chronic PE, DMII, OSA, COPD,

vitD deficiency, obesity

--MI with 2 successive cardiac arrests approximately 12 days ago, also
stent
placement

Pain:

--Hx of chronic cluster headaches, though seemingly resolved since recent
stent
placement

PAST MENTAL HEALTH HISTORY:

Diagnoses (per JLV review):

--Depressive disorder, Adjustment disorder with mixed emotional features,
Dysthymia

Medications (per JLV review):

--amitriptyline, divalproex, lithium, nortriptyline, topiramate

Psychotherapy (per veteran & JLV review):

--Seattle VA (2011-2012), Mather GMH (sporadic 2014-2016, brief 2019)

Hospitalizations:

--Denied, none evident through chart review

SUBSTANCE USE:

Caffeine:

--2 cups of coffee per day

Tobacco:

--Denied

Alcohol:

--Denied

Cannabis:

--Denied

Illicit Drugs:

--Denied

RISK ASSESSMENT:

C-SSRS screening today was negative. The veteran denied any active suicidal

or

homicidal ideation, plan, or intent. The veteran denied any passive death wish.

The veteran denied any history of suicidal behavior or attempts. The veteran

did

not endorse nor present with any acute distress during our interaction today,

nor did the veteran appear to present an imminent safety risk at the time

of

this assessment.

MENTAL STATUS EXAM:

Orientation:

--Alert & oriented x4 (person, place, time, situation)

Appearance:

--N/A, telephone

Demeanor:

--Polite, friendly, & cooperative

Mood:

--Calm & pleasant throughout assessment

--Reported mood stressed, depressed, anxious

Affect:

--N/A, telephone

Thought Process:

--Linear & goal-directed

Thought Content:

--No evidence of delusions, obsessions, grandiosity, or ruminations

Perceptions:

--No evidence of hallucinations (A/V/O/T)

Speech:

--Speech clear & coherent with normal rate, rhythm, & volume

Cognitive Deficits/Memory Impairment:

--None apparent, not formally assessed

Judgment/Insight:

--Intact & safe

ASSESSMENT SUMMARY:

Campbell, Ronald Clark is a 71 year old male veteran referred to PCMHI for

assessment and management of depression and anxiety symptoms in the context of

acute stress. The veteran reported that approximately 12 days ago he experienced an MI, which prompted emergency transport to Kaiser for a stent placement.

During the procedure, he experienced cardiac arrest and required resuscitation.

Approximately 1-2 hours later, during transport from post-op to the ICU, he

experienced another cardiac arrest requiring resuscitation.

Measurement-based screening today suggested moderately severe current symptoms of depression and severe current symptoms of anxiety. The veteran noted onset of poor sleep maintenance since his recent cardiac events, waking most nights at 1-2am with anxiety and worry. He noted feeling poorly rested during the day, with fatigue especially in the afternoons leading to napping.

We discussed the role of PCMHI in PACT as well as the services available through PCMHI, including brief psychotherapy, peer support, care management, medication management, and groups/classes. We also discussed modalities of follow-up including in-person appointments, VVC appointments, and telephone appointments.

The veteran reported past experience with CBT for his mood, which he found to be very helpful. He requested today brief psychotherapy with PCMHI with a goal of reviewing CBT principles and learning new coping skills to address his acute stress. The RNCM will assist with coordination of soonest available appointment, given the acuity and severity of current symptoms.

INTERVENTIONS:

Limits of confidentiality, risks, benefits, and side effects of psychiatric medications and/or therapy were discussed with the patient. The patient expressed understanding and the willingness to take medications and/or engage in treatment.

Veteran provided with RNCM's contact information and information for accessing emergency services (Veterans Crisis Line, 1-800-273-8255, VA or local hospital).

Veteran's questions and/or concerns were addressed.

FOLLOW-UP PLAN:

Veteran referred for brief psychotherapy with a PCMHI provider, with a goal of reviewing CBT principles and learning new coping skills to address his acute stress.

Signed by: /es/ Melissa E. Dorval, RN BSN
Nursing Service
04/15/2021 15:15

Receipt Acknowledged by: /es/ JASON MARK THOMPSON
PSYCHOLOGIST
04/20/2021 15:15

04/15/2021 12:16 Local Title: MENTAL HEALTH DIAGNOSTIC STUDY NOTE
Standard Title: MENTAL HEALTH DIAGNOSTIC STUDY NOTE

Patient Health Questionnaire - 9 (PHQ-9)

Date Given: 04/15/2021
Clinician: Dorval, Melissa E.
Location: Sac Pcmhi Sd

Veteran: Campbell, Ronald Clark

SSN: xxx-xx-2701

DOB: Apr 11, 1950 (71)

Gender: Male

PHQ-9 Depression Scale Score: 16

The total score may range from 0 to 27.

Total Score	Depression Severity
-----	-----
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Questions and Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

More than half the days

2. Feeling down, depressed, or hopeless

More than half the days

3. Trouble falling or staying asleep, or sleeping too much

Nearly every day

4. Feeling tired or having little energy

Nearly every day

5. Poor appetite or overeating

Not at all

6. Feeling bad about yourself or that you are a failure or have let yourself

or your family down

Several days

7. Trouble concentrating on things, such as reading the newspaper or watching

television

Nearly every day

8. Moving or speaking so slowly that other people could have noticed.

Or

the

opposite being so fidgety or restless that you have been moving around a lot

more than usual

More than half the days

9. Thoughts that you would be better off dead or of hurting yourself in some

way

Not at all

10. If you checked off any problems, how DIFFICULT have these problems made

it

for you to do your work, take care of things at home or get along with other

people?

Extremely difficult

Information contained in this note is based on a self report assessment and

is

not sufficient to use alone for diagnostic purposes. Assessment results should

be verified for accuracy and used in conjunction with other diagnostic activities.

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Generalized Anxiety Disorder, 7 items

Date Given: 04/15/2021

Clinician: Dorval, Melissa E.

Location: Sac Pcmhi Sd

Veteran: Campbell, Ronald Clark

SSN: xxx-xx-2701

DOB: Apr 11, 1950 (71)

Gender: Male

GAD-7 score: 17

A low score indicates the absence of anxiety, a high score indicates the presence of anxiety symptoms; the range is 0 to 21. A score of 15 or greater

is

considered clinically significant, meriting active treatment for anxiety.

A

score of 10 to 14 indicates a condition that should be carefully evaluated.

Questions and Answers

1. Feeling nervous, anxious or on edge

More than half the days

2. Not being able to stop or control worrying

Nearly every day

3. Worrying too much about different things

More than half the days

4. Trouble relaxing

Nearly every day

5. Being so restless that it is hard to sit still

Several days

6. Becoming easily annoyed or irritable

Nearly every day

7. Feeling afraid as if something awful might happen

Nearly every day

Information contained in this note is based on a self-report assessment and

is

not sufficient to use alone for diagnostic purposes. Assessment results should

be verified for accuracy and used in conjunction with other diagnostic activities and procedures.

Columbia Suicide Severity Rating Scale (C-SSRS)

Date Given: 04/15/2021
Clinician: Dorval, Melissa E.
Location: Sac Pcmhi Sd

Veteran: Campbell, Ronald Clark
SSN: xxx-xx-2701
DOB: Apr 11, 1950 (71)
Gender: Male

Suicidal Ideation in Past Month: None endorsed

Method/Plan/Intent in Past Month: No method, no specific plan, and no intent

Suicidal Behavior: No Past Suicidal Behavior Reported

KEY INDICATORS:

Questions and Answers:

1. Over the past month, have you wished you were dead or wished you could

go

to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Not asked (due to responses to other questions)

4. Over the past month, have you had these thoughts and had some intention

of acting on them?

Not asked (due to responses to other questions)

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Not asked (due to responses to other questions)

6. If yes, at any time in the past month did you intend to carry out

this

plan?

Not asked (due to responses to other questions)

7. In your lifetime, have you ever done anything, started to do anything,

or

prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If yes, was this within the past 3 months?

SKIPPED

Columbia-Suicide Severity Rating Scale (C-SSRS) © 2016 The Columbia Lighthouse

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Information contained in this note is based on a self-report assessment and

is

not sufficient to use alone for diagnostic purposes. Assessment results should

be verified for accuracy and used in conjunction with other diagnostic activities.

Signed by: /es/ Melissa E. Dorval, RN BSN
Nursing Service
04/15/2021 12:16

ORDERS CURRENT

Item Ordered	Status	Start Date	Stop Date
TROPONIN-I (i-STAT) GREEN-BLD/RT 21:17	comp	04/21/2021 15:37	04/21/2021
BLOOD LC LB #2140102			
ALBUTEROL (CFC-F) INHL,ORAL 20:27	exp	04/21/2021 19:46	04/21/2021
90MCG/ACTUAT 2 PUFFS ORAL INHALATION ONCE With spacer			
D-DIMER PLASMA-BLUE ASAP WC ONCE LB 20:05	comp	04/21/2021 19:10	04/21/2021

#2139987

SODIUM CHLORIDE 0.9% INJ 1000 ml actv 04/21/2021 18:15 04/22/2021
13:01

IV 125 ml/hr@0

>> COVID-19 Screening Order: Person actv 04/21/2021 18:15 05/05/2021
18:15

Under Investigation (PUI)

Patient

Symptoms: Shortness of breath
(dyspnea)

Known exposure in past 14 days? No

Location of test: Mather

ED/Hospital

COVID-19 AND FLU/RSV DIAG PANEL comp 04/21/2021 18:35 04/21/2021
19:56

SWAB-NASPHA NASOPHARYNX WC ONCE LB

#2139961

CT ANGIO CHEST STAT comp 04/21/2021 04/21/2021
19:38

D-DIMER PLASMA-BLUE ASAP WC ONCE LB dc 04/21/2021 18:35 04/21/2021
19:06

#2139961 <OTHER CANCEL REASON: *NP

Reason: SHORT SAMPLE SPOKE TO ER RN

*NP Action: Apr 21,>

>> Monitor with continuous Pulse 0x comp 04/21/2021 04/21/2021
17:45

GLUCOSE (FINGER-STICK) FINGER STICK comp 04/21/2021 16:09 04/21/2021
16:28

BLOOD LC LB #2139753

BNP PLASMA-LAV ASAP WC ONCE LB comp 04/21/2021 16:35 04/21/2021
18:25

#2139746

CBC (w/reflex Diff) LAV-BLOOD STAT comp 04/21/2021 16:35 04/21/2021
17:52

WC ONCE LB #2139747

BMP PLASMA-GREEN STAT WC ONCE LB comp 04/21/2021 16:35 04/21/2021
18:02

#2139747

LIVER FUNCTION PLASMA-GREEN STAT WC comp 04/21/2021 16:35 04/21/2021

18:02

ONCE LB #2139747

>> Run iSTAT Troponin

comp 04/21/2021 04/21/2021

17:45

CHEST 1 VIEW STAT

comp 04/21/2021 16:25 04/21/2021

16:43

>> EKG - 12 Lead Now, STAT (within

comp 04/21/2021 04/21/2021

16:27

10 min)

>> Insert IV now

comp 04/21/2021 04/21/2021

17:45

TROPONIN-I GREEN/Short-Plas PLASMA

comp 04/21/2021 16:35 04/21/2021

18:10

STAT WC ONCE LB #2139747

Renew BUDESONIDE 160/FORMOTER

pend

4.5MCG 120D INH INHALE 2 PUFFS BY
 ORAL INHALATION TWICE A DAY - FOR
 BREATHING. RINSE MOUTH OUT AFTER
 USE. Quantity: 3 Refills: 3

Change cloPIDOGREL TAB 75MG TAKE

pend

ONE TABLET BY MOUTH ONCE DAILY TO
 THIN BLOOD. Quantity: 30 Refills:
 5

Renew DABIGATRAN CAP, ORAL 150MG

pend

TAKE 1 CAPSULE BY MOUTH TWICE A DAY
 - TO HELP PREVENT CLOTS. Keep in
 original bottle, do not place in
 medication boxes. Do not open or
 chew capsule. Quantity: 180
 Refills: 3

LIPID PANEL PLASMA-GREEN SP ONCE LB
 #2072140

pend 03/18/2021

HGBA1c & eAG LAV-BLOOD SP LB
 #2072139

pend 03/18/2021

BMP PLASMA-GREEN SP ONCE LB
 #2072139

pend 03/18/2021

CBC (w/reflex Diff) LAV-BLOOD SP
 ONCE LB #2072139

pend 03/18/2021

CREATININE & eGFR PLASMA-GREEN SP
 ONCE LB #2053729

pend 11/18/2021

(CT) CHEST W/	pend	11/12/2021	
Renew VERAPAMIL SUSTAINED ACTION	actv	02/12/2021	02/13/2022
TAB,SA 120MG TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS Quantity: 90 Refills: 3			
FROVATRIPTAN TAB 2.5MG TAKE ONE	actv	01/21/2021	01/16/2022
TABLET BY MOUTH AS DIRECTED AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS Quantity: 1 Refills: 3			
Renew LOSARTAN TAB 50MG TAKE ONE	actv	01/20/2021	01/20/2022
TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL) Quantity: 30 Refills: 2			
CREATININE & eGFR PLASMA-GREEN SP	pend	12/10/2021	
ONCE LB #1203119			
BMP PLASMA-GREEN SP LB #732684	pend	12/09/2020	
CBC (w/reflex Diff) LAV-BLOOD SP	pend	12/09/2020	
ONCE LB #732684			
CREATININE & eGFR PLASMA-GREEN SP	pend	11/04/2021	
ONCE LB #653846			
(CT) CHEST W/	pend	11/04/2021	
GALCANEZUMAB-GNLM INJ,SOLN	actv	09/22/2020	09/22/2021
100MG/ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES. Quantity: 3 Refills: 5			
Renew DABIGATRAN CAP,ORAL 150MG	rnew	11/02/2020	08/18/2021
TAKE 1 CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. Keep in original bottle, do not place in medication boxes. Do not open or chew capsule. Quantity: 180 Refills: 1			
Renew ROSUVASTATIN TAB 40MG TAKE	actv	08/17/2020	08/18/2021
ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL. Quantity: 45 Refills: 3			
Renew CHOLECALCIFEROL TAB 2000UNIT	actv	08/17/2020	08/18/2021

TAKE ONE TABLET BY MOUTH ONCE DAILY
 - FOR VITAMIN D SUPPLEMENT TO
 IMPROVE BONE STRENGTH. Quantity:
 100 Refills: 3

PANTOPRAZOLE TAB,EC 40MG TAKE ONE actv 06/29/2020 06/27/2021
 TABLET BY MOUTH ONCE DAILY - FOR
 STOMACH ACID. Quantity: 60
 Refills: 3

NF Lipid Panel (non-fasting) pend 06/26/2020
 PLASMA-GREEN SP ONCE LB #346629

Change BUDESONIDE 160/FORMOTER rnew 04/08/2020 04/09/2021
 4.5MCG 120D INH INHALE 2 PUFFS BY
 ORAL INHALATION TWICE A DAY - FOR
 BREATHING. RINSE MOUTH OUT AFTER
 USE. Quantity: 3 Refills: 3

Non-VA Change DIHYDROERGOTAMINE actv
 INJ,SOLN INJECT 1ML INTRAMUSCULAR
 ONCE DAILY AS NEEDED Patient wants
 to buy from Non-VA pharmacy.
 Medication prescribed by Non-VA
 provider.

Non-VA Change ACETAMINOPHEN TAB actv
 325MG TAKE TWO TABLETS BY MOUTH
 TWICE A DAY AS NEEDED Patient
 wants to buy from Non-VA pharmacy.

PHARMACY INTRAVENOUS

Drug	Dose	Status	Start	Stop
		A	04/21/2021	
04/22/2021				
In: NS	1000 ML 125 ml/hr@0			

LAB CHEMISTRY & HEMATOLOGY

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
04/21/2021 19:10	PLASMA	D-DIMER	265	ng/mL FEU	0

-

500

04/21/2021 18:35 NASOPHARYN!! COVID-19 (FLUVID)NEGATIVE
 NEG

"	"	"	!!	FLU A PCR (FLUVIDNEGATIVE			
NEG							
"	"	"	!!	FLU B PCR (FLUVIDNEGATIVE			
NEG							
"	"	"	!!	RSV PCR (FLUVID) NEGATIVE			
NEG							
04/21/2021	16:35	PLASMA		BNP	123 H	pg/mL	0.0
-							
100.0							
04/21/2021	16:35	PLASMA		TROPONIN-I	0.03	ng/mL	Ref:
<=0.04							
04/21/2021	16:35	PLASMA		GLUCOSE	86	mg/dL	74
-							
118							
"	"	"		UREA NITROGEN	13	mg/dL	8
-							
26							
"	"	"		CREATININE	0.85	mg/dL	0.5
-							
1.1							
"	"	"		eGFR	>60	mL/min	Ref:
>							
=60							
"	"	"		SODIUM	138	mmol/L	136
-							
144							
"	"	"		POTASSIUM	3.7	mmol/L	3.4
-							
4.8							
"	"	"		CHLORIDE	103	mmol/L	98
-							
106							
"	"	"		CO2	24	mmol/L	23
-							
33							
"	"	"		CALCIUM	9.2	mg/dL	8.7
-							
10.2							
"	"	"		PROTEIN	7.0	g/dL	6.5
-							

8.1	"	"	"	ALBUMIN	4.2	g/dL	3.3
-							
4.8	"	"	"	AST (SGOT)	31	IntUnits/L	8
-							
42	"	"	"	ALT (SGPT)	27	IntUnits/L	5
-							
55	"	"	"	ALK PHO	59	IntUnits/L	37
-							
107	"	"	"	TOTAL BILIRUBIN	0.8	mg/dL	.3
-							
1.2	"	"	"	DIRECT BILIRUBIN	0.1	mg/dL	0.1
-							
0.4							
04/21/2021 16:35	BLOOD			WBC	7.4	K/cmm	4.8
-							
10.8	"	"	"	RBC	4.86	M/cmm	4.7
-							
6.1	"	"	"	HGB	14.9	g/dL	14
-							
18	"	"	"	HCT	45.3	%	42
-							
52	"	"	"	MCV	93.2	fL	80
-							
99	"	"	"	MCH	30.7	uug	27
-							
34	"	"	"	MCHC	32.9	gm/dL	31.8
-							
35.3							

"	"	"	RDW-SD	45.0	H fL	35.1
-						
43.9	"	"	PLT	224	K/cmm	130
-						
400	"	"	MPV	10.7	fL	9.1
-						
12.5	"	"	NEUT %	63.7	%	40
-						
80	"	"	LYMPH %	23.1	%	20
-						
51	"	"	MONO %	9.8	%	2.0
-						
13.0	"	"	EOS %	2.4	%	0.5
-						
7.0	"	"	BASO %	0.7	%	0
-						
2.0	"	"	IG %	0.3	%	Ref :
-						
<=4.9	"	"	LYMPH #	1.7	K/cmm	1.2
-						
3.4	"	"	MONO #	0.7	K/cmm	0.2
-						
1.2	"	"	NEUT #	4.7	K/cmm	1.5
-						
7.9	"	"	EOS #	0.2	K/cmm	0.1
-						
0.5	"	"	BASO #	0.1	K/cmm	0.0
-						

0.2

"

"

"

IG #

0.0

K/cmm

Ref:

<=0.4

04/21/2021 16:09 BLOOD !! GLU STK

88

mg/dL

74

-

118

04/21/2021 15:37 BLOOD !! ED TROP

0.02

ng/mL

Ref:

<=0.04

!! Indicates COMMENTS AVAILABLE...Refer to Interim Lab Report.

IMAGING IMPRESSION

Date	Procedure	CPT	Status	Case #
04/21/2021	CT ANGIO CHEST	71275	Verified	1995

No radiographic evidence of acute pulmonary embolism. COPD emphysematous changes without lobar pneumonia or pulmonary edema.

6 mm soft tissue pulmonary nodule in the left lower lobe is unchanged.

4/21/2021 7:37 PM

04/21/2021 CHEST 1 VIEW

71045 Verified

1970

No acute cardiopulmonary process.

4/21/2021 4:42 PM

11/10/2020 CT CHEST - LOW DOSE

71250 Verified

1245

Unchanged multiple lung nodules.

Recommend 12 month follow-up.

11/10/2020 3:23 PM

11/10/2020 CORONAL, SAGITTAL, AXIAL, 3D
RECONSTRUCTION

76376 Verified

1246

11/10/2020 CT ANGIO ABDOMEN AND PELVIS

74174 Verified

1244

Extensive atherosclerosis with unchanged left common iliac 22

x

21 mm aneurysm.

Unchanged renal cysts. Diverticulosis. Other chronic findings.

Please see CT chest for lung nodule descriptions.

11/10/2020 3:38 PM

ECHOCARDIOGRAM

No data available for this patient

No data found within parameters

Allergies/ADRs (Tool #5)

FACILITY	ALLERGY/ADR
-----	-----
IOANNIS A. LOUGARIS VAMC	PENICILLIN
IOANNIS A. LOUGARIS VAMC	PREDNISONE
NORTHERN CALIFORNIA HCS	METFORMIN
NORTHERN CALIFORNIA HCS	PENICILLIN
NORTHERN CALIFORNIA HCS	PREDNISONE
SEATTLE VA MEDICAL CENTER	PENICILLIN
SEATTLE VA MEDICAL CENTER	PREDNISONE
SEATTLE VA MEDICAL CENTER	PROPRANOLOL

Med. Reconciliation (Tool #1)

INCLUDED IN THIS LIST: Alphabetical list of active outpatient prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as inpatient orders (local pending and active), local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 90 days.

Non-VA Meds Last Documented On: Oct 18, 2019

NOTE The display of VA prescriptions dispensed from another VA or

DoD facility (remote) is limited to active outpatient prescription entries

matched to National Drug File at the originating site and may not include some items such as investigational drugs, compounds, etc.

NOT INCLUDED IN THIS LIST: Medications self-entered by the patient into personal health records (i.e. My HealtheVet) are NOT included in this list. Non-VA medications documented outside this VA, remote inpatient orders (regardless of status) and remote clinic medications are NOT included in this list. The patient and provider must always discuss medications the patient is taking, regardless of where the medication was dispensed or obtained.

Non-VA ACETAMINOPHEN 325MG TAB

TAKE TWO TABLETS BY MOUTH TWICE A DAY AS NEEDED

Patient wants to buy from Non-VA pharmacy.

CLIN ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL (Status=EXPIRED)

2 PUFFS ORAL INHALATION ONCE With spacer

BCMA ORDER LAST ACTION: 04/21/21 20:27 GIVEN

OUTPT ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL (Status = EXPIRED)

INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED -
FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT
LEAST ONCE WEEKLY.

Rx# 25872519 Last Released: 10/7/20

Qty/Days Supply: 1/30

Rx Expiration Date: 4/9/21

Refills Remaining: 8

OUTPT BUDESONIDE 160/FORMOTER 4.5MCG 120D INH (Status = EXPIRED)

INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING.
RINSE MOUTH OUT AFTER USE.

Rx# 25872521 Last Released: 1/4/21

Qty/Days Supply: 3/90

Rx Expiration Date: 4/9/21

Refills Remaining: 2

OUTPT BUDESONIDE 160/FORMOTER 4.5MCG 120D INH (Status = Pending)

INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR
BREATHING. RINSE MOUTH OUT AFTER USE.

Renewed from Rx# 25872521

Qty/Days Supply: 3/90

Login Date: 4/21/21

Refills Ordered: 3

OUTPT CHOLECALCIF 50MCG (D3-2,000UNIT) TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.

Rx# 25701193A Last Released: 4/15/21 Qty/Days Supply: 100/90
Rx Expiration Date: 8/18/21 Refills Remaining: 1

OUTPT CLOPIDOGREL BISULFATE 75MG TAB (Status = Discontinued)

TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.

Rx# 26102149 Last Released: 4/15/21 Qty/Days Supply: 30/30
Rx Expiration Date: 5/12/21 Refills Remaining: 0

OUTPT CLOPIDOGREL BISULFATE 75MG TAB (Status = Pending)

TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.

Login Date: 4/20/21 Qty/Days Supply: 30/30
Refills Ordered: 5

OUTPT DABIGATRAN ETEXILATE 150MG ORAL CAP (Status = Active)

TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS.
KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT
OPEN OR CHEW CAPSULE.

Rx# 25872529A Last Released: 4/19/21 Qty/Days Supply: 180/90
Rx Expiration Date: 8/18/21 Refills Remaining: 0

OUTPT DABIGATRAN ETEXILATE 150MG ORAL CAP (Status = Pending)

TAKE 1 CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS.
Keep in original bottle, do not place in medication boxes.
Do not open or chew capsule.

Renewed from Rx# 25872529A Qty/Days Supply: 180/90
Login Date: 4/20/21 Refills Ordered: 3

Non-VA DIHYDROERGOTAMINE *HAZ* INJ, SOLN

INJECT 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED Patient
wants to buy from Non-VA pharmacy. Medication
prescribed by Non-VA provider.

OUTPT FLUTICASONE PROP 50MCG 120D NASAL INHL (Status = EXPIRED)

INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL
ALLERGIES.

Rx# 25872523 Last Released: 10/7/20 Qty/Days Supply: 3/90

Rx Expiration Date: 4/9/21

Refills Remaining: 2

OUTPT FROVATRIPTAN 2.5MG TAB PKG 9 (Status = Active)

TAKE ONE TABLET BY MOUTH AS DIRECTED AS NEEDED : - TAKE 1ST DOSE
AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS

Rx# 26044739 Last Released: 1/22/21

Qty/Days Supply: 1/30

Rx Expiration Date: 1/16/22

Refills Remaining: 3

OUTPT GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML (Status = Active)

INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT
HEADACHES.

Rx# 25970333 Last Released: 3/2/21

Qty/Days Supply: 3/30

Rx Expiration Date: 9/22/21

Refills Remaining: 0

OUTPT GLIPIZIDE 5MG TAB (Status = EXPIRED)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30
MINUTES PRIOR TO XX TAKE WITH LUNCH

Rx# 25682603A Last Released: 3/16/21

Qty/Days Supply: 90/90

Rx Expiration Date: 4/9/21

Refills Remaining: 0

OUTPT LORATADINE 10MG TAB (Status = EXPIRED)

TAKE ONE TABLET BY MOUTH ONCE DAILY -FOR ALLERGY SYMPTOMS.

Rx# 25872525 Last Released: 3/16/21

Qty/Days Supply: 90/90

Rx Expiration Date: 4/9/21

Refills Remaining: 0

OUTPT LOSARTAN 50MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES
LISINAPRIL)

Rx# 25896800A Last Released: 2/16/21

Qty/Days Supply: 30/30

Rx Expiration Date: 1/20/22

Refills Remaining: 1

OUTPT MONTELUKAST NA 10MG TAB (Status = EXPIRED)

TAKE ONE TABLET BY MOUTH ONCE DAILY

Rx# 25682652A Last Released: 2/16/21

Qty/Days Supply: 90/90

Rx Expiration Date: 4/9/21

Refills Remaining: 0

OUTPT PANTOPRAZOLE NA 40MG EC TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.

Rx# 25918575 Last Released: 6/30/20

Qty/Days Supply: 60/60

Rx Expiration Date: 6/27/21

Refills Remaining: 3

OUTPT ROSUVASTATIN CA 40MG TAB (Status = Active)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.

Rx# 25682656A Last Released: 2/16/21

Qty/Days Supply: 45/90

Rx Expiration Date: 8/18/21

Refills Remaining: 1

CLIN SODIUM CHLORIDE 0.9% INJ (Status=Active)

SODIUM CHLORIDE 0.9% BY INJECTION 1000 ml IV 125

ml/hr@0

OUTPT TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL (Status = EXPIRED)

INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR
BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

Rx# 25872527 Last Released: 11/18/20

Qty/Days Supply: 3/90

Rx Expiration Date: 4/9/21

Refills Remaining: 1

OUTPT VERAPAMIL HCL 120MG SA TAB (Status = Discontinued)

TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS

Rx# 25822309 Last Released: 10/22/20

Qty/Days Supply: 90/90

Rx Expiration Date: 1/23/21

Refills Remaining: 0

OUTPT VERAPAMIL HCL 120MG SA TAB (Status = Active)

TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS

Rx# 25822309A Last Released: 4/19/21

Qty/Days Supply: 90/90

Rx Expiration Date: 2/13/22

Refills Remaining: 2

SUPPLIES

OUTPT ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP (Status = EXPIRED)

USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD
SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.

Rx# 25854975 Last Released: 3/13/20

Qty/Days Supply: 50/150

Rx Expiration Date: 3/13/21

Refills Remaining: 1

=====PHARMACY TERMS AND POSSIBLE PATIENT ACTIONS=====

INPT = VA inpatient order

IV = VA intravenous medication

OUTPT = VA outpatient prescription

PHARMACY TERMS -----	EXPLANATION -----	POSSIBLE PATIENT ACTIONS -----
ACTIVE	A prescription that can be filled at the local VA pharmacy.	If you have refills, you may request a refill of this prescription from your VA pharmacy.
CLINIC	A medication you received during a visit to a VA clinic or emergency department. healthcare team.	If you have questions about this medication contact your VA
DISCONTINUED	A prescription your provider has stopped. It is no longer available to be sent to you or picked up at the VA pharmacy window.	Contact your VA healthcare team if you need more of this medication.
EXPIRED	A prescription which is too old to fill. This does not refer to the expiration date of the medication in the container.	Contact your VA healthcare team if you need more of this medication.
NON-VA	A medication that came from someplace other than a VA pharmacy. This may be a prescription from either the VA other providers that was filled outside the VA. Or, it may be an over-the-counter (OTC), herbal, dietary supplement or sample medication.	If this medication is medication information is incorrect or out of date, please tell your VA healthcare team.
ON HOLD	An active prescription that will	Contact your VA

not be filled until pharmacy
resolves the issue.

pharmacy when you need
more of this
medication.

PENDING

This prescription order has been
sent to the pharmacy for review
and is not ready yet.

If you have been
instructed to start the
this medication now,
contact your VA
pharmacy.

SUSPENDED

An active prescription that is
not scheduled to be filled yet.
You should receive it before you
run out.

Contact your VA
pharmacy if you need
this medication
now.

=====

/es/ Anamika K. Doma, D0
Physician, Emergency Medicine
Signed: 04/21/2021 23:02

INTER-FACILITY EMERGENCY DEPARTMENT AOD TRANSFER NOTE

Details

Date entered: April 21, 2021
Location: SAN FRANCISCO VAMC
Written by: JEAN E CLARK
Signed by: JEAN E CLARK
Date signed: April 21, 2021

Note

LOCAL TITLE: INTER-FACILITY EMERGENCY DEPARTMENT AOD TRANSFER NO
STANDARD TITLE: TRANSFER SUMMARIZATION NOTE
DATE OF NOTE: APR 21, 2021@21:43 ENTRY DATE: APR 21,
2021@21:43:39

AUTHOR: CLARK, JEAN E EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

*** INTER-FACILITY EMERGENCY DEPARTMENT AOD TRANSFER NOTE Has ADDENDA

Transfer In

The attending physician of record for this patient care encounter is
Dr. Turner,J

Patient's name: CAMPBELL,RONALD CLARK
Social Security #: 546-80-2701
VA PCP:

Outside Facility Name: VAMC Mather
Referring Physician: Doma
Pager/Contact number: (916)366-5490

Reason for Transfer of Care:
Diagnostic work-up: Dyspnea

TRANSFERRING DATA:

DATE AND TIME OF TRANSFER Apr 21,2021@23:00
ACCEPTING PHYSICIAN: Turner,J
ACCEPTING PHYSICIAN PAGER: (415)750-2052

NAME OF NURSING SUPERVISOR INVOLVED: Mae Hammer
NOTIFIED AT: Apr 21,2021@20:20

Ambulance transport has been ordered by: Mather VA
ETA: Apr 22,2021@00:50

/es/ Jean E Clark
Administrator On Duty
Signed: 04/21/2021 21:56

04/21/2021 ADDENDUM STATUS: COMPLETED
Per Mather VA Doctor, patient will not be transferring to SF VAMC.

/es/ Jean E Clark

Administrator On Duty

Signed: 04/21/2021 22:34

Primary Care Secure Messaging

Details

Date entered: April 21, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAE

Signed by: BEHESHTEH NAKHAE

Date signed: April 21, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: APR 21, 2021@19:02:19 ENTRY DATE: APR 21,
2021@16:02:20

AUTHOR: NAKHAE, BEHESHTEH

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 04/20/2021 12:29 AM

From: CAMPBELL, RONALD CLARK

To: **Nakhaee, B (Primary Care) - Mather

Subject: Budesonide

160/FORMOTER 4.5MCG 120D INH

RX#25872521

I no

longer see this medication listed for reorder. Was it discontinued?

Ron Campbell

-----Original Message-----

Sent: 04/21/2021 07:02 PM
From: NAKHAEE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Budesonide

Hello,
It was renewed for you.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAEE
Primary Care Physician
Signed: 04/21/2021 16:02

Emergency Dept Clinician Note

Details

Date entered: April 21, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ANAMIKA K DOMA
Signed by: ANAMIKA K DOMA
Date signed: April 21, 2021

Note

LOCAL TITLE: Emergency Dept Clinician Note
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: APR 21, 2021@17:39 ENTRY DATE: APR 21,
2021@17:39:30
AUTHOR: DOMA, ANAMIKA K EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

SACRAMENTO MATHER EMERGENCY DEPARTMENT VISIT NOTE

APR 21, 2021

Age:71 Sex: MALE Race:WHITE

CHIEF COMPLAINT / HISTORY OF PRESENTING ILLNESS:

71y/o MALE with hypertension, diabetes, A. fib (on Pradaxa), COPD, PE, and prostate cancer c/o increasing shortness of breath with talking and walking for the past 3 days. Patient states that he had similar symptoms of shortness of breath one month ago when he went to Kaiser Roseville and had 2 cardiac arrests which resulted in 2 stents being placed. Patient quit smoking in the past. Denies fever/chills, dysuria, n/v/d, productive cough, or CP/SOB/abdominal pain.

ROS: All 13 systems are negative unless otherwise stated above in HPI.

PAST HISTORY:

Per CPRS & previous notes.

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant KYOUNG	12/31/19	HAN,ELDI
on pradaxa (afib/CVA risk reduction, and hx of PE)		
2. Obstructive sleep apnea syndrome PANOSSIAN,LORI	09/30/19	
3. AF- Atrial Fibrillation (SCT 49436004) KYOUNG	06/20/19	HAN,ELDI
Dx 6/2019		
4. Pulmonary embolism KYOUNG	06/20/19	HAN,ELDI
5. Hypertension (SNOMED CT 38341003) KYOUNG	01/23/20	HAN,ELDI
Added from station 654 as a result of CBOC move.		
6. OA - Osteoarthritis (SCT 396275006) Added from station 654 as a result of CBOC move.	09/30/19	LWIN,HTWE H

7. Prostate cancer (SNOMED CT 254900004) KYOUNG Added from station 654 as a result of CBOC move.	12/03/19	HAN, ELDI
8. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON Added from station 654 as a result of CBOC move.	09/21/20	
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
10. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
11. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
12. Dysthymia BAHTEN, REGINA S	02/08/16	
13. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
15. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
16. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	01/25/21	
17. Chronic obstructive lung disease FIECHTNER, BRIDG "severe" (nonVA)	06/24/19	
18. Benign hypertension	11/26/13	CHANG, MYO S
19. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
20. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	
21. Headache (SNOMED CT 25064002) REMLER, MICHAEL	02/04/16	
22. Carcinoma, Prostate	11/26/13	CHANG, MYO S
23. Arthralgias NOS	11/26/13	CHANG, MYO S
24. Impotence	11/26/13	CHANG, MYO S
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

ALLERGIES: PENICILLIN, PREDNISONE, METFORMIN

MEDS: Per CPRS: reconciliation not completed

Computer is the source for the following medication list:

VERAPAMIL HCL 120MG SA TAB Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING
FOR

MIGRAINE PROPHYLAXIS

DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: TAKE ONE CAPSULE BY MOUTH TWICE
A

DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN
MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.

CHOLECALCIF 50MCG (D3-2,000UNIT) TAB Sig: TAKE ONE TABLET BY MOUTH ONCE
DAILY

- FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.

GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML Sig: INJECT 300 MG (3 ML) UNDER
THE

SKIN ONCE A MONTH - TO PREVENT HEADACHES.

ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY -
TO

LOWER CHOLESTEROL.

LOSARTAN 50MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD
PRESSURE

(REPLACES LISINAPRIL)

FROVATRIPTAN 2.5MG TAB PKG 9 Sig: TAKE ONE TABLET BY MOUTH AS DIRECTED AS
NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE
AFTER

2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS

PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -
FOR
STOMACH ACID.

SOCIAL HX: past smoker, no significant etoh/drug hx

PHYSICAL EXAMINATION:

VITALS: 04/21/2021 16:00 BP:174/74 HR:65 Wt:----

RR: 18 (04/21/2021 16:00)

Temp: 97.4 F [36.3 C] (04/21/2021 16:00)

Pox: %RA Measurement DT P0x
(L/MIN)(%)

12/03/2019 12:40 98

12/28/2018 09:36 98

General: A/Ox3, NAD, pleasant, calm & cooperative. Patient speaking full sentences. No acute respiratory distress.

HEENT: NC/AT, MMM's, oropharynx clear, nares patent, no discharge.

Neck: Supple, nml ROM.

CV: RRR, no MRG.

Lungs: BS=bilat, no rales, or rhonchi. Mild bilateral wheezing.

Abd: Soft, NT/ND, nml BS's, no guarding/rebound.

Ext: MAEx4, no LE edema.

Skin: Nml color, dry, and warm.

Neuro: No focal deficits, strength & sensation grossly intact.

EKG: NSR@85 bpm, normal axis, T-wave inversions in leads II, III, AVF. No prior

EKGs in CPRS.

LABORATORY VALUES:

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
08/04/2020 08:39	BLOOD	6.3	16.7	50.7	92.0	32.9	287
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	95.5	32.0	282

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
11/10/2020 08:43	PLASMA			1.02			
08/04/2020 08:39	PLASMA	114	15	0.89	138	4.1	103

27

** Additional Results available outside occurrence limit **

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN T.	BIL	PROTEIN
08/04/2020 08:39	PLASM	34	30	73	4.7	0.9	7.2
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9	6.8

SCL1 - UA

Collection DT	Spec	COLOR	SP.GRAV	UROBILI	BILIRUB	KETONES	GLU
08/04/2020 08:40	URINE	Yellow	1.026	<0.2 L	Negative	Negative	Negative

MIC - Microbiology

Collected: 05/24/2014 04:31 Acc: BC 14 1907

Collection Sample: AER/ANAER BLD CUL

Site/Specimen: BLOOD

Comment on Specimen: LA

Bact Report: FINAL

Remarks: Prelim. Rpt: NO GROWTH TO DATE (bottles continuously monitored)

Prelim. Rpt: NO GROWTH TO DATE (bottles continuously monitored)

Final Report: NO GROWTH AFTER 5 DAYS

GLUCOSE (FINGER-STICK): 88

IMAGING:

04/21/2021

17:41DateProcedureCPTStatusCase #

04/21/2021 CHEST 1 VIEW 71045 Verified 1970

No acute cardiopulmonary process.

4/21/2021 4:42 PM

11/10/2020 CT CHEST - LOW DOSE 71250 Verified 1245

Unchanged multiple lung nodules.

Recommend 12 month follow-up.

11/10/2020 3:23 PM

11/10/2020 CORONAL, SAGITTAL, AXIAL, 3D 76376 Verified 1246

RECONSTRUCTION

11/10/2020 CT ANGIO ABDOMEN AND PELVIS 74174 Verified 1244

Extensive atherosclerosis with unchanged left common iliac 22 x 21 mm aneurysm.

Unchanged renal cysts. Diverticulosis. Other chronic findings.

Please see CT chest for lung nodule descriptions.

11/10/2020 3:38 PM

MEDS DISPENSED IN EMERGENCY DEPARTMENT: per orders

ED COURSE:

PCP added as additional signer to this note to assist with continuity of care.

21:53 Dr. John Chung (Kaiser EPRP) accepts patient for admission and transfer to

Kaiser Sacramento. Job ID number 3530261696.

DIFFERENTIAL/Medical Decision Making:

r/o PNA, UTI, electrolyte abn, anemia, dehydration, MI, PE

IMPRESSION/PROBLEM LIST:

1. Dyspnea
2. Coronary artery disease
3. Cardiac stents

ED PLAN/RECOMMENDATIONS:

1. Admit and transfer to Kaiser Sacramento.

Treatment and plan discussed and agreed upon with the patient.
Disposition: Admit and transfer to Kaiser Sacramento.
Condition: stable.

/es/ Anamika K. Doma, DO
Physician, Emergency Medicine
Signed: 04/21/2021 22:55

Receipt Acknowledged By:
04/22/2021 07:48 /es/ BEHESHTEH
NAKHAEE
Primary Care
Physician

Nursing Emergency Dept Note

Details

Date entered: April 21, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JAMES ALLEN GARCIA
Signed by: JAMES ALLEN GARCIA
Date signed: April 21, 2021

Note

LOCAL TITLE: Nursing Emergency Dept Note
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: APR 21, 2021@16:20 ENTRY DATE: APR 21,
2021@16:20:38
AUTHOR: GARCIA, JAMES ALLEN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Nursing Emergency Dept Note Has ADDENDA ***

1620 Pt to room 11, Pt on monitor and V'S done.

1621 Pt assessed, pt C/O SOB on exertion

MODE OF ARRIVAL: Ambulatory

=====

LOC/MENTAL STATUS: Alert and oriented x4. Calm, cooperative.

MOBILITY: Independent

NEURO: Moves all extremities equally. Speech clear and appropriate. Follows verbal instructions. GCS: 15

RESPIRATORY: RRR 18, unlabored. Room air. LS clear and equal bi-lat

CARDIOVASCULAR: Rhythm: SR. Radial pulses palpable and strong. Cap refill <2 seconds.

MUSCULOSKELETAL: WNL

GASTROENTESTINAL: Flat, soft, non-tender.

GENITOURINARY: Voids without difficulty. Yellow, clear.

SKIN: Color normal for ethnicity, warm, dry.

Extremities: + Distal pulses, no edema.

ENVIRONMENTAL SAFETY: Bed low and locked. Adequate lighting. Call light within reach. Siderails up x2.

=====

IV ACCESS

20ga LAC placed in ED. Dressing and site CDI. Secured with transparent dressing.

Started this shift.Flushes without difficulty.

=====

NURSING NOTES

EKG done in triage

1635 IV started and labs drawn

1640 MD at bedside

1730 Pt resting comfortably in bed. No change in pt condition

1845 Pt swabbed for Covid

1846 Pt to CT via wheelchair

1900 Pt returned from CT, pt reassessed, no change in pt condition.

1910 D dimer redrawn

1955 Verbal report to Zach RN

/es/ James Allen Garcia, RN

Nurse ED Mather

Signed: 04/21/2021 20:02

04/21/2021 ADDENDUM

STATUS: COMPLETED

CAMPBELL, RONALD CLARK Age: 71 DOB: APR 11, 1950 MALE

546-80-2701

Allergies: PENICILLIN, PREDNISONE, METFORMIN

RESUSCITATION STATUS: Full Code/Full Care

CC: SOB with exertion

NEUROLOGICAL ASSESSMENT:

ORIENTATION:

Pt. is oriented to: person, place, time and events.

BEHAVIOR:

Pt. behavior is: alert, calm.

SPEECH:

Pt. speech is: appropriate, clear.

SAFETY

Bed in low position.

Call bell within reach.

ID armband on patient.

MD:

Narrative:

Report received from James G RN. All questions addressed. Pt care assumed.

Pt in

no current distress, able to speak in full sentences, no increased WOB noted.

Capillary refill <3 seconds.

pt. placed on continuous cardiac monitor.

Resp

RESPIRATORY ASSESSMENT:

LUNG SOUNDS:(x) clear

() crackles

() wheezes

() rhonchi

() diminished:

BREATHING PATTERNS: Effort: equal, unlabored

☒ normal
☐ labored
☐ dyspnea
☐ cough
☐ O₂:
☐ apneic

COUGH: ☒ No cough
☐ Cough
 ☐ Non-productive
 ☐ Productive
 ☐ Sample sent

OXYGEN: ☒ Room air
☐ 2L via nasal canula
☐ Face Mask
☐ Non-rebreather
☐ BiPap:
☐ High Flow Nasal Canula
☐ Mechanical Ventilation:

Cardiac

CARDIOVASCULAR ASSESSMENT:

EKG: ☒ Yes, reviewed by MD
☐ No

- Rhythm Analysis: NSR
- Rate:
- Ectopy: None

Heart sounds: S1, S2

Pulses:

Radial:	Right:2 - Normal	Left:2 - Normal
Dorsalis Pedis:	Right:2 - Normal	Left:2 - Normal

Edema: ☒ none ☐ present:

Skin: ☒ WNL
☒ intact

() other:

Color: (x) Normal
() pale
() cyanotic
() jaundice
() ashen

Condition:
() cool
(x) warm
() hot
(x) dry
() moist
() diaphoretic

Turgor: (x) normal
() flaccid
() tight

2030:

pt. medicated for, see BCMA for further details

20G to IV Lt AC

[X] flushed, patent, Saline Locked.

[X]Site CDI, WNL

[X]Curos Caps applied.

Dated Apr 21,2021

VSs updated on coversheet

2300: Pt. Bay Medic Ambulance #708 ALS pick up pt. Report called to Kaiser Sacramento. all belongings with patient.

/es/ Zachery A. Bohn, RN, BSN

Nurse, ED/SAC

Signed: 04/21/2021 23:16

Nursing Emergency Dept Triage

Details

Date entered: April 21, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: QUICHI NGO

Signed by: QUICHI NGO

Date signed: April 21, 2021

Note

LOCAL TITLE: Nursing Emergency Dept Triage
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT TRIAGE NOTE
DATE OF NOTE: APR 21, 2021@16:00 ENTRY DATE: APR 21,
2021@16:13:13
AUTHOR: NGO,QUICHI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Emergency Department/Urgent Care Center Triage

Patient age:71 Sex: MALE

On arrival patient was: AMBULATORY , WHEELCHAIR

Patient phone number: (206)295-2554 PHONE NUMBER [CELLULAR] - (206)295-2554

Allergies: PENICILLIN, PREDNISONE, METFORMIN

Subjective/Chief Complaint:

"sob on exertion x 3 days" Pt stated he was coded x 2 times on 3/24 (Kaiser Roseville Hospital) and had 2 cardiac stents as the result. Pt denies n/v/f/c/dizziness.

Objective:

clear speech, fully awake, aaox4 gcs 15. EKG done given to MD Bies, Chart to

MD

Doma. Pt to ER 11, report to James RN

The patient is not a fall risk.

Vital Signs

Vitals - most recent

BMI: 28.4

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Weight: 192 lb [87.3 kg] (12/03/2019 12:34)

Temperature

97.4 F (36.3 C)

Pulse

65

Respirations

18

Blood Pressure

174/74

Pain scale recorded:

0

Pulse Oximetry 96 Room Air

Emergency Severity Index (ESI) level

Level 2

Current Medications:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
2)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
3)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS	ACTIVE
4)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG	ACTIVE

(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.

5)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
6)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
7)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
8)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE

Pending Outpatient Medications

Status

1)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	PENDING
2)	CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY TO THIN BLOOD.	PENDING
3)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	PENDING

Active Non-VA Medications

Status

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE
2)	Non-VA DIHYDROERGOTAMINE *HAZ* INJ,SOLN 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE

13 Total Medications

Current Problems:

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant KYOUNG	12/31/19	HAN,ELDI
on pradaxa (afib/CVA risk reduction, and hx of PE)		
2. Obstructive sleep apnea syndrome PANOSSIAN,LORI	09/30/19	

3. AF- Atrial Fibrillation (SCT 49436004) KYOUNG Dx 6/2019	06/20/19	HAN, ELDI
4. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
5. Hypertension (SNOMED CT 38341003) KYOUNG Added from station 654 as a result of CBOC move.	01/23/20	HAN, ELDI
6. OA - Osteoarthritis (SCT 396275006) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
7. Prostate cancer (SNOMED CT 254900004) KYOUNG Added from station 654 as a result of CBOC move.	12/03/19	HAN, ELDI
8. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON Added from station 654 as a result of CBOC move.	09/21/20	
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
10. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
11. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
12. Dysthymia BAHTEN, REGINA S	02/08/16	
13. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
15. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
16. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	01/25/21	
17. Chronic obstructive lung disease FIECHTNER, BRIDG "severe" (nonVA)	06/24/19	
18. Benign hypertension	11/26/13	CHANG, MYO S

19. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
21. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
22. Carcinoma, Prostate	11/26/13	CHANG, MYO S
23. Arthralgias NOS	11/26/13	CHANG, MYO S
24. Impotence	11/26/13	CHANG, MYO S
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

Coronavirus Disease 2019 (COVID-19) Screen

The patient was asked if in the last 14 days they have had new onset of any

COVID-19 symptoms. They report the following:

Within the past 14 days, the patient reports no exposure to someone with a febrile/respiratory illness or someone with a known or suspected case of COVID-19 (within 6 feet for > 15 minutes).

Result:

Screen is negative.

Suicide Screen:

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go

to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention

of

acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or

prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

MENTAL STATUS:

Level Of Awareness: Alert

Oriented To: Person,place,date,situation.

Accucheck Glucose Level

MG/DL: 88

Female of Child-bearing age (< 52 yo)?

NO

DOMESTIC VIOLENCE SCREEN

Are you living in a home where you have been hit, kicked, verbally or sexually

threatened by someone recently?

No

SEPSIS SCREEN

Does the patient meet Two or more of the following parameters?

Temperature >100.4 F (38C) F or <96.8 F (36C)

Acute altered mental status GCS <15

Heart Rate >90 bpm

Respirations >20 bpm
WBC >12k or <4K (if known)

OR

Any one of the following:
SBP < 90 mmHg
SBP drop of 40mmHg from baseline
NO

/es/ Quichi Ngo, RN
Nurse ED/SAC
Signed: 04/21/2021 16:21

TCP Telephone Care Staff Note

Details

Date entered: April 21, 2021
Location: MARTINEZ VA MEDICAL CENTER
Written by: ALEXANDRA A VAN SICKLE
Signed by: ALEXANDRA A VAN SICKLE
Date signed: April 21, 2021

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 21, 2021@13:46:16 ENTRY DATE: APR 21,
2021@14:06:27
AUTHOR: VAN SICKLE, ALEXANDR EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Caller Response: ER-VA

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Shortness Of Breath

Comments:

MSa/CLERK COMMENT:PT FEELS WINDED OVER VERY SMALL TASKS. TWO PREVIOUS
HEART

ATTACKS ON 3/24/21.

BEST CONTACT 206.295.2554

Triage Note

Phone Triage

Wed Apr 21 2021 13:53:39 GMT-0700 (Pacific Daylight Time)

Demographics

71 y/o Male

Results

CC: Shortness Of Breath

Nurse Recommendation: Now

TEDP Suggestion: Now

Nurse Recommended Follow-up Location: Emergency department, VA

TEDP Suggested Follow-up Location: Emergency department, VA

Values and Measures

SBP: 163 mmHg

Temperature: 98.0 Fahrenheit

Pulse: 71 bpm

Pain scale: denies pain

Duration of CC: 3 Days

Positive Responses

HPI: cough, new or worsening
HPI: dyspnea, moderate to severe
HPI: symptoms similar to past heart attack
PMH: heart attack
PMH: pulmonary embolism

Negative Responses

Denies: HPI: blue discoloration, lips or nail beds
Denies: HPI: chest pain, new or worsening
Denies: HPI: chest pain, pleuritic
Denies: HPI: dyspnea, sudden onset
Denies: HPI: hemoptysis
Denies: HPI: leg swelling, unilateral
Denies: HPI: mental status change, confusion
Denies: HPI: syncope, with dyspnea
Denies: HPI: wheezing, new or worsening

Veteran Education

Verbal Education Provided:

Based on your responses, you should be treated in the emergency room.

Take action:

You need to see a provider now or your condition could worsen.
Consider calling an ambulance.

Nursing Note

S: c/o worsening SOB with any activity

B: 71 y/o male with PMH of:

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant KYOUNG	12/31/19	HAN, ELDI
on pradaxa (afib/CVA risk reduction, and hx of PE)		
2. Obstructive sleep apnea syndrome PANOSSIAN, LORI	09/30/19	
3. AF- Atrial Fibrillation (SCT 49436004) KYOUNG	06/20/19	HAN, ELDI
Dx 6/2019		
4. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI

5. Hypertension (SNOMED CT 38341003) KYOUNG	01/23/20	HAN, ELDI
Added from station 654 as a result of CBOC move.		
6. OA - Osteoarthritis (SCT 396275006) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
7. Prostate cancer (SNOMED CT 254900004) KYOUNG	12/03/19	HAN, ELDI
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8. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	09/21/20	
Added from station 654 as a result of CBOC move.		
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/19	LWIN, HTWE H
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10. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
11. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
12. Dysthymia BAHTEN, REGINA S	02/08/16	
13. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
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16. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON	01/25/21	
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"severe" (nonVA)		
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19. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
20. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	
21. Headache (SNOMED CT 25064002) REMLER, MICHAEL	02/04/16	
22. Carcinoma, Prostate	11/26/13	CHANG, MYO S
23. Arthralgias NOS	11/26/13	CHANG, MYO S

24. Impotence	11/26/13	CHANG, MYO S
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

Veteran was at Kaiser for MI and PE/DVT per Veteran end of march.

A: veteran reports he has been having persistent cough and used to cough up clear phlegm, currently he is having dry cough only. Veteran states he starts coughing any time he take a deep breath in. Veteran reports moderate to severe shortness of breath with regular activity such as walking from his car to the front door of his house. veteran states his SOB is intermittent. At times he is able to go walking with his dog and does not have SOB. Veteran called today and reports having severe shortness of breath while at a grocery store earlier today. Veteran denies f/c/n/v/d, denies HA, denies exposure to COVID, denies wheezing, denies palpitations, denies chest pain, denies edema. denies changes with bowel/bladder function, denies blood in stool or urine.

R: TEDP Now. Advised Veteran to go to SAC VA ED for further evaluation. FYI to PCP and CMRN.

Author: VAN SICKLE, ALEXANDRA A

Evaluation/Management Code: HC PRO PHONE CALL 21-30 MIN (98968).
Original call started at: APR 21, 2021 @ 13:39 (Call was suspended)
- LENZMEIER, ALLISON DIANE APR 21, 2021@13:39:56 - APR 21, 2021@13:43:16

Ending at: 4/21/2021 @ 2:04:55 PM
Length: 21 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Alexandra Van Sickle, RN,MSN,CRRN, PHN

Alexandra A Van Sickle

Signed: 04/21/2021 14:38

Receipt Acknowledged By:

04/21/2021 17:01 /es/ Rochelle Boquiren Finnegan,
RN

Staff

Nurse

04/21/2021 16:29 /es/ BEHESHTEH
NAKHAE

Primary Care

Physician

Community Care-Coordination Plan

Details

Date entered: April 20, 2021

Location: MARTINEZ VA MEDICAL CENTER

Written by: MELINDA ANN BUCKMASTER

Signed by: MELINDA ANN BUCKMASTER

Date signed: May 18, 2021

Note

LOCAL TITLE: Community Care-Coordination Plan

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: APR 21, 2021@00:01 ENTRY DATE: MAY 18,
2021@14:14:59

AUTHOR: BUCKMASTER,MELINDA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Veteran self-presented to community emergency facility

Emergency Notification Intake

Date Presenting to the Facility: Apr 21,2021

Community Care Hospital Name:

Hospital: KAISER PERMANENTE MORSE

Address:

City: SACRAMENTO

State: CA

Zip Code: 95825

Phone :

Chief complaint: SHORTNESS OF BREATH (Primary Dx)

Primary Diagnosis:

Patient Admitted? No

Community Facility Point of Contact:

Name:

Phone:

ER ONLY 04/21/2021

DC'D

MR IN JLV

NOTIF ID # C-202105171338000308 Closed - Submit for 1725/1728

/es/ Melinda Ann Buckmaster

PROGRAM SUPPORT ASSISTANT

Signed: 05/18/2021 14:18

Receipt Acknowledged By:

05/19/2021 08:10 /es/ Barbara Jean Febbo-Wilson,
M.D.

Primary Care

Physician

Primary Care Secure Messaging

Details

Date entered: April 20, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** BEHESHTAH NAKHAEI

Signed by: BEHESHTEH NAKHAE**Date signed:** April 20, 2021**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 20, 2021@19:35:52 ENTRY DATE: APR 20,
2021@16:35:52
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/20/2021 02:49 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: RX 26102149 CLOOIDOGREL BISULFATE

I received the 30 day supply.
There are no refills remaining

Kaiser Cardio care advises me that I should be on this medication for 12 months before I'm reevaluated to stop taking it.

I order to avoid future prescription emergencies in the near future having some refills available would be helpful. With a 30 day fill I usually try and reorder two weeks prior to my next required delivery.

Thanks

Ron Campbell

-----Original Message-----

Sent: 04/20/2021 07:35 PM
From: NAKHAE, BEHESHTEH
To: CAMPBELL, RONALD CLARK

Subject: RX 26102149 CLOOIDOGREL BISULFATE

no problem.

it is ordered for you. Just double check that you are on Eliquis and Plavix

both per cardiology recommendation at Kaiser? I appreciate if you could provide

us their written recommendations since I am ordering them.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAE

Primary Care Physician

Signed: 04/20/2021 16:35

Anticoag Telephone Note 60019

Details

Date entered: April 20, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: GREGORY H ONO

Signed by: GREGORY H ONO

Date signed: April 20, 2021

Note

LOCAL TITLE: Anticoag Telephone Note 60019

STANDARD TITLE: PHARMACY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: APR 20, 2021@10:36 ENTRY DATE: APR 20, 2021@10:36:11

AUTHOR: ONO, GREGORY H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

SUBJECTIVE:

Indication:

Age 65-74 ----- 1 point

Details: h/p PE

Indefinite/extended (no anticipated stop date)

Adherence (overdue for refill)

DOAC adherence assessed: Concerns about adherence

Pt has no refills on current rx, will renew order.

/es/ Gregory H. Ono, Pharm.D.

Anticoagulation Clinical Pharmacy Specialist

Signed: 04/20/2021 10:42

Primary Care Secure Messaging

Details

Date entered: April 16, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** BEHESHTEH NAKHAE**Signed by:** BEHESHTEH NAKHAE**Date signed:** April 16, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 16, 2021@15:39:26 ENTRY DATE: APR 16,
2021@12:39:27
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/16/2021 11:42 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: General Inquiry

FYI I received a call from Primary Care Mental Health.
I have been assigned help from the Oakland VA medical center via either
phone
or video beginning in the next few weeks.
mThanks for your action. It is very much appreciated

Ron

-----Original Message-----

Sent: 04/16/2021 03:38 PM
From: NAKHAEE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: General Inquiry

You are Welcome. I am glad that have been cared.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAEE
Primary Care Physician
Signed: 04/16/2021 12:39

PCMHI Primary Care Mental Health Consult

Details

Date entered: April 15, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MELISSA E DORVAL
Signed by: MELISSA E DORVAL
Date signed: April 15, 2021

Note

LOCAL TITLE: PCMHI Primary Care Mental Health Consult
STANDARD TITLE: MENTAL HEALTH CONSULT
DATE OF NOTE: APR 15, 2021@12:17 ENTRY DATE: APR 15,
2021@12:17:51
AUTHOR: DORVAL, MELISSA E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Primary Care Mental Health Integration (PC-MHI) Assessment

The following identifiers were used to identify the Veteran:

Full Name

Full Date of Birth/Last Four of SSN

REFERRED BY: PACT RNCM

REASON FOR REFERRAL: Depression, anxiety, acute stress

VISIT DURATION: 21-30 minutes (telephone)

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 60

BACK STRAIN

20%

S/C

KNEE CONDITION

10%

S/C

KNEE CONDITION

10%

S/C

TRAUMATIC ARTHRITIS

10%

S/C

IMPAIRMENT OF FEMUR

10%

S/C

LOWER LEG CONDITION

20%

S/C

PRIMARY CONCERN:

The veteran reported as his primary concern acute stress related to recent major cardiac events.

SCREENINGS/MEASURES:

PHQ-9: 16

GAD-7: 17

C-SSRS: Negative

FUNCTIONAL ASSESSMENT:

Sleep:

--Poor, waking most nights at 1-2am with anxiety/worry

Close Relationships:

--Denies impairment, reports supportive relationship with wife

Health/Medical Concerns:

--Hx of multiple medical comorbidities (HTN, afib, chronic PE, DMII, OSA, COPD,

vitD deficiency, obesity

--MI with 2 successive cardiac arrests approximately 12 days ago, also stent

placement

Pain:

--Hx of chronic cluster headaches, though seemingly resolved since recent stent

placement

PAST MENTAL HEALTH HISTORY:

Diagnoses (per JLV review):

--Depressive disorder, Adjustment disorder with mixed emotional features, Dysthymia

Medications (per JLV review):

--amitriptyline, divalproex, lithium, nortriptyline, topiramate

Psychotherapy (per veteran & JLV review):

--Seattle VA (2011-2012), Mather GMH (sporadic 2014-2016, brief 2019)

Hospitalizations:

--Denied, none evident through chart review

SUBSTANCE USE:

Caffeine:

--2 cups of coffee per day

Tobacco:

--Denied

Alcohol:

--Denied

Cannabis:

--Denied

Illicit Drugs:

--Denied

RISK ASSESSMENT:

C-SSRS screening today was negative. The veteran denied any active suicidal or homicidal ideation, plan, or intent. The veteran denied any passive death wish.

The veteran denied any history of suicidal behavior or attempts. The veteran did not endorse nor present with any acute distress during our interaction today, nor did the veteran appear to present an imminent safety risk at the time of this assessment.

MENTAL STATUS EXAM:

Orientation:

--Alert & oriented x4 (person, place, time, situation)

Appearance:

--N/A, telephone

Demeanor:

--Polite, friendly, & cooperative

Mood:

--Calm & pleasant throughout assessment

--Reported mood stressed, depressed, anxious

Affect:

--N/A, telephone

Thought Process:

--Linear & goal-directed

Thought Content:

--No evidence of delusions, obsessions, grandiosity, or ruminations

Perceptions:

--No evidence of hallucinations (A/V/O/T)

Speech:

--Speech clear & coherent with normal rate, rhythm, & volume

Cognitive Deficits/Memory Impairment:

--None apparent, not formally assessed

Judgment/Insight:

--Intact & safe

ASSESSMENT SUMMARY:

Campbell, Ronald Clark is a 71 year old male veteran referred to PCMHI for assessment and management of depression and anxiety symptoms in the context of

acute stress. The veteran reported that approximately 12 days ago he experienced

an MI, which prompted emergency transport to Kaiser for a stent placement. During the procedure, he experienced cardiac arrest and required resuscitation.

Approximately 1-2 hours later, during transport from post-op to the ICU, he

experienced another cardiac arrest requiring resuscitation.

Measurement-based screening today suggested moderately severe current symptoms

of depression and severe current symptoms of anxiety. The veteran noted onset of

poor sleep maintenance since his recent cardiac events, waking most nights at 1-

2am with anxiety and worry. He noted feeling poorly rested during the day, with

fatigue especially in the afternoons leading to napping.

We discussed the role of PCMHI in PACT as well as the services available through

PCMHI, including brief psychotherapy, peer support, care management, medication

management, and groups/classes. We also discussed modalities of follow-up

including in-person appointments, VVC appointments, and telephone appointments.

The veteran reported past experience with CBT for his mood, which he found to be very helpful. He requested today brief psychotherapy with PCMHI with a goal of reviewing CBT principles and learning new coping skills to address his acute stress. The RNCM will assist with coordination of soonest available appointment, given the acuity and severity of current symptoms.

INTERVENTIONS:

Limits of confidentiality, risks, benefits, and side effects of psychiatric medications and/or therapy were discussed with the patient. The patient expressed understanding and the willingness to take medications and/or engage in treatment.

Veteran provided with RNCM's contact information and information for accessing emergency services (Veterans Crisis Line, 1-800-273-8255, VA or local hospital).

Veteran's questions and/or concerns were addressed.

FOLLOW-UP PLAN:

Veteran referred for brief psychotherapy with a PCMHI provider, with a goal of reviewing CBT principles and learning new coping skills to address his acute stress.

/es/ Melissa E. Dorval, RN BSN
Nursing Service
Signed: 04/15/2021 15:15

Receipt Acknowledged By:

04/20/2021 15:15 /es/ JASON MARK
THOMPSON

PSYCHOLOGIST

Mental Health Diagnostic Study Note

Details

Date entered: April 15, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MELISSA E DORVAL**Signed by:** MELISSA E DORVAL**Date signed:** April 15, 2021

Note

LOCAL TITLE: Mental Health Diagnostic Study Note

STANDARD TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE

DATE OF NOTE: APR 15, 2021@12:16:48 ENTRY DATE: APR 15,
2021@12:16:43

AUTHOR: DORVAL, MELISSA E

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient Health Questionnaire - 9 (PHQ-9)

Date Given: 04/15/2021

Clinician: Dorval, Melissa E.

Location: Sac Pcmhi Sd

Veteran: Campbell, Ronald Clark

SSN: xxx-xx-2701

DOB: Apr 11, 1950 (71)

Gender: Male

PHQ-9 Depression Scale Score: 16

The total score may range from 0 to 27.

Total Score	Depression Severity
-----	-----
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Questions and Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
More than half the days
2. Feeling down, depressed, or hopeless
More than half the days
3. Trouble falling or staying asleep, or sleeping too much
Nearly every day
4. Feeling tired or having little energy
Nearly every day
5. Poor appetite or overeating
Not at all
6. Feeling bad about yourself or that you are a failure or have let yourself
or your family down
Several days
7. Trouble concentrating on things, such as reading the newspaper or watching television
Nearly every day
8. Moving or speaking so slowly that other people could have noticed. Or the
opposite being so fidgety or restless that you have been moving around a lot
more than usual
More than half the days
9. Thoughts that you would be better off dead or of hurting yourself in some

way

Not at all

10. If you checked off any problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home or get along with other people?

Extremely difficult

Information contained in this note is based on a self report assessment and is not sufficient to use alone for diagnostic purposes. Assessment results should be verified for accuracy and used in conjunction with other diagnostic activities.

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Generalized Anxiety Disorder, 7 items

Date Given: 04/15/2021

Clinician: Dorval, Melissa E.

Location: Sac Pcmhi Sd

Veteran: Campbell, Ronald Clark

SSN: xxx-xx-2701

DOB: Apr 11, 1950 (71)

Gender: Male

GAD-7 score: 17

A low score indicates the absence of anxiety, a high score indicates the presence of anxiety symptoms; the range is 0 to 21. A score of 15 or greater is considered clinically significant, meriting active treatment for anxiety. A score of 10 to 14 indicates a condition that should be carefully evaluated.

Questions and Answers

1. Feeling nervous, anxious or on edge
More than half the days
2. Not being able to stop or control worrying
Nearly every day
3. Worrying too much about different things
More than half the days
4. Trouble relaxing
Nearly every day
5. Being so restless that it is hard to sit still
Several days
6. Becoming easily annoyed or irritable
Nearly every day
7. Feeling afraid as if something awful might happen
Nearly every day

Information contained in this note is based on a self-report assessment and is not sufficient to use alone for diagnostic purposes. Assessment results should be verified for accuracy and used in conjunction with other diagnostic activities and procedures.

Columbia Suicide Severity Rating Scale (C-SSRS)

Date Given: 04/15/2021

Clinician: Dorval, Melissa E.

Location: Sac Pcmhi Sd

Veteran: Campbell, Ronald Clark

SSN: xxx-xx-2701

DOB: Apr 11, 1950 (71)

Gender: Male

Suicidal Ideation in Past Month: None endorsed

Method/Plan/Intent in Past Month: No method, no specific plan, and no intent

Suicidal Behavior: No Past Suicidal Behavior Reported

KEY INDICATORS:

Questions and Answers:

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Not asked (due to responses to other questions)

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Not asked (due to responses to other questions)

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Not asked (due to responses to other questions)

6. If yes, at any time in the past month did you intend to carry out this plan?

Not asked (due to responses to other questions)

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If yes, was this within the past 3 months?

SKIPPED

Columbia-Suicide Severity Rating Scale (C-SSRS) © 2016 The Columbia Lighthouse Project. Scale may be reproduced without permission.

Information contained in this note is based on a self-report assessment and is not sufficient to use alone for diagnostic purposes. Assessment results should be verified for accuracy and used in conjunction with other diagnostic activities.

/es/ Melissa E. Dorval, RN BSN
Nursing Service
Signed: 04/15/2021 12:16

Neurology Secure Messaging

Details

Date entered: April 13, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LACHERYL LATHAM
Signed by: LACHERYL LATHAM
Date signed: April 13, 2021

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: APR 13, 2021@16:09:50 ENTRY DATE: APR 13, 2021@13:09:50
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/13/2021 04:09 PM
From: LATHAM, LACHERYL
To: CAMPBELL, RONALD CLARK

Subject: General Inquiry

Hi, I am following up the message I left you with this email. Please call 916-843-2732 to schedule an appointment with Dr. Egan. Also, NP Nickerson recommends you stop taking DHE-45 due to the cardiovascular risk. See her message below.

please make a f/u with Dr. Egan at the earliest. Please inform the patient that he should not take DHE-45 d/t cardiovascular risks. He would have been told already by the hospital doctors.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 04/13/2021 12:40

/es/ LaCheryl Latham, MSN, RN-BC
Care Manager, Neurology/SAC
Signed: 04/13/2021 13:09

Neurology Secure Messaging

Details

Date entered: April 13, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LACHERYL LATHAM
Signed by: LACHERYL LATHAM
Date signed: April 13, 2021

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: APR 13, 2021@13:34:59 ENTRY DATE: APR 13,
2021@10:35

AUTHOR: LATHAM, LACHERYL

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 04/06/2021 01:34 PM

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.N

Subject: Dyhydroergotamine Mesylate.

Dr McCraney had requested this medication for me but was turned down.

I was able to secure it from another source.

On 3/24 I had two massive coronary episodes and coded twice.

In reviewing all of my medications impacting cardiovascular constriction I have questions about the DHE-45 Dr McCraney requested.

I need to speak with a neurologist who can describe how DHE-45 works. I am getting info from other medical sources but they are NOT neurologists. I trusted Dr McCraney and urgently need contact with another qualified neurologist.

Thanks

Ron Campbell

-----Original Message-----

Sent: 04/06/2021 02:27 PM

From: LATHAM, LACHERYL

To: CAMPBELL, RONALD CLARK

Subject: Dyhydroergotamine Mesylate.

Hi,

Please call 916-843-2732 to schedule an appointment. We have openings this week.

-----Original Message-----

Sent: 04/12/2021 09:31 AM

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.N

Subject: Dyhydroergotamine Mesylate.

On April 6th I requested an urgent neurologist consultation regarding a cardiovascular issue with current medication(s) and heart attack and stroke risk

This was following two massive heart attacks incurred on 3/26 following a dosage of one of the medications.

HELP!!

Neurologist phone appointment needed.

Please acknowledge receipt of this email.

Regards

Ron Campbell -2701

/es/ LaCheryl Latham, MSN, RN-BC
Care Manager, Neurology/SAC
Signed: 04/13/2021 10:35

Receipt Acknowledged By:

04/13/2021 11:14 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

04/13/2021 ADDENDUM

STATUS: COMPLETED

Cheryl, please make a f/u with Dr. Egan at the earliest. Please inform the patient that he should not take DHE-45 d/t cardiovascular risks. He would have been told already by the hospital doctors.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 04/13/2021 12:40

Receipt Acknowledged By:

04/13/2021 13:09 /es/ LaCheryl Latham, MSN, RN-
BC

Care Manager, Neurology/

SAC

05/13/2021 ADDENDUM

STATUS: COMPLETED

Patient requires 02 for headaches to be renewed by neurology during annual visit. His current order expires June 11, 2021. Thank you.

/es/ Dianne E. Williams, RRT-NPS, CPFT
Respiratory Therapist, Pulmonary Function Lab
Signed: 05/13/2021 14:23

Receipt Acknowledged By:

05/14/2021 09:42 /es/ LaCheryl Latham, MSN, RN-
BC

Care Manager, Neurology/

SAC

Primary Care Secure Messaging

Details

Date entered: April 12, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** BEHESHTAH NAKHAEI**Signed by:** BEHESHTAH NAKHAEI

Date signed: April 12, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 12, 2021@19:36:23 ENTRY DATE: APR 12,
2021@16:36:24
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/12/2021 09:24 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Kaiser Recwnt cardio "Event" Records

Rochelle

All Kaiser files involving the current 'event' should be up to date.

Therefore I can contact them and request copies for the VA.

Can you provide the proper VA destination info (address, contact and phone info) to best assure that they will be received and posted in my VA medical records??

Thanks for all of your help

Ron Campbell -2701

FYI Your name does not yet appear as a direct email contact for direct email in my directory

-----Original Message-----

Sent: 04/12/2021 12:42 PM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: Kaiser Recwnt cardio "Event" Records

Hello Mr. Campbell,

If Kaiser will be sending clinical documentations to VA, please have Kaiser fax
to Primary Care Clinic attn: Beheshteh Nakhaee, MD (PCP) at VA Mather
Primary
Care Clinic (f) 916-366-5376. If it is being mailed the address would be:
Department of Veterans Affairs-NCHCS attn: Dr. Nakhaee 10535 Hospital Way,
Bldg
650, Mather, CA 95655.

Respectfully,
Rochelle Finnegan, RN,MSN,PHN,CCM
RN Care Manager, Primary Care Clinic

-----Original Message-----

Sent: 04/12/2021 07:36 PM
From: NAKHAE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Kaiser Recwnt cardio "Event" Records

Could you please let me if you are taking Verapamil or not? I appreciate if
you
could send the list of your home medications.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAE

Primary Care Physician

Signed: 04/12/2021 16:36

Primary Care Secure Messaging

Details

Date entered: April 8, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ROCHELLE BOQUIREN FINNEGAN**Signed by:** ROCHELLE BOQUIREN FINNEGAN**Date signed:** April 8, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 08, 2021@12:42:18 ENTRY DATE: APR 08,
2021@09:42:19
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/07/2021 04:40 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Mental health referral

Thank you for your service!
This vet needed to know today that help was available. You stepped up
Now I'll step up and do my part as part of "The Team" also.
If He Is for us, who can be against us!

Sometimes we just need a Word, a little encouragement or some help. But
sometimes it's SO HARD TO ASK! And when we do finally step up and ask,
having

people like Rochelle Finnegan on the other end can be the difference between victory and defeat. You're a WINNER! Thanks for being on my side!

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 04/08/2021 09:42

Primary Care Secure Messaging

Details

Date entered: April 7, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROCHELLE BOQUIREN FINNEGAN
Signed by: ROCHELLE BOQUIREN FINNEGAN
Date signed: April 7, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 07, 2021@16:25:28 ENTRY DATE: APR 07, 2021@13:25:29
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/07/2021 01:32 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Mental health referral

Mental health referral

It was clear when I called them at your direction that I was supposed to have a referral but I was finally told that they had appointments this week and would call me back I present at all the information I printed and you that I forgot sleep deprivation nightmares fear and that I've headed into a crisis situation they called me back and said they could get me an appointment June 30 so that's 90 days away I'm done

-----Original Message-----

Sent: 04/07/2021 04:25 PM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: Mental health referral

Good afternoon Mr. Campbell,

I'm glad we spoke today and I sent a message to Primary Care Mental Health Integrated team requesting for one of their members to please reach out to you.

Please expect a call from the PCMHI team. As we spoke earlier I will send a request also for our SW to reach out to you regarding the Durable Power of Attorney and discuss about California's regulation compare to Washington state's regulation. If you need further assistance, please do not hesitate to reach out to me or my PACT.

Respectfully,
Rochelle Finnegan, RN, MSN, PHN, CCM
RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 04/07/2021 13:25

Receipt Acknowledged By:
04/08/2021 14:02 /es/ BEHESHTEH
NAKHAEE
Primary Care
Physician

PACT Telephone Note

Details

Date entered: April 7, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROCHELLE BOQUIREN FINNEGAN
Signed by: ROCHELLE BOQUIREN FINNEGAN
Date signed: April 7, 2021

Note

LOCAL TITLE: PACT Telephone Note
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 07, 2021@13:00 ENTRY DATE: APR 07,
2021@13:12:01
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PACT Telephone Note Has ADDENDA ***

S: Received MyHealthVet secure message from veteran regarding mental health referral.

B: Veteran had requested PCP for MH referral but appointment with GMH is not

until 6/30/21. Veteran had declined/refused appointment as veteran had requested to speak with someone sooner than 6/30/21.

A: RNCM responded and called veteran who verified full name/SSN. Veteran A/0 x

3, speaks clearly and appropriately. Veteran did not sound in any distress during the phone conversation but needed assistance to connect with someone at

VA GMH. However, veteran stated was informed that he needed to schedule an appointment and was given 6/30/21 which veteran declined and refused.

Veteran

informed RNCM that he would prefer to speak with someone with PCMHI when he

was provided assistance by Dr. Bhaten previous psychiatrist. Veteran stated

that he is struggling with coping skills and having to deal with recent cardiac arrests x 2, overwhelmed with the cardiac arrest events, finding no

support from his spouse and/or family. Veteran denied any SI/HI, denies any

plan or any attempt to hurt self at this time or others. Veteran believes that he needs assistance with coping. Veteran admitted that he did decline the

appointment for 6/30/21 with GMH because it is too far out for him and he would like to speak with PCMHI team instead.

R: RNCM reached out to both Lisa Wallace, Kellie Hall, and Melissa Dorval with

request to please contact veteran to assist with need for coping skills.

RNCM

also requesting SW Bianca Alvarado Navarette to contact veteran to discuss DPOA information. RNCM entered referral request to PCMHI pending PCP's signature.

Veteran/caregiver verbalized an understanding of/agreed with the plan of care.

Veteran/caregiver instructed to call Vets CONNECT or the PACT care manager for

any future routine issues/concerns. Veteran/caregiver advised to call 911 for

any potentially life- threatening problems/conditions

/es/ Rochelle Boquiren Finnegan, RN

Staff Nurse

Signed: 04/07/2021 13:42

Receipt Acknowledged By:

04/07/2021 14:15 /es/ KELLIE MARIE

HALL

04/08/2021 14:01 /es/ BEHESHTEH

NAKHAEE

Primary Care

Physician

04/14/2021 13:46 /es/ LISA CHARMAINE

WALLACE

MSN, APRN, PMHNP-

BC, PHN

04/13/2021 ADDENDUM

STATUS: COMPLETED

I am not able to sign this note as it says it is needing to have encounter added. Thank You

/es/ LISA CHARMAINE WALLACE

MSN, APRN, PMHNP-BC, PHN

Signed: 04/21/2021 12:22

Primary Care Secure Messaging

Details

Date entered: April 6, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAEE

Signed by: BEHESHTEH NAKHAEE

Date signed: April 6, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 06, 2021@13:44:08 ENTRY DATE: APR 06,
2021@10:44:09
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/06/2021 07:59 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Test Inquiry

Kaiser sent me a follow up to schedule my regular
creatinine and calculated glomerular rate test at their ophthalmology
clinic.

I'm not sure if I'm due for this at the VA. I found no test data entered in
the
last year for this test.

-----Original Message-----

Sent: 04/06/2021 01:44 PM
From: NAKHAE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Test Inquiry

Rochelle will send you information in this regards.

Sincerely,
Dr. Nakhaee

/es/ BEHESHTEH NAKHAE
Primary Care Physician

Signed: 04/06/2021 10:44

TCP Telephone Care Staff Note

Details

Date entered: April 6, 2021

Location: MARTINEZ VA MEDICAL CENTER

Written by: NYX ALIXANDIR HOLLOW

Signed by: NYX ALIXANDIR HOLLOW

Date signed: April 6, 2021

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 06, 2021@10:59:06 ENTRY DATE: APR 06,
2021@11:07:53

AUTHOR: HOLLOW, NYX ALIXANDI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Caller Response: MESSAGE LEFT

Type of call: CALL BACK.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

Pt called stating that he was instructed by PCP to contact PCMHI following his heart attacks. Pt states he has been unable to reach PCMHI and is requesting a call back from the appropriate staff to begin services. Best number: 206-295-2554

Author: GLATT, MARY E

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Starting at: 4/6/2021 @ 10:59:06 AM
Ending at: 4/6/2021 @ 11:06:25 AM
Length: 7 minutes.

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ MARY E GLATT

Signed: 04/06/2021 11:07

Receipt Acknowledged By:

04/06/2021 14:48 /es/ BEHESHTEH
NAKHAEE

Primary Care

Physician

04/07/2021 12:17 /es/ Rochelle Boquiren Finnegan,
RN

Staff

Nurse

Primary Care Secure Messaging

Details

Date entered: March 26, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAE**Signed by:** BEHESHTEH NAKHAE**Date signed:** March 26, 2021**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 26, 2021@19:33:38 ENTRY DATE: MAR 26,
2021@16:33:39
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 03/26/2021 09:00 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: New Diagnosis

My ice didn't have time to go through VA triage. I collapsed in the bedroom and she called 911. I was taken code 3 to Kaiser Roseville and was Code Blue in the aide car. Then brought back in ER. 100 % blockage found and two stents put in. Upon transfer to ICU went Code Blue again. blood clots blocked the new stents. Brought back again. Blockage cleared and now in recovery. Everyone is telling me I'm a very lucky man.

-----Original Message-----

Sent: 03/26/2021 07:33 PM
From: NAKHAE, BEHESHTEH
To: CAMPBELL, RONALD CLARK

Subject: New Diagnosis

Oh my God. You were lucky. I am glad that you are doing well. Please send us your discharge summary and all procedure that was done for you, including your medications.

Hope that you recover fast.
Thank you for sharing this with us.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAEE
Primary Care Physician
Signed: 03/26/2021 16:33

Primary Care Secure Messaging

Details

Date entered: March 25, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEHESHTEH NAKHAEE
Signed by: BEHESHTEH NAKHAEE
Date signed: March 25, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 25, 2021@17:08:05 ENTRY DATE: MAR 25, 2021@14:08:05
AUTHOR: NAKHAEE, BEHESHTEH EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 03/25/2021 11:22 AM

From: CAMPBELL, RONALD CLARK

To: **Nakhaee, B (Primary Care) - Mather

Subject: New Diagnosis

FYI

I'm currently just out of ICU at Kaiser following multiple cardiac events. yesterday.

Caused by Arteriosclerosis 100% blockage in two ventricles and 55% in the other.

Two stents were put in and I was stabilized. However, on the way from ER to ICU

i had another event

Back to ER and the arteries at were again 100% blocked right at the stent location. Redo of the stents and no further episodes.

-----Original Message-----

Sent: 03/25/2021 05:07 PM

From: NAKHAEE, BEHESHTEH

To: CAMPBELL, RONALD CLARK

Subject: New Diagnosis

I am very sorry to hear that.

I hope that you feel better. For sure you should not use Afrin from now on.

Please do not hesitate to inform us in case of any question.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAE
Primary Care Physician
Signed: 03/25/2021 14:08

Patient Lab Reminder Letter

Details

Date entered: March 25, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: PATSY E JONES
Signed by: PATSY E JONES
Date signed: March 25, 2021

Note

LOCAL TITLE: Patient Lab Reminder Letter
STANDARD TITLE: PRIMARY CARE LETTERS
DATE OF NOTE: MAR 25, 2021@09:09 ENTRY DATE: MAR 25,
2021@09:09:44
AUTHOR: JONES, PATSY E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANHCSS)

CLINIC ADDRESS:
150 Muir Road, Martinez, CA 94553

MAR 25, 2021

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

Your provider NAKHAEE, BEHESHTEH, has reviewed your medical chart and determined that you are due for laboratory tests to monitor your:

Diabetes, Cholesterol

Please have your blood drawn at your local VA clinic at your earliest convenience. Appropriate laboratory testing is essential to improving your health.

Please be FASTING for your laboratory test. FASTING means no food, milk, or juice for 10 to 12 hours before your laboratory test. You can drink water. If you are diabetic do NOT take your diabetes medication in the morning until after your blood is drawn and you have had something to eat.

Please bring your VA Identification Card to have your blood drawn. You do not need any laboratory slips or paperwork.

Sincerely,

/es/ Patsy Jones, LVN
Nursing Service, Primary Care

Patient Record Number 7468482

Community Care-Coordination Plan

Details

Date entered: March 23, 2021
Location: MARTINEZ VA MEDICAL CENTER
Written by: TANAYA ANN LANDERS
Signed by: TANAYA ANN LANDERS
Date signed: September 13, 2021

Note

LOCAL TITLE: Community Care-Coordination Plan
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: MAR 24, 2021@00:01 ENTRY DATE: SEP 13,
2021@15:41:35
AUTHOR: LANDERS,TANAYA ANN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Veteran self-presented to community emergency facility
Emergency Notification Intake
Date Presenting to the Facility: Mar 24,2021
Community Care Hospital Name:
Hospital: KAISER PERMANENTE ROSEVILLE
Address:
City: ROSEVILLE 95678
State:
Zip Code:
Phone :
Chief complaint: CHEST PAIN
Primary Diagnosis:

Patient Admitted? Yes

Route of Admission: ER

Date/Time of Admission:

Admitting Diagnosis: CHEST PAIN

ER TO INPT ADMIT

PER FACILITY DC'D 03/26/2021

MR'S IN JLV

NOTIFICATION ID #: C-202109011329000100 Closed - Submit for 1725/1728

/es/ TANAYA ANN LUCAS

Advanced Medical Support Assistant

Signed: 09/13/2021 15:43

Radiology Note

Details

Date entered: March 5, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ANDREW JOSEPH ANAYA

Signed by: ANDREW JOSEPH ANAYA

Date signed: March 5, 2021

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: MAR 05, 2021@09:46 ENTRY DATE: MAR 05,
2021@09:46:02

AUTHOR: ANAYA, ANDREW JOSEPH EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

EXAM CANCELLATION

Date order was placed: Dec 14, 2020

The patient was scheduled to have a CT examination of the chest w/o. This examination has been discontinued for the following reason: DUPLICATE REQUESTS.

Thank you,
Radiology/Nuclear Medicine Service

/es/ Andrew Anaya

Signed: 03/05/2021 09:46

Receipt Acknowledged By:
03/08/2021 10:11 /es/ BEHESHTEH
NAKHAEE

Primary Care

Physician

Neurology Secure Messaging

Details

Date entered: March 4, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LACHERYL LATHAM
Signed by: LACHERYL LATHAM
Date signed: March 4, 2021

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: MAR 04, 2021@15:55:23 ENTRY DATE: MAR 04,
2021@12:55:24
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 03/03/2021 05:44 PM
From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.N
Subject: Gammacore

1. I need a refill on my gammacore for cluster headaches. It's working.
2. They also have a 3 year device which will reduce the order frequency.
cost
and electronic waste (item code #11016-40305 Sapphire D) AND they have a
prevention of cluster dosing both of which would be more appropriate for
my
situation and condition.

/es/ LaCheryl Latham, MSN, RN-BC
Care Manager, Neurology/SAC
Signed: 03/04/2021 12:55

Receipt Acknowledged By:

03/05/2021 17:21 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

03/05/2021 ADDENDUM

STATUS: COMPLETED

I ordered a 93 day device today. I requested a 3 year device if we can
order it.

I will need to hear back from the prosthetics department.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 03/05/2021 17:22

Receipt Acknowledged By:

03/08/2021 08:32 /es/ LaCheryl Latham, MSN, RN-
BC

Care Manager, Neurology/

SAC

Primary Care Secure Messaging

Details

Date entered: February 18, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAE

Signed by: BEHESHTEH NAKHAE

Date signed: February 18, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: FEB 18, 2021@15:22:29 ENTRY DATE: FEB 18, 2021@12:22:30

AUTHOR: NAKHAE, BEHESHTEH

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 02/18/2021 01:47 PM

From: CAMPBELL, RONALD CLARK

To: **Nakhaee, B (Primary Care) - Mather

Subject: VERAPAMIL 2/1/2021 Email

It was prescribed most recently for me by my primary care provider Dr Han.

Although neurology had decided it was no longer needed, Dr Han did not want to discontinue any medication that also impacted cardiovascular function due to the recent development of heart issues at the time.

Additionally the prescription data warned against any immediate cessation of this pharmaceutical.

Coupled with new neurological and continuing cardiovascular issues it seems appropriate.

Regards

Ron Campbell

-----Original Message-----

Sent: 02/18/2021 03:22 PM
From: NAKHAEE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: VERAPAMIL 2/1/2021 Email

It has been ordered for you.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAEE
Primary Care Physician
Signed: 02/18/2021 12:22

Primary Care Secure Messaging

Details

Date entered: February 18, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEHESHTEH NAKHAEE
Signed by: BEHESHTEH NAKHAEE
Date signed: February 18, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: FEB 18, 2021@12:36:05 ENTRY DATE: FEB 18,
2021@09:36:06
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/16/2021 11:21 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: VERAPAMIL 2/1/2021 Email

Verapamil.
Originally prescribed by neurology for cluster headaches. Then discontinued
by
Dr McCraney

But Dr Han did not want to stop it due to my newly developed heart issues
so
began a new prescription.

Now I'm told the prescription i back at neurology with Dr Hart

I'm really confused about who is treating me.

-----Original Message-----

Sent: 02/18/2021 12:35 PM
From: NAKHAE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: VERAPAMIL 2/1/2021 Email

Hello Mr. Campbell,

We have your request for renewal of your Verapamil on 2/1/21. That is why it is reordered for you.
If you do need it I will happy to discontinue for you.

Sincerely,

Dr. Nakhaee

/es/ BEHESHTEH NAKHAE
Primary Care Physician
Signed: 02/18/2021 09:36

Primary Care Secure Messaging

Details

Date entered: February 12, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROCHELLE BOQUIREN FINNEGAN
Signed by: ROCHELLE BOQUIREN FINNEGAN
Date signed: February 12, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: FEB 12, 2021@13:14:49 ENTRY DATE: FEB 12, 2021@10:14:49
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/12/2021 12:25 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: VERAPAMIL 2/1/2021 Email

On 2/1 I requested a renewal on my expired Verapamil prescription

As of this morning I do not find it listed on my current prescriptions

The okd prescription RX 25822309 is still listed on my expired
medications
list with the last action date of 10/22/2020

I had direction to not stop taking this medication "cold turkey" without
consulting my physician.

So on Monday I will be out of the medication.

Please advise what action I should take at this time?

-----Original Message-----

Sent: 02/12/2021 01:14 PM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: VERAPAMIL 2/1/2021 Email

Hello Mr. Campbell,

The medication has been signed and forwarded to our VA pharmacy. Please
give
our VA pharmacy a call at 1-866-600-8279 and ask them when it can be sent
out
to you.

Respectfully,
Rochelle Finnegan, RN, MSN, PHN, CCM
RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 02/12/2021 10:14

Injections, Immunizations, Skin Tests

Details

Date entered: February 11, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LISA DEMILIA
Signed by: LISA DEMILIA
Date signed: February 11, 2021

Note

LOCAL TITLE: Injections, Immunizations, Skin Tests
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: FEB 11, 2021@13:05 ENTRY DATE: FEB 11,
2021@13:05:30
AUTHOR: DEMILIA,LISA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

The patient was given the EUA fact sheet for this vaccine which lists the benefits and side effects of the vaccine and which reviews the risks of the vaccine. The fact sheet was reviewed with the patient and they were given an opportunity to ask questions. The patient denied any prior severe reaction to this vaccine or its components or a severe allergic reaction such as anaphylaxis to any vaccine or to any injectable therapy. The patient gave verbal consent to receive the vaccine.

Dose #2 The patient received Pfizer COVID-19 Vaccine 0.3 ml IM.
MVX (Manuf); Lot#; Exp Date: PFR; EN6201; 06/30/2021

Administration

Anatomic site: Left Deltoid

Vaccine administered without complications. The patient was advised to remain in the facility for 15 minutes post vaccination.

The patient was given a completed COVID-19 vaccination record card, a copy of the VA Side Effects and Adverse Events Reporting Fact Sheet and instructed on how to report any adverse reactions.

Vaccine administered by policy/protocol.

The author of this note administered the vaccine.

This note was entered by SILVESTRE-BAJIT,CHONA P - .

/es/ Lisa DeMilia, RN

Staff Nurse, MHS

Signed: 02/11/2021 16:47

Primary Care Secure Messaging

Details

Date entered: February 2, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ROCHELLE BOQUIREN FINNEGAN

Signed by: ROCHELLE BOQUIREN FINNEGAN

Date signed: February 2, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: FEB 02, 2021@17:00:21 ENTRY DATE: FEB 02, 2021@14:00:22

AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 02/02/2021 04:33 PM

From: CAMPBELL, RONALD CLARK

To: **Nakhaee, B (Primary Care) - Mather
Subject: Verapamil

Thanks Rochelle

And also for your dilligent work on the COVID vaccine
I was scheduled, received the first vaccine and have nine days until
receiving
a second. I am very comfortable with a light at the end of the tunnel for
me
and it's not a train and my family is very pleased with the VA stepping up
and
providing great medical care. You were a big part of that

-----Original Message-----

Sent: 02/02/2021 05:00 PM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: Verapamil

Thank you Mr. Campbell,

It is an honor for me to serve you, your family and our many veterans and
families. Please accept my service as a way of my thank you for the years
you
have served our country. Thank you for trusting in us to provide the care
that
you deserve.

Respectfully,
Rochelle Finnegan, RN, MSN, PHN, CCM
RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 02/02/2021 14:00

Primary Care Secure Messaging

Details

Date entered: February 2, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ROCHELLE BOQUIREN FINNEGAN

Signed by: ROCHELLE BOQUIREN FINNEGAN

Date signed: February 2, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: FEB 02, 2021@11:24:31 ENTRY DATE: FEB 02,
2021@08:24:32

AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 02/01/2021 11:54 PM

From: CAMPBELL, RONALD CLARK

To: **Nakhaee, B (Primary Care) - Mather

Subject: Verapamil

Attachments: DED7BFCF-2C15-4270-9AAE-E93380444F12.png (631.54 KB)

I didn't realize that the Verapamil prescription expired.

I have 9 days supply and can use a refill

Regard

Ron Campbell 2701

Meadow Vista

-----Original Message-----

Sent: 02/02/2021 11:24 AM

From: FINNEGAN, ROCHELLE BOQUIREN

To: CAMPBELL, RONALD CLARK
Subject: Verapamil

Good morning Mr. Campbell,

I have alerted your PCP regarding your request. Please allow 24 to 48 business hours for review and processing. You can call our VA pharmacy at 1-866-600-8279 to check on the status of your request.

Respectfully,
Rochelle Finnegan, RN
RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 02/02/2021 08:24

Neurology Telephone Note

Details

Date entered: January 25, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: GASONG YUN NICKERSON
Signed by: GASONG YUN NICKERSON
Date signed: January 25, 2021

Note

LOCAL TITLE: Neurology Telephone Note
STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JAN 25, 2021@13:07 ENTRY DATE: JAN 25, 2021@13:07:20
AUTHOR: NICKERSON, GASONG YU EXP COSIGNER:

URGENCY:
COMPLETED

STATUS:

*** Neurology Telephone Note Has ADDENDA ***

NEUROLOGY NP PHONE CLINIC

The following identifiers were used to identify the Veteran:

Full Name

Full Date of Birth/Last Four of SSN

CAMPBELL, RONALD CLARK is a 70 Y.O. MALE.

PRESENTING COMPLAINTS: chronic cluster headache x 29 years

HISTORY OF PRESENT ILLNESS: Patient is on galcanezumab with great relief and also getting DHE-45 injection from non-VA provider. Patient states it has been a "rollercoaster". He is unable to function ~ 5-7 days/month d/t headaches. He uses oxygen 10L on CPAP when he has headaches. Using all the meds (DHE-45 inj, Emgality, verapamil, frovatriptan), oxygen 15L, and Gammacore, he is able to manage other days. The headache comes on very fast that sometimes he cannot get to Gammacore fast enough, but if he does, it works well. Pandemic is affecting him as he has been isolating, less exercise. Patient tries to do breathing exercises and meditation.

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant 12/31/19 HAN, ELDI KYOUNG
on pradaxa (afib/CVA risk reduction, and hx of PE)
2. Obstructive sleep apnea syndrome 09/30/19
PANOSSIAN, LORI

3. AF- Atrial Fibrillation (SCT 49436004) KYOUNG Dx 6/2019	06/20/19	HAN, ELDI
4. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
5. Hypertension (SNOMED CT 38341003) KYOUNG Added from station 654 as a result of CBOC move.	01/23/20	HAN, ELDI
6. OA - Osteoarthritis (SCT 396275006) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
7. Prostate cancer (SNOMED CT 254900004) KYOUNG Added from station 654 as a result of CBOC move.	12/03/19	HAN, ELDI
8. Chronic cluster headache (SNOMED CT 230473009) NICKERSON, GASON Added from station 654 as a result of CBOC move.	09/21/20	
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
10. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
11. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
12. Dysthymia BAHTEN, REGINA S	02/08/16	
13. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
15. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
16. Cluster headache (SNOMED CT 193031009) APPERSON, MICHEL	02/07/14	
17. Chronic obstructive lung disease FIECHTNER, BRIDG "severe" (nonVA)	06/24/19	
18. Benign hypertension	11/26/13	CHANG, MYO S
19. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
20. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	

21. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
22. Carcinoma, Prostate	11/26/13	CHANG, MYO S
23. Arthralgias NOS	11/26/13	CHANG, MYO S
24. Impotence	11/26/13	CHANG, MYO S
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE
3) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
4) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
6) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL ALLERGIES.	ACTIVE
7) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS	ACTIVE
8) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE

9)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
10)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -FOR ALLERGY SYMPTOMS.	ACTIVE
11)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
12)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
14)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
15)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE
16)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE

Active Non-VA Medications

Status

=====		
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE
2)	Non-VA DIHYDROERGOTAMINE *HAZ* INJ,SOLN 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE

18 Total Medications

ALLERGIES: PENICILLIN, PREDNISONE, METFORMIN

EXAMINATION

GENERAL: socially appropriate, respirations regularly and unlabored

MENTAL STATUS: appropriate and full affect, oriented to purpose of visit,
normal
speech and language including fluency, naming, repetition, and
comprehension

LABS

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	B12	351	pg/ml	211 - 911

Collection DT	Spec	Tsh
06/20/2019 09:28	SERUM	1.44

SCL1 - Lab Cum Selected 1

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
08/04/2020 08:39	PLASM	138	4.1	103	27	9.4

SCL2 - Lab Cum Selected 2

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR
11/10/2020 08:43	PLASM			1.02	>60
08/04/2020 08:39	PLASM	114	15	0.89	>60

SCL3 - Lab Cum Selected 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST
08/04/2020 08:39	PLASM	7.2	4.7	0.9		73	30

ALT
34

STUDIES

02/03/2014	CT HEAD W/O	70450 Verified	602

No acute intracranial abnormality.

IMPRESSION

Chronic cluster headache. Sick headaches 5-7 days/month. Pandemic and isolation can be stressors. Patient states "manageable" with current regimen and discussed to continue.

PLAN

- Cont. GammaCore
- Cont. galcanezumab 300mg Qmonthly and Verapamil SA 120mg Qday
- Cont. 02 10-15L, DHE-45 PRN, frovatriptan PRN
- Sleep hygiene and CPAP

- f/u in 6 months TELE

START TIME: 1307

END TIME: 1330

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 01/25/2021 13:32

06/11/2021 ADDENDUM

STATUS: COMPLETED

Spoke with patient regarding Verapamil from cardiology today (see Cardiology consult 6/1/2021 and addendum 6/11/2021).

Patient states after the day he had 2 coronary stents placed on 3/23/2021, he had the last cluster headache the next day and it stopped. Patient states when he had increased atherosclerosis since 2019, his cluster headache was getting worse. However, patient has stopped ergotamine and triptan meds. Patient took last dose Verapamil yesterday and was told to hold Verapamil today and start bisoprolol tomorrow if HR>60 and SBP>90.

PLAN:

- Agree with stopping Verapamil; discontinuing RX; no need to taper as bisoprolol is to start tomorrow if HR>60 and SBP >90
- Refill Galcanezumab 300mg Qmonthly
- Cont. f/u with cardiology; FYI NP Hoang Nguyen
- f/u on 7/14/21 TELE as scheduled

/es/ Gasong Yun Nickerson, DNP

Nurse Practitioner

Signed: 06/11/2021 16:49

Receipt Acknowledged By:

06/13/2021 00:54 /es/ Hoang Thuy Nguyen,
NP

Medical Service,

Cardiology

Injections, Immunizations, Skin Tests

Details

Date entered: January 21, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SHANNA LOUISE LEAHY**Signed by:** SHANNA LOUISE LEAHY**Date signed:** January 21, 2021

Note

LOCAL TITLE: Injections, Immunizations, Skin Tests

STANDARD TITLE: IMMUNIZATION NOTE

DATE OF NOTE: JAN 21, 2021@12:06 ENTRY DATE: JAN 21,
2021@12:06:36

AUTHOR: LEAHY, SHANNA LOUISE EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

The patient was given the EUA fact sheet for this vaccine which lists the benefits and side effects of the vaccine and which reviews the risks of the

vaccine. The fact sheet was reviewed with the patient and they were given an

opportunity to ask questions. The patient denied any prior severe reaction

to this vaccine or its components or a severe allergic reaction such as anaphylaxis to any vaccine or to any injectable therapy. The patient gave verbal consent to receive the vaccine.

Dose #1

The patient received Pfizer COVID-19 Vaccine 0.3 ml IM.

MXV (Manuf); Lot#; Exp Date: PFR; EL9263; 05/31/2021

Administration

Anatomic site: Left Deltoid

Vaccine administered without complications. The patient was advised to

remain in the facility for 30 minutes post vaccination. The patient was given a completed COVID-19 vaccination record card, a copy of the VA Side Effects and Adverse Events Reporting Fact Sheet and instructed on how to report any adverse reactions. The patient was given information on the need to return for another dose of vaccine in 21 days. Patient states having a history of a severe allergic reaction. Vaccine administered by policy/protocol. The author of this note administered the vaccine. This note was entered by ALBANO, DANIEL - Staff LVN, Primary Care.

/es/ Shanna Leahy, RN BSN
Nursing Service, PICU
Signed: 01/21/2021 12:42

Primary Care Secure Messaging

Details

Date entered: January 19, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROCHELLE BOQUIREN FINNEGAN
Signed by: ROCHELLE BOQUIREN FINNEGAN
Date signed: January 19, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JAN 19, 2021@15:55:40 ENTRY DATE: JAN 19, 2021@12:55:40
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 01/17/2021 03:44 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Verapamil and Losartan Renewals

Please renew these prescriptions. I was unable to refill them today. The Losartan Rx# 25896800 50MG tab 1X day for blood pressure doesn't even show on my list anymore.
Verapamil Rx# 25822309

RC

-----Original Message-----

Sent: 01/19/2021 03:55 PM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: Verapamil and Losartan Renewals

Hello Mr. Campbell,

I forwarded your request to your PCP. Please allow 24 to 48 business hours for processing. You can call our VA pharmacy at 1-866-600-8279 to check on the status of your request.

Thank you,
Rochelle Finnegan, RN
RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 01/19/2021 12:55

Primary Care Secure Messaging

Details

Date entered: January 14, 2021

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ROCHELLE BOQUIREN FINNEGAN

Signed by: ROCHELLE BOQUIREN FINNEGAN

Date signed: January 14, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JAN 14, 2021@12:51:12 ENTRY DATE: JAN 14,
2021@09:51:12

AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 01/09/2021 10:24 AM

From: CAMPBELL, RONALD CLARK

To: **Nakhaee, B (Primary Care) - Mather

Subject: California VS CDC & VA Vaccine Prioty

Thank you for forwarding my information

For hour consideration I have thoroughly reviewed the CDC guidelines, VA publications and was a part of Northern California VA director Stockwell's most

recent town hall on COVID-19. I fully understand that a key objective of the

vaccine rollout here is to prioritize vaccine recipients based on determining

who is at high risk of severe illness or death from COVID-19.

As this next tier of vaccine recipients is identified, I have been urged by

physicians and nurses within my family to consider myself in that group.

These are my contributing factors

AGE -
70

HEALTH STATUS -
Poor

COVID CDC listed comorbidities

1. Diabetes
2. COPD
3. Obesity
4. Asthma

Other Contributing factors

1. Suppressed immune system
 - a. Prednisone regimens form chronic cluster headaches
 - b. Coiticosteroid use for asthma
2. Highly susceptible to viral infection. While complying strictly to CDC guidelines I still had 3 infections in 2019 leading to VA triage recommendation for ER treatment and 3 COVID tests.
3. Other areas of concern
(Under VA care and on medications for treating the following
 - A Neurological disorder,
 - B. AAA
 - C. Multiple PE's in 2019
 - D. Elevated prostate cancer risk

with past Gleason scores
at 9/5 and 9/4
E. Elevated melanoma risk
F. Hypertension

I believe these risk factors qualify
me as a VA patient at a very high risk of becoming infected with COVID-19
and
developing a severe case of COVID leading to death.

I request beginning the immunization now which is in the spirit of the CDC
and
VA program objectives.

Thank your consideration

Regards

Ronald Campbell 2701

-----Original Message-----

Sent: 01/13/2021 04:24 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: California VS CDC & VA Vaccine Prioty

Thank you for forwarding my information

For hour consideration I have thoroughly reviewed the CDC guidelines, VA
publications and was a part of Northern California VA director Stockwells
most
recent town hall on COVID-19. I understood some of the primary objectives
of
the vaccine rollout here were to prioritze vaccine recipients based on
determining who is at high risk of severe illness or death from COVID-19.

As this next tier of recipients is identified, I have been urged by physicians and nurses within my own family to consider myself in that group.

Today California opened the vaccine to 65+

I assume notification of a vaccine appointment will be forthcoming shortly

These are my contributing factors

AGE -
70

HEALTH STATUS -
Poor

COVID CDC listed comorbidities

1. Diabetes
2. COPD
3. Obesity
4. Asthma

Other Contributing factors

1. Suppressed immune system
 - a. Prednisone regimens form chronic cluster headaches
 - b. Coiticosteroid use for asthma
2. Highly susceptible to viral infection. While complying strictly to CDC guidelines I still had 3 infections in 2019 leading to VA triage recommendation for ER treatment and 3 COVID tests.
3. Other areas of concern

(Under VA care and on
medications for treating the
following
A Neurological disorder,
B. AAA
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D. Elevated prostate cancer risk
with past Gleason scores
at 9/5 and 9/4
E. Elevated melanoma risk
F. Hypertension

I believe these risk factors qualify
me as a VA patient at a very high risk of becoming infected with COVID-19
and
developing a severe case of COVID leading to death.

I request beginning the immunization now which is in the spirit of the CDC
and
VA program objectives.

Thank your consideration

Regards

Ronald Campbell 2701

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 01/14/2021 09:51

Receipt Acknowledged By:
01/15/2021 20:17 /es/ Maryjoy Mamuyac, MSN,
RN

RN Nurse

PACT

01/14/2021 15:24

/es/ BEHESHTEH

NAKHAEE

Primary Care

Physician

Primary Care Secure Messaging

Details

Date entered: January 11, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ROCHELLE BOQUIREN FINNEGAN**Signed by:** ROCHELLE BOQUIREN FINNEGAN**Date signed:** January 11, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JAN 11, 2021@12:01:07 ENTRY DATE: JAN 11,
2021@09:01:08
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 01/09/2021 10:24 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: California VS CDC & VA Vaccine Prioty

Thank you for forwarding my information

For hour consideration I have thoroughly reviewed the CDC guidelines, VA publications and was a part of Northern California VA director Stockwell's most recent town hall on COVID-19. I fully understand that a key objective of the

vaccine rollout here is to prioritize vaccine recipients based on determining who is at high risk of severe illness or death from COVID-19.

As this next tier of vaccine recipients is identified, I have been urged by physicians and nurses within my family to consider myself in that group.

These are my contributing factors

AGE -
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HEALTH STATUS -
Poor

COVID CDC listed comorbidities

1. Diabetes
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3. Obesity
4. Asthma

Other Contributing factors

1. Suppressed immune system
 - a. Prednisone regimens form chronic cluster headaches
 - b. Corticosteroid use for asthma
2. Highly susceptible to viral infection. While complying strictly to CDC guidelines I still had 3 infections in 2019 leading to VA triage recommendation for ER treatment and 3 COVID tests.
3. Other areas of concern
(Under VA care and on

medications for treating the
following
A Neurological disorder,
B. AAA
C. Multiple PE's in 2019
D. Elevated prostate cancer risk
with past Gleason scores
at 9/5 and 9/4
E. Elevated melanoma risk
F. Hypertension

I believe these risk factors qualify
me as a VA patient at a very high risk of becoming infected with COVID-19
and
developing a severe case of COVID leading to death.

I request beginning the immunization now which is in the spirit of the CDC
and
VA program objectives.

Thank your consideration

Regards

Ronald Campbell 2701

-----Original Message-----

Sent: 01/08/2021 08:13 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: California VS CDC & VA Vaccine Prioty

Thank you so much.

I have subsequently confirmed that the Governor has taken the Advisory
Board's

recommendations and included them in his COVID Dec 19 2021 revised ORDERS!
So all 64 - 74 year old seniors regardless of medical condition are
prioritized
behind the new added "essential" worker categories which total totaling 29
million persons or 2/3
of California's population.

That's close to last on the priority list.

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 01/11/2021 09:01

Primary Care Secure Messaging

Details

Date entered: January 8, 2021
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROCHELLE BOQUIREN FINNEGAN
Signed by: ROCHELLE BOQUIREN FINNEGAN
Date signed: January 8, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JAN 08, 2021@18:31:01 ENTRY DATE: JAN 08,
2021@15:31:02
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 01/08/2021 12:51 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: California VS CDC & VA Vaccine Prioty

The CDPH Covid Vaccine Advisor Board on 12/21 recommended that 12 million educators and a long list of addition businesses and occupations be listed as "essential".

These essential groups are then to be placed after the compromised in long term care facilities now being vaccinated and then ahead of those over 65 and the medically compromised. These essential groups represent 2/3 of the population in California and does NOT represent the CDC recommendations for prioritization.

If this is implemented with all medical facilities in California many more of the aged and compromised will continue to flood the facilities and many more will not survive.

QUESTION - Will the VA facilities in California be bound by a vaccine roll out plan from Sacramento?
Or will the VA continue to implement the CDC plans at Mather that include the "high risk of fatality group following the vaccination of those in long term care??

I will immediately seek vaccination outside of California if the VA will fall under this new California recommendation. The advisory board stated that these new "essential" groups represent 26,000,000 Californians. At my age and comorbidity level I need to seek alternative measures for vaccination.

-----Original Message-----

Sent: 01/08/2021 06:29 PM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: California VS CDC & VA Vaccine Prioty

Hello Mr. Campbell,

I will be forwarding your issues/concerns to my Primary Care Manager Ms. Lawanda Loken and our Lead Physician Dr. Jaeho Lee to provide further information and clarification regarding the COVID 19 vaccine administration by VA NCHCS.

Respectfully,
Rochelle Finnegan, RN,MSN,PHN,CCM
RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 01/08/2021 15:31

Receipt Acknowledged By:
01/08/2021 15:35 /es/ Jaeho Lee,
MD
Physician, Primary

Care
01/11/2021 06:51 /es/ LaWanda Loken,
RN
Primary Care Nurse Manager,

Sacramento
01/11/2021 08:32 /es/ BEHESHTEH
NAKHAEE
Primary Care
Physician

01/08/2021 ADDENDUM

STATUS: COMPLETED

the VA follows its own roll out plan as we all know.

/es/ Jaeho Lee, MD

Physician, Primary Care

Signed: 01/08/2021 15:36

Primary Care Secure Messaging

Details

Date entered: January 5, 2021**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ROCHELLE BOQUIREN FINNEGAN**Signed by:** ROCHELLE BOQUIREN FINNEGAN**Date signed:** January 5, 2021

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JAN 05, 2021@19:32:36 ENTRY DATE: JAN 05,
2021@16:32:36

AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 12/07/2020 09:44 PM

From: NAKHAEE, BEHESHTEH

To: CAMPBELL, RONALD CLARK

Subject: Vaccine prioritization/availability

Sure.

I will let you know when vaccine is here.

Sincerely,

Beheshteh Nakhaee

-----Original Message-----

Sent: 12/07/2020 09:56 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Vaccine prioritization/availability

Thank you very much.
We feel much more comfortable
and will stay isolated until that time

Regards and Happy Holiday's

The Campbell's
Ron & Sheila

-----Original Message-----

Sent: 01/05/2021 05:49 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Vaccine prioritization/availability

Ok. List still being developed
No appointments yet

Thanks

Ron

-----Original Message-----

Sent: 01/05/2021 01:10 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Vaccine prioritization/availability

As hospitals finish up with the vaccination of first responders and
medical

personnel I'm advised that in S Calif the next tier of the over 65 and compromised are being scheduled for vaccination.

In order to stay safe and isolated as possible I may have to move out of my home (grandchild care who may become exposed at school) temporarily until I am able to complete the vaccination process

Is there any update yet on timing for the over 65 and those with multiple comorbidities?

Information will assist me in scheduling move out.

Thanks. Hope all are well and safe in this new year

-----Original Message-----

Sent: 01/05/2021 03:57 PM

From: JONES, PATSY E

To: CAMPBELL, RONALD CLARK

Subject: Vaccine prioritization/availability

Mr Campbell, a list is being compiled by the Covid vaccination team for the veterans that have first priority, you should be contacted for a appointment.

-----Original Message-----

Sent: 01/05/2021 07:32 PM

From: FINNEGAN, ROCHELLE BOQUIREN

To: CAMPBELL, RONALD CLARK

Subject: Vaccine prioritization/availability

Hello Mr. Campbell,

Please note the information that has been provided to us here at Primary Care

Clinic from our VA leadership:

"Right now we are opening scheduling COVID vaccination appointments for Veteran patients 75 years or older. If you are interested in scheduling a COVID Vaccination appointment, please contact us at 1-800-382-8387.

The Moderna COVID-19 vaccine is being administered throughout VA Northern California Health Care System (VANCHCS) via a phased plan. In addition to Veterans living in our Long Term Care facilities, VANCHCS will begin offering vaccines to Veterans who are at the highest risk of severe illness and death from COVID-19. Your VA health care team will contact you as soon as you're eligible to get a vaccine. VANCHCS's goal is to vaccinate all Veterans who want it.

We follow CDC guidelines to determine who is at highest risk of severe illness and death from COVID-19. Factors that may influence the risk of severe disease include the following:

? Age- The risk of severe illness or death from COVID-19 increases with age.

? Existing health problems- People with certain health problems (like diabetes, heart disease, or obesity) have a higher risk of severe illness or death from COVID-19.

Right now we are opening scheduling for Veteran patients 75 years or older. If you are interested in scheduling a COVID Vaccination appointment, please contact us at 1-800-382-8387.

Visit <https://www.va.gov/health-care/covid-19-vaccine/stay-informed> to stay informed and help VA prepare.

For current COVID-19 vaccine information, visit:
<https://www.va.gov/health-care/covid-19-vaccine/>"

Thank you for patience,
Rochelle Finnegan, RN,MSN,PHN,CCM
RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 01/05/2021 16:32

TCP Telephone Care Staff Note

Details

Date entered: December 18, 2020

Location: MARTINEZ VA MEDICAL CENTER

Written by: NICOLE HENDRIX

Signed by: NICOLE HENDRIX

Date signed: December 18, 2020

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: DEC 18, 2020@05:34:24 ENTRY DATE: DEC 18,
2020@05:37:45
AUTHOR: HENDRIX, NICOLE EXP COSIGNER:

URGENCY :
COMPLETED

STATUS :

*** TCP Telephone Care Staff Note Has ADDENDA ***

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone :
(206)295-2554.

Contact Phone Number :

Caller Area: MATHER

Caller Response: *OTHER

Type of call: SYMPTOM.

PCMM Provider Info:

LOCAL - SACRAMENTO VA MEDICAL CENTER (612A4)

PACT: SAC PACT 22 WH (Focus: Womens Health)

Designated Wh Pcp: Nakhaee, Beheshteh

Care Manager: Finnegan, Rochelle Boquiren || PHONE: 9168437516

Clinical Associate: Jones, Patsy E

Administrative Associate: Huffman, Linda Grace || PHONE: 9168436784

Clinical POC:

Administrative POC:

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

Medication

Nurse Notes:

Veteran is requesting a new Rx for Doxycycline and cefpodoxime ordered for window pickup. States that other Rx was sent through mail however call to local post office he was told he probably wouldnt receive till middle of next week.

Veteran states no improvement in his symptoms and would like to have his spouse pick up the medications from pharmacy window tomorrow if possible.

Alert to PACT for f/u; he would like a call back letting him know if order has been placed and if spouse can come into pharmacy

NEGATIVE screen for COVID-19 risk factors (direct exposure to a known COVID-positive patient within the past two weeks, fever, or any of the following symptoms (newly present or worsening): cough, SOB, diarrhea, N/V, HA, loss of taste or smell, other flu-like symptoms.

Author: HENDRIX,NICOLE

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 12/18/2020 @ 5:34:24 AM

Ending at: 12/18/2020 @ 5:37:31 AM

Length: 3 minutes.

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Nicole Hendrix, RN

Telephone Care Nurse

Signed: 12/18/2020 05:37

Receipt Acknowledged By:

12/18/2020 08:03 /es/ BEHESHTEH

NAKHAEE

Primary Care

Physician

12/18/2020 08:27 /es/ Rochelle Boquiren Finnegan,

RN

Staff

Nurse

12/18/2020 ADDENDUM

STATUS: COMPLETED

RNCM spoke with veteran this AM verified full name/SSN. Per veteran already received call from pharmacist stating veteran's wife will be able to pick medications at McClellan VA Outpatient Pharmacy this morning.

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 12/18/2020 10:28

Receipt Acknowledged By:
12/21/2020 09:59 /es/ BEHESHTEH
NAKHAEE
Primary Care
Physician

Medication Issues

Details

Date entered: December 17, 2020
Location: MARTINEZ VA MEDICAL CENTER
Written by: KATIE WIN CHAN
Signed by: KATIE WIN CHAN
Date signed: December 17, 2020

Note

LOCAL TITLE: Medication Issues
STANDARD TITLE: TEAM OUTPATIENT NOTE
DATE OF NOTE: DEC 17, 2020@13:36 ENTRY DATE: DEC 17,
2020@13:36:46
AUTHOR: CHAN, KATIE WIN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

WHO IS CONTACTING THE VA: Patient

CONTACT VIA: Phone

REQUESTING: Pt is requesting window pick up for Cefpodoxime 200mg and Doxycycline 100mg. Medications are still in the mail with unknown eta since USPS hasn't updated its tracking. Med was prescribed on 12/9. Pt reports he is still having respiratory symptoms and believes may be worsening. He doesn't want to wait any longer for the mail to come in especially since he is feeling worse than a week ago. Please enter a new rx into pharmacy for window pick up if still find appropriate for usage. He will have his wife come by to the pharmacy. Pt also explained, the reason he didn't opt in to have his wife pick up medications at the window at that time was due to not knowing what "abx" meant in secure message he received from the provider. It took him a few days to understand what it meant and that medications were being mailed out to him.

VA FORMULARY ALTERNATIVE:

TELEPHONE NUMBER IS (206)295-2554.

PLEASE SEND MED: Window Pick-up

DISPOSITION: Note forwarded to PCP

ADDRESS: 1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722
AGE: 70 y.o.

PCP: NAKHAE, BEHESHTAH

FUTURE APPOINTMENT(S):

MAS CLINIC VISITS FUTURE

01/25/2021 13:00 SAC NEURO NP PHONE

06/02/2021 17:20 SAC THSF CPAP DATA 1 PRO-

Letter Reminders

RECALL DATE CLINIC
Feb 05, 2021 RECALL () SAC EYE CORBETT 2

/es/ KATIE WIN CHAN
PHARMACIST(CLINICAL)
Signed: 12/17/2020 15:19

Receipt Acknowledged By:
12/18/2020 07:59 /es/ BEHESHTEH
NAKHAEE

Primary Care
Physician

PACT Telephone Note

Details

Date entered: December 16, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROCHELLE BOQUIREN FINNEGAN
Signed by: ROCHELLE BOQUIREN FINNEGAN
Date signed: December 16, 2020

Note

LOCAL TITLE: PACT Telephone Note
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: DEC 16, 2020@11:08 ENTRY DATE: DEC 16,
2020@11:08:20
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PACT Telephone Note Has ADDENDA ***

Called veteran verified full name/DOB. Informed veteran reason for call is
to

provide COVID 19 test result. Per veteran stated he has already looked for result in MyHealthEVet and obtained the result. Veteran thanked RNCM for f/u call.

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 12/16/2020 11:10

Receipt Acknowledged By:
12/16/2020 12:25 /es/ BEHESHTEH
NAKHAEE

Primary Care

Physician

12/18/2020 ADDENDUM STATUS: COMPLETED
Please let the patient know that he needs to go to the hospital if he is not feeling better.
Thank you

/es/ BEHESHTEH NAKHAEE
Primary Care Physician
Signed: 12/18/2020 08:02

Primary Care Secure Messaging

Details

Date entered: December 15, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEHESHTEH NAKHAEE
Signed by: BEHESHTEH NAKHAEE
Date signed: December 15, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 15, 2020@17:16:27 ENTRY DATE: DEC 15,
2020@14:16:28

AUTHOR: NAKHAEE, BEHESHTEH EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 12/15/2020 05:15 PM

From: NAKHAEE, BEHESHTEH

To: CAMPBELL, RONALD CLARK

Subject: Incessant Cough

Please go to the hospital if your oxygen needs is increased.

thank you.

Beheshteh Nakhaee, MD

/es/ BEHESHTEH NAKHAEE

Primary Care Physician

Signed: 12/15/2020 14:16

Primary Care Secure Messaging

Details

Date entered: December 15, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ROCHELLE BOQUIREN FINNEGAN

Signed by: ROCHELLE BOQUIREN FINNEGAN

Date signed: December 15, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 15, 2020@13:37:03 ENTRY DATE: DEC 15,
2020@10:37:03

AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 12/15/2020 11:09 AM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: Incessant Cough

Good morning Mr. Campbell,

Once we have received the directions from our leadership here at VA Mather as
to when we will provide the vaccines for our veterans, you will be
notified.

Respectfully,
Rochelle Finnegan, RN, MSN, PHN, CCM
RN Care Manager, Primary Care Clinic

-----Original Message-----

Sent: 12/15/2020 12:15 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Incessant Cough

Excellent! Director Stockwell on his Town Hall two weeks ago noted that
the
priority list for vaccination was being developed at that time.
First responders & key medical personal first followed by the 'high risk'
vets.
At 70 with 5 COVID comorbidities my health care
providers have been treating me in that last category and my new
lifestyle,
"totally antisocial", has been implemented. I'm really
interested in being relieved of

this daily threat

-----Original Message-----

Sent: 12/15/2020 01:36 PM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: Incessant Cough

Thank you Mr. Campbell for your patience.

Rochelle

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 12/15/2020 10:37

Primary Care Secure Messaging

Details

Date entered: December 15, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROCHELLE BOQUIREN FINNEGAN
Signed by: ROCHELLE BOQUIREN FINNEGAN
Date signed: December 15, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 15, 2020@11:11:45 ENTRY DATE: DEC 15,
2020@08:11:46
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 12/15/2020 11:09 AM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: Incessant Cough

Good morning Mr. Campbell,

Once we have received the directions from our leadership here at VA Mather as to when we will provide the vaccines for our veterans, you will be notified.

Respectfully,
Rochelle Finnegan, RN,MSN,PHN,CCM
RN Care Manager, Primary Care Clinic

-----Original Message-----

Sent: 12/14/2020 09:14 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Incessant Cough

I forgot that my BP goes through the roof during a cluster headache attack.

They have been constsnt. I exchanged 14 E Oxygen tanks today. Used ober the

last 6 weeks plus my concentrator at nite in order to sleep

An hour after each attack my BP drops to normal.

Thanks

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 12/15/2020 08:11

Primary Care Secure Messaging

Details

Date entered: December 14, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEHESHTAH NAKHAE
Signed by: BEHESHTAH NAKHAE
Date signed: December 14, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 14, 2020@20:22:55 ENTRY DATE: DEC 14,
2020@17:22:56
AUTHOR: NAKHAE, BEHESHTAH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/11/2020 10:34 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhae, B (Primary Care) - Mather
Subject: Incessant Cough

I am confined to bed at the moment with nonstop cluster headache issues.
Unable
to be off of oxygen for more than a few minutes. I have been sleeping since
my
return home after the COVID test.

Cough is still prevalent. All meds being taken. Temp is 97.2, O2 level is
95
-97, BP is high at 187/87. Can feel no other pain when clusters have me at
a

10.

Main problem now is the clusters. I've been to emergency before for the clusters. I was denied oxygen (the only abortive that works when this happens) or any other abortive treatment until a neurologist was found. For 3 hours I was in and out of excruciating pain. Finally, no neuro was found.

Thank you VERY much for your call and email

Ron

-----Original Message-----

Sent: 12/12/2020 09:48 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Incessant Cough

BP is back in the 135/75 range. It spikes during a cluster event

-----Original Message-----

Sent: 12/12/2020 11:47 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Incessant Cough

Thank you. I sent you some updates.

On Director Stockwell's town hall he explained the current hospital and ER procedures. Persons under suspicion of having COVID all go into a special room

isolated from the rest of the hospital. Even the air is vented outside rather

than be recirculated back into the hospital system.

I am currently in quarantine awaiting my test results.

If they ate negative I don't want to be in that isolation room.

The cluster headaches are now so intense and continuous I would normally going for treatment today
But the COVID risk is greater I believe.

Another reason I'm hopeful for an early COVID vaccination. My healthcare availability is important.

Thank you for your care and concern.

-----Original Message-----

Sent: 12/14/2020 08:22 PM
From: NAKHAEE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Incessant Cough

Mr. Campbell,

Please check your blood pressure medications, and if it is high at the level that you have mentioned or in case of drop of oxygen please go to Emergency room.

Sincerely,

Beheshteh Nakhaee, MD

/es/ BEHESHTEH NAKHAEE
Primary Care Physician
Signed: 12/14/2020 17:22

TCP Telephone Care Staff Note

Details

Date entered: December 12, 2020

Location: MARTINEZ VA MEDICAL CENTER

Written by: ENORA S ABBLEY

Signed by: ENORA S ABBLEY

Date signed: December 12, 2020

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: DEC 12, 2020@16:57:09 ENTRY DATE: DEC 12,
2020@17:03:12

AUTHOR: ABBLEY, ENORA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Caller Response: *OTHER

Type of call: INFORMATION.

The following identifiers were used to verify this patient: DOB. SSN.
Other:
full name.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

Enora-Pt has questions about his meds. Pt said he is experiencing coughing
1st attempt @ 1458-HIPPA compliant message left

Nurse Notes:

TAN spoke to vet and vet stating that his MD sent him a letter and he had
a
question about it. However, at time of call vet stating that he already had
his
question answered and has no other questions/concerns at this time.

NEGATIVE screen for COVID-19 risk factors (direct exposure to a known
COVID-

positive patient within the past two weeks, fever, or any of the following
symptoms (newly present or worsening): cough, SOB, diarrhea, N/V, HA, loss
of

taste or smell, other flu-like symptoms.

Author: ABBLEY, ENORA S

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Original call started at: DEC 12, 2020 @ 10:16 (Call was suspended)

- GORDON, SAMIA F DEC 12, 2020@10:16:08 - DEC 12, 2020@10:18

- MILLER, MADERA DEC 12, 2020@14:57:43 - DEC 12, 2020@14:59:06

Ending at: 12/12/2020 @ 5:02:45 PM

Length: 8 minutes. (Call was suspended. This call length is the total
amount of

time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Enora Abbley, RN, MSN

TLC Advice Nurse

Signed: 12/12/2020 17:03

Receipt Acknowledged By:

12/14/2020 08:41 /es/ Rochelle Boquiren Finnegan,
RN

Staff

Nurse

Radiology Note

Details

Date entered: December 12, 2020**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** NEPHTERIA SWAN**Signed by:** NEPHTERIA SWAN**Date signed:** December 12, 2020

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: DEC 12, 2020@16:10
2020@16:10:22

ENTRY DATE: DEC 12,

AUTHOR: SWAN, NEPHTERIA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

RADIOLOGY COVID19 LETTER

DEC 12, 2020

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

DEAR RONALD CLARK CAMPBELL

We are sending a reminder to inform you that you have a pending xray order(s), we are accepting walk-ins, please check into Building 700, Radiology department between 7:00am and 5:00pm Monday-Friday. The order will be pending until up to 80 days of the date of this letter.

We appreciate your understanding during this time. Please contact your primary care doctor with any immediate health concerns or go to the closest emergency room.

Thank you,

/es/ Nephtheria Swan
Medical Support Assistant
Signed: 12/12/2020 16:10

Primary Care Secure Messaging

Details

Date entered: December 11, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEHESHTEH NAKHAEE
Signed by: BEHESHTEH NAKHAEE
Date signed: December 11, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 11, 2020@21:45:39 ENTRY DATE: DEC 11,
2020@18:45:40
AUTHOR: NAKHAE, BEHESHTH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/09/2020 08:56 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Incessant Cough

1. I'm trying not to be in environments with sick people as directed by all of my providers or look for all options available for reduced risk of infection.

2. Can the labs be completed at the VA. Auburn Clinic? It is very low profile, always very few people and the lab has a totally separate venue from the clinic.

3. The Kaiser COVID testing was also an offsite location and not at the Roseville Hospital. Will I need to go into the VA facility at Mather for the COVID test?

Thank you for the quick response.
The breathing difficulty increased today.

Ron Campbell 2701
MEADOW VISTA

-----Original Message-----

Sent: 12/09/2020 09:37 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Incessant Cough

Looks I might be able to take a
COVID test at Mather @ On Demand Drive-Thru tomorrow?
That's if the info on the attached is correct.

Combined a lab test
available in at VA Auburn clinic that would really minimize my social
exposure

-----Original Message-----

Sent: 12/11/2020 09:45 PM
From: NAKHAEE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Incessant Cough

I have called you today to speak with you.
Please let me know if you feel better.
I noticed that you went for another COVID 19 that is pending.

Sincerely

Beheshteh Nakhaee, MD

/es/ BEHESHTEH NAKHAEE
Primary Care Physician
Signed: 12/11/2020 18:45

Screening Covid

Details

Date entered: December 11, 2020

Location: LOUIS A. CONTER VA CLINIC

Written by: HEATHER D KELLY

Signed by: HEATHER D KELLY

Date signed: December 11, 2020

Note

LOCAL TITLE: Screening Covid
STANDARD TITLE: INFECTIOUS DISEASE RISK ASSESSMENT SCREENING NOT
DATE OF NOTE: DEC 11, 2020@11:09 ENTRY DATE: DEC 11,
2020@11:09:49
AUTHOR: KELLY, HEATHER D EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Screening Covid Has ADDENDA ***

Coronavirus Disease 2019 (COVID-19) Screen

The patient reports no COVID-19 diagnosis.

The patient reports not waiting for the results of a COVID-19 lab test.

The patient reports no fever.

The patient reports having a new or worsening cough or shortness of breath.

The patient reports cold or flu-like symptoms.

The patient reports new onset of diarrhea.

The patient reports no new onset of headache, loss of taste or loss of smell.

The patient reports no exposure to someone with COVID-19 within the past 2 weeks.

Result:

Patient has a positive symptom or exposure and requires further evaluation.

Action taken: COVID-19 swab

Temp 98.1

/es/ Heather D. Kelly, BSN, RN-BC, CCTM
Nurse, Primary Care Sierra Foothills Clinic
Signed: 12/11/2020 11:11

Receipt Acknowledged By:

12/11/2020 14:23 /es/ Rochelle Boquiren Finnegan,
RN

Staff

Nurse

12/11/2020 12:36 /es/ BEHESHTEH
NAKHAEE

Primary Care

Physician

12/11/2020 ADDENDUM
COVID-19 Swab Testing

STATUS: COMPLETED

Swab completed for Covid-19

CDC Person Under Investigation (PUI) form completed and to lab w/specimen
Symptoms: cough, muscle aches, runny nose, sore throat, fatigue,
cough,
wheezing, SOB, Diff. breathing, diarrhea, HA's.

Plan: Discharged Home for Self-Quarantine, Post Swab Instructions Reviewed,
Home Care Instructions Reviewed

Veteran/caregiver verbalized an understanding of/agreed with the plan of
care.

Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager
for
any future routine issues/concerns. Veteran/caregiver advised to call 911
for
any potentially life threatening problems/conditions.

/es/ Heather D. Kelly, BSN, RN-BC, CCTM
Nurse, Primary Care Sierra Foothills Clinic

Signed: 12/11/2020 11:13

12/11/2020 ADDENDUM

STATUS: COMPLETED

Called patient to see if he is doing better and if he is taking his medications.

I was able to leave message about taking his medication and going to emergency

room in case of worsening cough his breathing problem.

called on 12/11/20

/es/ BEHESHTEH NAKHAE

Primary Care Physician

Signed: 12/11/2020 13:01

TCP Telephone Care Staff Note

Details

Date entered: December 10, 2020

Location: MARTINEZ VA MEDICAL CENTER

Written by: MILDRED ILUMIN

Signed by: MILDRED ILUMIN

Date signed: December 10, 2020

Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: DEC 10, 2020@12:48:47 ENTRY DATE: DEC 10, 2020@13:06:20

AUTHOR: ILUMIN, MILDRED

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MARTINEZ

Caller Response: APPT MADE

Type of call: *SCHEDULING.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

COUGH GETTING PROGRESSIVELY WORSE

BEST CONTACT 206-295-2554 (msa NOTE)

Nurse Notes:

Spoke to patient two identifiers verified.

Patient verbalize disappointment, that he spoke to 5 people today just to get

tested for COVID-19 in Auburn, VA. State he already spoke to his PCP reagrding

his cough. PCP placed order for COVID swab .Would like to get tested in AUBURN,

VA clinic.

Appt. scheduled for COVID SWAB testing tomorrow 12/11/20@0930 in AUBURN CLINIC

SWAB site.

Patient very appreciative.Verbalize understanding of information provided.

Author: ILUMIN,MILDRED

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: DEC 10, 2020 @ 12:14 (Call was suspended)

- TAYLOR,BRANEE LACHELLE DEC 10, 2020@12:14:33 - DEC 10, 2020@12:16:20

- ILUMIN,MILDRED DEC 10, 2020@12:41:23 - DEC 10, 2020@12:43:53

Ending at: 12/10/2020 @ 1:00:00 PM

Length: 15 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Mildred Ilumin, BSN, RN
Nursing Service, Primary Care
Signed: 12/10/2020 13:06

TCP Telephone Care Staff Note

Details

Date entered: December 10, 2020

Location: MARTINEZ VA MEDICAL CENTER

Written by: MARITESS BAULA

Signed by: MARITESS BAULA

Date signed: December 10, 2020

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: DEC 10, 2020@11:00:35 ENTRY DATE: DEC 10,
2020@11:17:47
AUTHOR: BAULA, MARITESS EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: AUBURN

Caller Response: *OTHER

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

MSA NOTE:

COUGH THAT IS PROGRESSIVELY WORSE, SINUS ISSUES.

BEST CONTACT 206.295.2554

Nurse Notes:

Attempted to return phone call to patient X2. Unable to establish communication because phone hangs up after 1-2 rings X2.

Author: BAULA, MARITESS

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: DEC 10, 2020 @ 10:09 (Call was suspended)

- LENZMEIER, ALLISON DIANE DEC 10, 2020@10:09:22 - DEC 10, 2020@10:13:11

Ending at: 12/10/2020 @ 11:13:39 AM

Length: 16 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Maritess Baula, RN, BSN, MBA

Telephone Care Program

Signed: 12/10/2020 11:17

Primary Care Secure Messaging

Details

Date entered: December 9, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAE

Signed by: BEHESHTEH NAKHAE

Date signed: December 9, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 09, 2020@19:26:50 ENTRY DATE: DEC 09,
2020@16:26:51

AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 12/09/2020 04:19 PM

From: NAKHAE, BEHESHTEH

To: CAMPBELL, RONALD CLARK

Subject: Incessant Cough

Hello Mr. Campbell,

Sorry to hear this. I do not recommend Afrin due to history of hypertension.

Try to rest and use your Fluticasone nasal spray and INH. If your symptoms becomes worse please go to the hospital for further evaluation.

When were you tested? Secondary to COVID 19 I prefer to not ask you to come to

the clinic as much as possible. I prefer a visual visit at first.

I am going to arrange a virtual visit . Even the test was negative for COVID

19, however you have to be cautious and use your mask.

Sincerely,

Beheshteh Nakhaee, MD

-----Original Message-----

Sent: 12/09/2020 10:34 AM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Incessant Cough

Today marks two weeks of an incessant cough without improvement.

1. No fever
2. Loose cough with clear mucus
3. Massive nasal discharge and drainage.
4. Uncontrollable coughing spasms
5. Shortness of breath
6. COVID test at Kaiser was negative

In the past primary providers had me check in due to the propensity of my colds
to turn to sever bronchitis and pneumonia.

I am taking all of prescribed medications and added Afrin for two days without
improvement.

I avoid all social contact due to my
COVID related risks (except one with my wife's grandson 18 days ago who
Imlater
found out was ill...whoops!)

Ron Campbell 2701

-----Original Message-----

Sent: 12/09/2020 05:53 PM

From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Incessant Cough

I stopped Afrin after it did not work
I tested negative for COVID on 11/30/2020

I am totally self isolated since my daughter, BSN in Seattle, recommended
it on
Sept 1 based on her now extensive front line COVID critical care experience
up
there.

I do have contact with my wife who follows all protocols when she goes out
which is only once every two weeks.

I will look for the notice regarding the appointment and for not asking me
to
come in.

Ron Campbell 2701
Meadow Vists

-----Original Message-----

Sent: 12/09/2020 07:22 PM
From: NAKHAEE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Incessant Cough

Mr. Campbell,

I have ordered ABX for you. In addition, repeat COVID 19 is ordered for
reassurance plus some blood test.

I will contact you after result is available.

CXR is ordered. In case of any viral illness usually you should feel
better

even cough could linger up to 6 weeks.

I hope that this helps.

Sincerely,

Beheshteh Nakhaee, MD

/es/ BEHESHTEH NAKHAE
Primary Care Physician
Signed: 12/09/2020 16:26

Primary Care Secure Messaging

Details

Date entered: December 7, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEHESHTEH NAKHAE
Signed by: BEHESHTEH NAKHAE
Date signed: December 7, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 07, 2020@21:45:19 ENTRY DATE: DEC 07,
2020@18:45:20
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/18/2020 07:54 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Vaccine prioritization/availability

No protocol yet! Okay! Well I hope there will be some protocol for

prioritization well before it arrives.

The President has given assurances that medical and first

A responders would be first

followed by those at high risk...like me.

So I will also check with my Medicare secondary provider then and make contingency plans including out of state in case Sacramento blocks it's use at

California federal facilities

Thank you for your response.

Be Prepared!

Regards

Ronald Campbell

-----Original Message-----

Sent: 11/18/2020 06:50 PM

From: NAKHAEE, BEHESHTEH

To: CAMPBELL, RONALD CLARK

Subject: Vaccine prioritization/availability

Hello Mr. Campbell,

You will be informed when we have receive it and or will have the protocol.

sincerely,

-----Original Message-----

Sent: 12/07/2020 09:44 PM

From: NAKHAE, BEHESHTEH
To: CAMPBELL, RONALD CLARK
Subject: Vaccine prioritization/availability

Sure.
I will let you know when vaccine is here.

Sincerely,

Beheshteh Nakhaee

-----Original Message-----

Sent: 11/18/2020 01:36 PM
From: CAMPBELL, RONALD CLARK
To: **Nakhaee, B (Primary Care) - Mather
Subject: Vaccine prioritization/availability

The Pfizer & BioNtech COVID-19 vaccine was approved for distribution last week in Britain.

We may be nearing similar approval by the FDA

At 70 years of age and 5 additional co-morbidities I am hopeful that I rank high on the at risk priority list to receive the vaccine once approved causing a number of my friends and family members to doubt the integrity of the CDC and FDA.

The Politics - They concern greatly. Both the President and Vice-President elect have stated they will not take a vaccine approved by our FDA initially.

The California governor followed by announcing that he alone will be the decision maker if any vaccine is allowed to be used in California.

The impact of these positions will reduce the number of people willing to be

vaccinated, increasing the infection rate and subsequent deaths. I dont want
To be one of those statistics.

My questions are

1. How is the VA planning to prioritize who gets the vaccine first and am I to
take any action to insure Im in the first tier of recipients?
2. Will the VA be subject to Dr. Governors blessing on an FDA vaccine use
in
California or will the
federal facilities in California be exempt to political over-site?
3. Im serious about staying around. Im in total lockdown during this spike
even getting all groceries delivered now. At
the effective rate of 90-95% I am
confident I need to act the day the vaccine is available.

I hope you are all well and safe. Thank you for all of your service
with our heros.

Thank you for your consideration of these important questions

Regards

Ron Campbell
Meadow Vists

-----Original Message-----

Sent: 12/05/2020 12:24 PM

From: CAMPBELL, RONALD CLARK

To: **Nakhaee, B (Primary Care) - Mather

Subject: Vaccine prioritization/availability

Following my question to Director Stockwell last week on this topic I received the following.

DEC 3, 2020

The federal government, through Operation Warp Speed, has been working since the pandemic started to make one or more COVID-19 vaccine candidates available as soon as possible. Planning is underway at VA to deliver a COVID-19 vaccine when one becomes available. VA is working with the Centers for Disease Control and Prevention (CDC) to develop a phased plan based on five core ethical pillars: safety, maximizing the benefit of the vaccine, equity, fairness and transparency. Veteran and employee safety remain our #1 priority. The plan takes into consideration a number of risk factors, including risks of acquiring infection, severe illness and death if infected, and transmitting the disease, as well as the risk to essential workers, including health care personnel.

My prioritization should be a consideration based on

1. My decreased immune system due to current medications
2. An increased risk factor of severe illness and/or death due to my age and medical condition including COPD, Heart disease, Diabetes, Asthma, Hypertension, Neurological disorder and recent histories of Pulmonary Embolisms and Cancer.

I was overlooked on a multiple pulmonary embolism diagnosis that turned almost fatal.

I don't want my chart to be overlooked when the patient vaccine priority placement list is being completed. That sounds like it will be completed shortly after the guidelines mentioned above are completed.

Regards

Ronald C Campbell

/es/ BEHESHTEH NAKHAE
Primary Care Physician
Signed: 12/07/2020 18:45

TCP Telephone Care Staff Note

Details

Date entered: December 4, 2020
Location: MARTINEZ VA MEDICAL CENTER
Written by: NICOLE BRIANNA HAYDON
Signed by: NICOLE BRIANNA HAYDON
Date signed: December 4, 2020

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: DEC 04, 2020@10:05:01 ENTRY DATE: DEC 04,
2020@10:06:51
AUTHOR: HAYDON, NICOLE BRIAN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Caller Response: *OTHER

Type of call: INFORMATION.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

Pt called in requesting a change of provider and would like a call back asap.

Thank you

Author: HAYDON, NICOLE BRIAN

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 12/04/2020 @ 10:05:01 AM

Ending at: 12/04/2020 @ 10:06:37 AM

Length: 1 minutes.

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ NICOLE BRIAN HAYDON

Signed: 12/04/2020 10:06

Receipt Acknowledged By:

12/04/2020 11:47 /es/ Julian

Castaneda

Medical Support

Assistant

CPAP/BiPAP Sleep Follow-up

Details

Date entered: December 3, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SKYE M LAUGHRIDGE

Signed by: SKYE M LAUGHRIDGE

Date signed: December 3, 2020

Note

LOCAL TITLE: CPAP/BiPAP Sleep Follow-up

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: DEC 03, 2020@17:12 ENTRY DATE: DEC 03,
2020@17:12:24

AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

THIS IS NOT AN IN CLINIC APPT!

Chart review: wireless remote PAP data

campbell, ronald

10/19/2020 - 12/02/2020

Patient ID: 2701

DOB: 04/11/1950

Age: 70 years

612 - Northern California HCS

Compliance Report

Compliance

Payor Standard

Usage 10/19/2020 - 12/02/2020

Usage days 41/45 days (91%)

>= 4 hours 38 days (84%)

< 4 hours 3 days (7%)

Usage hours 257 hours 26 minutes

Average usage (total days) 5 hours 43 minutes
Average usage (days used) 6 hours 17 minutes
Median usage (days used) 6 hours 18 minutes
Total used hours (value since last reset - 12/02/2020) 614 hours

AirSense 10 AutoSet
Serial number 23192185375
Mode CPAP
Set pressure 8 cmH2O
EPR Fulltime
EPR level 2

Therapy

Leaks - L/min Median: 5.3	95th percentile: 25.1	Maximum: 86.0
Events per hour AI: 2.3	HI: 0.7	AHI: 3.0
Apnea Index Central: 0.9	Obstructive: 0.9	Unknown: 0.5

RERA Index 1.2
Cheyne-Stokes respiration (average duration per night) 0 minutes (0%)

=====

Compliance: good	(usage > 70%)
AHI: normal	(normal<5)
Leak: acceptable	(< 30 mins)

Standing order for all techs, during future follow-up CPAP downloads:

1. If AHI > 5 and leak is high, make mask adjustments
2. If AHI > 5 and minimal leak, check AHI breakdown
 - a. If elevated obstructive and/or hypopneas mainly, increase pressure (for autoCPAP, minimum and maximum pressures each) by 1-2 cm H2O.
 - b. If elevated central apneas >5 or periodic breathing > 15%, inform sleep MD/NP

Plan:

Pt is to continue using machine nightly for at least 4-6 hours.

Follow Up:

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 12/03/2020 17:13

To: **Nakhaee, B (Primary Care) - Mather
Subject: I'm sick

1. I've taken all precautions against COVID (grocery delivery, minimal trips outside the home for 3 weeks, mask, sanitizer and distance awareness
2. On Tuesday my grandson came to the home. I was unaware that he was sent here sick. As soon as I found out I sequestered myself
3. His father then became "sicker than I can remember" following. He is in his early 30's and in good health.
4. Last night I developed a sore throat and cough. I now feel hot flashes and sweats. My temp remains normal however
5. I haven't had a cold in 5 months due to my precautions.

I am very concerned. I am 70 with 5 additional COVID Co- morbidities. Not in good health

I should not have been infected with a common cold with all of my precautions.

However my MSN daughter has convinced me of the substantially higher infectious rate with this virus and subststial risk to me.

Please advise ASAP
what direction is in order here

PS. If a test is in order is the long trip for me to Mather required or are their options in or around Auburn, CA

-----Original Message-----

Sent: 11/27/2020 11:52 AM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: I'm sick

Hello Mr. Campbell,

Since you are having symptoms and with your co-morbidities, your PCP Dr. Nakhaee advises that you are to be seen at the nearest emergency room so that a

COVID 19 nasal swab can be obtained. As for the CDC guidelines these are the

signs/symptoms to watch for when needing the immediate need for medical care:

Watch for symptoms:

People with COVID-19 have had a wide range of symptoms reported ? ranging from

mild symptoms to severe illness.

Symptoms may appear 2-14 days after exposure to the virus. People with these

symptoms may have COVID-19:

- ? Cough
- ? Shortness of breath or difficulty breathing
- ? Fever
- ? Chills
- ? Muscle pain
- ? Sore throat
- ? New loss of taste or smell

When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of

these signs, seek emergency medical care immediately

- ? Trouble breathing
- ? Persistent pain or pressure in the chest
- ? New confusion
- ? Inability to wake or stay awake
- ? Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you. Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

If you have any further questions please feel free to call our Advise Nurse at 1-800-382-8387 available to you 24/7 or our team here at Primary Care Clinic.

Respectfully,
Rochelle Finnegan, RN, MSN, PHN, CCM
RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 11/27/2020 08:53

Receipt Acknowledged By:
11/27/2020 09:45 /es/ BEHESHTEH
NAKHAE
Primary Care
Physician

TCP Telephone Care Staff Note

Details

Date entered: November 27, 2020
Location: MARTINEZ VA MEDICAL CENTER
Written by: FELICIA PARK
Signed by: FELICIA PARK

Date signed: November 27, 2020

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: NOV 27, 2020@08:01:43 ENTRY DATE: NOV 27,
2020@08:29:45
AUTHOR: PARK,FELICIA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

**PATIENT called in for CAMPBELL,RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Caller Response: ER-VA

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. Other:
name.

Class Code: Other specified counseling.

Chief Complaint: Cough

Comments:

MSA/clerk comment:

pt has sore throat,cough,pain in his chest and hot flashestemp normal and
he

was expose.pcp:Mather VA (206)295-2554.//K.T.(MSA)

Triage Note

Phone Triage

Fri Nov 27 2020 08:11:31 GMT-0800 (Pacific Standard Time)

Demographics

70 y/o Male

Results

CC: Cough

Nurse Recommendation: Now, 911

TEDP Suggestion: Now, 911

Nurse Recommended Follow-up Location: Emergency department, VA

TEDP Suggested Follow-up Location: Emergency department, VA

Values and Measures

Temperature: 98.7 Fahrenheit

Pain scale: 7

Duration of CC: 12 Hours

Positive Responses

HPI: cough, new or worsening

HPI: dyspnea, new or worsening

HPI: dyspnea, sudden onset

HPI: hemoptysis

PMH: pulmonary embolism

Negative Responses

Denies: HPI: chest pain, new or worsening

Denies: HPI: dyspnea, moderate to severe

Denies: HPI: dyspnea, worsening

Denies: HPI: wheezing, new or worsening

Veteran Education

Verbal Education Provided:

Based on your responses, you should be treated in the emergency room.

Take action:

You need to see a doctor now or your condition could worsen.

Consider calling an ambulance.

Education Log

Provided Vet the 844-724-7842 to call and importance of calling within

hours of admission, even if he has already been discharged home. Advised the VA will verify eligibility and advise of claims processes.

Nurse Notes:

Returned call to (206)295-2554. Vet answers.

S: States, "I already spoke to a twenty four hour line advice nurse at about four o clock this morning. She triaged me and told me I had possible COVID and she told me that I need to talk with my primary care." Vet clarifies that it was a VA Advice Nurse who he spoke with early this morning.

Explained role of TAN and MSA in call center. Vet agrees to TEDP triage.

B: 70 yr old male with pertinent PMhx OSA, A fib, PE, HTN, chronic cluster h/a, COPD, HLD, chronic pain syndrome, prostate ca, Vit D deficiency, DM2

A: C/o cold sx, flu like sx, "severe" sore throat (rates 7 on classic 1-10 pain scale) cough, sob, f/c x 12h. Denies inability to swallow saliva. Denies drooling. Reports slight hemoptysis, "this morning", upon awakening. Denies confusion, reports usual h/a. Denies cp. Denies dizziness, lightheadedness, syncope, palpitations. C/o increase in usual SOB. Speaks in full sentences, no pauses. C/o feeling "hot and cold flashes." Denies n/v, abd pain, diarrhea.

R: TEDP = now/911. Vet declines 911. Prefers and agrees to seek Mather VA ER now. Advised to call ahead to Mather VA as advised by TAN to inform of ETA and +

COVID screen, PUI. Mather VA # provided: 916-843-7000. Advised to wear a mask.

Advised to call VetsConnect/TAN back, 800# provided/available 24/7 for any further concerns/questions. Vet verbalizes understanding of all information presented.

Note forwarded to PCP, PACT RN and Mather VA ER

Clinical Contact/Call Center Coronavirus Disease 2019 (COVID-19) Screen, ver.

12, July 20, 2020

DIAGNOSIS AND TESTING STATUS:

Has Veteran been diagnosed with COVID-19:

☐ Yes* Date: (*No Further Screening Required)
☒ No (Continue Screening)

Comment(s):

Is Veteran waiting for COVID-19 test results:

☐ Yes (Continue Screening)
☒ No (Continue Screening)

Comment:

SCREEN:

Signs and Symptoms:

a. Fever:

☐ Yes
☒ No

Comment(s):

b. New or worsening cough or shortness of breath:

☒ Yes Check all that apply:
☒ Cough
☒ Shortness of breath

☐ No

Comment(s):

c. Any cold or flu-like symptoms:

☒ Yes Check all that apply:

☒ Cold like symptoms

☒ Flu-like symptoms

☐ No

Comment(s):

d. New onset diarrhea, nausea or vomiting:

☐ Yes Check all that apply:

☐ Diarrhea

☐ Nausea

☐ Vomiting

☒ No

Comment(s):

e. New onset headache, loss of taste or loss of smell

☐ Yes Check all that apply:

☐ Headache

☐ Loss of taste

☐ Loss of smell

☒ No

Comment(s):

EXPOSURE:

Exposure within the last two weeks to someone with COVID-19:

☐ Yes

☒ No

Comment(s):

SCREEN RESULT: Any symptom or exposure= positive screen

☒ POSITIVE SCREEN: Patient has a Positive symptom and/or exposure.
Follow-up required.

☐ Negative Screen

Author: PARK, FELICIA

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: NOV 27, 2020 @ 07:54 (Call was suspended)

- THOMAS YOUNG, KIMBERLY A NOV 27, 2020@07:54:12 - NOV 27, 2020@07:57:06

Ending at: 11/27/2020 @ 8:18:46 AM

Length: 19 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Felicia Park, RN

Staff Nurse

Signed: 11/27/2020 08:35

Receipt Acknowledged By:

11/27/2020 09:44 /es/ BEHESHTEH

NAKHAE

Primary Care

Physician

11/27/2020 09:26 /es/ Rochelle Boquiren Finnegan,

RN

Staff

Nurse

Letter to Patient - Diagnostic Study Results

Details

Date entered: November 12, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BEHESHTEH NAKHAE

Signed by: BEHESHTEH NAKHAE

Date signed: November 12, 2020

Note

LOCAL TITLE: Letter to Patient - Diagnostic Study Results

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: NOV 12, 2020@09:40 ENTRY DATE: NOV 12, 2020@09:40:38

AUTHOR: NAKHAE, BEHESHTAH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

FROM: The Office of NAKHAE, BEHESHTAH - Primary Care Physician
 Department of Veterans Affairs
 Northern California Health Care System
 Sacramento Medical Center
 10535 Hospital Way
 Mather, CA 95655

TO: CAMPBELL, RONALD CLARK
 1521 WHITEHORSE ROAD
 MEADOW VISTA, CALIFORNIA 95722

DATE: Nov 12, 2020

Dear Mr. CAMPBELL

I have reviewed the results of your recent test(s) and my
interpretation is as follows:

Your recent Other Study the Chest showed:
The results are abnormal.

Your recent Other Study showed:
The results are abnormal.

My treatment plan for you includes:
Please repeat this study by: [it has been ordered in the system] Please
repeat this study by: [it has been ordered in the system] Nov 4, 2021
Other [see below].

low contrast CT of chest on 4th November 2021 to follow your multiple lung nodules. A blood test before CT scan to check your kidney function to be done before the CT scan.

Sincerely,

/es/ BEHESHTEH NAKHAE
Primary Care Physician

Patient Record Number 7468482

Primary Care Note

Details

Date entered: November 12, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: BEHESHTEH NAKHAE
Signed by: BEHESHTEH NAKHAE
Date signed: November 12, 2020

Note

LOCAL TITLE: Primary Care Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: NOV 12, 2020@08:58 ENTRY DATE: NOV 12, 2020@08:59:14
AUTHOR: NAKHAE, BEHESHTEH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Follow-up note:

Patient is a 70 years old male with past medical history of smoking, hypertension, atrial fibrillation, pulmonary embolus, and emphysema, prostate

cancer, diabetes mellitus, OSA, depression with recent CT scan with pulmonary nodules. Follow-up CT scan results as below:
Multiple bilateral lung nodules are noted the largest ones:

Left upper lobe lung calcified nodule measuring 2 mm, axial image 187, unchanged.

Left lower lobe 5 mm noncalcified nodule, axial image 277, unchanged.

Right upper lobe pleural-based 5mm noncalcified nodule, axial image 187, unchanged.

Right lower lobe 5 mm noncalcified nodule, axial image 272, unchanged.

Lung emphysematous changes. Mild areas lung scarring and atelectasis are noted. No pneumothorax. No significant pericardial or pleural effusion. Small nonspecific abdominal and pelvic lymph nodes are noted.

Atherosclerotic changes are noted including coronary arteries. No evidence of thoracic aortic aneurysm. Degenerative changes. No aggressive appearing osseous lesion seen.

Limited view of the upper abdomen demonstrate normal-appearing adrenals.

Impression:

Unchanged multiple lung nodules.

Recommend 12 month follow-up.

Plan:

Repeat CT scan with no contrast in 12 months.

/es/ BEHESHTEH NAKHAE
Primary Care Physician
Signed: 11/12/2020 09:34

Injections, Immunizations, Skin Tests

Details

Date entered: November 10, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: KYLE SNOW
Signed by: KYLE SNOW
Date signed: November 10, 2020

Note

LOCAL TITLE: Injections, Immunizations, Skin Tests
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: NOV 10, 2020@09:16 ENTRY DATE: NOV 10,
2020@12:30:43
AUTHOR: SNOW, KYLE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

The patient was given the influenza VIS which lists the benefits and side effects of the vaccine and which reviews the risks of not receiving the flu vaccine. The VIS was reviewed with the patient and they were given an opportunity to ask questions. The patient was provided education on how to decrease the risk of influenza infection including social distancing and use of good hand hygiene. The patient denied any prior severe reaction to the flu vaccine or its components. The patient gave verbal consent to receive the vaccine.

The seasonal influenza vaccine VIS given to the patient:
VIS version date Aug 15, 2019.

The patient received seasonal influenza vaccine today - Influenza,

Quadrivalent high dose (Fluzone HD) 0.7 ml IM today in Right Deltoid.
Manufacturer: Sanofi Pasteur
Lot # and Expiration Date: Fluzone; Lot# UJ518AB; Expires: 6/30/21
Administered by protocol/policy

/es/ Kyle Snow, LVN
Staff LVN, Primary Care
Signed: 11/10/2020 12:32

TCP Telephone Care Staff Note

Details

Date entered: November 10, 2020
Location: MARTINEZ VA MEDICAL CENTER
Written by: ANN M SEMROW
Signed by: ANN M SEMROW
Date signed: November 10, 2020

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: NOV 10, 2020@04:25:36 ENTRY DATE: NOV 10,
2020@04:30:54
AUTHOR: SEMROW, ANN M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** TCP Telephone Care Staff Note Has ADDENDA ***

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Caller Response: *OTHER

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

Ann MTZ (CAMPBELL,#2701)Pt. calling for advice re: Should he FAST for LABS pertaining to: CT Scan?

Vet to fast prior to test and take meds along. States he will

Author: SEMROW,ANN M

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Original call started at: NOV 10, 2020 @ 04:11 (Call was suspended)

- ANDERSON,CALVIN NOV 10, 2020@04:11:02 - NOV 10, 2020@04:14:10

Ending at: 11/10/2020 @ 4:30:18 AM

Length: 7 minutes. (Call was suspended. This call length is the total amount of

time spent "active" in Telecare Record Manager.)

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ ANN M SEMROW

RN MSN

Signed: 11/10/2020 04:30

Receipt Acknowledged By:

11/10/2020 08:10 /es/ BEHESHTEH

NAKHAE

Primary Care

Physician

11/10/2020 08:46 /es/ Paul M. Rowe,

LVN

LVN PRIMARY CARE/

SAC

11/10/2020 ADDENDUM

STATUS: COMPLETED

Veteran identified with name, dob, and ssn. Veteran verbalized that he's already on his way to get his labs done and has not eaten. Plans to take his meds and eat thereafter.

Veteran/caregiver verbalized an understanding of/agreed with the plan of care.

Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

/es/ JONATHAN PATRICK PULIDO, RN
Nurse PACT/Mather
Signed: 11/10/2020 08:07

Receipt Acknowledged By:
11/10/2020 14:25 /es/ Rochelle Boquiren Finnegan,
RN

Staff

Nurse

Pharmacy Specialty Note

Details

Date entered: October 20, 2020
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: October 20, 2020

Note

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: OCT 20, 2020@11:24 ENTRY DATE: OCT 20,
2020@11:24:55

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 70 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant	12/31/2019
2. Obstructive sleep apnea syndrome	09/30/2019
3. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
4. Pulmonary embolism	06/20/2019
5. HTN - Hypertension (SCT 38341003)	09/30/2019
6. OA - Osteoarthritis (SCT 396275006)	09/30/2019
7. Prostate cancer (SNOMED CT 254900004)	12/03/2019
8. Chronic cluster headache	09/30/2019
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
10. Polyp Colon (SCT 68496003)	09/30/2019
11. History of malignant neoplasm of prostate	11/05/2016
12. Dysthymia	02/08/2016
13. Chronic pain syndrome	12/08/2015
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
15. Depressive Disorder NOS *	04/02/2014
16. Cluster headache (SNOMED CT 193031009)	02/07/2014
17. Chronic obstructive lung disease	06/24/2019
18. Benign hypertension	11/26/2013
19. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
21. Headache (SNOMED CT 25064002)	02/04/2016
22. Carcinoma, Prostate	11/26/2013

23. Arthralgias NOS	11/26/2013
24. Impotence	11/26/2013
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
=====		
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP Qty: 50 for 150 days Sig: USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE Refills: 1	Issu:03-12-20 Last:03-12-20 Expr:03-13-21
2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Qty: 1 for 30 days Sig: INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE Refills: 8	Issu:04-08-20 Last:10-04-20 Expr:04-09-21
3) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH Qty: 3 for 90 days Sig: INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE Refills: 3	Issu:04-08-20 Last:04-08-20 Expr:04-09-21
4) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE (S) Refills: 2	Issu:08-17-20 Last:11-05-20 Expr:08-18-21
5) DABIGATRAN ETEXILATE 150MG ORAL CAP Qty: 180 for 90 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION	ACTIVE Refills: 1	Issu:08-17-20 Last:11-02-20 Expr:08-18-21

BOXES. DO NOT OPEN OR CHEW CAPSULE.

6)	FLUTICASONE PROP 50MCG 120D NASAL INHL	ACTIVE	Issu:04-08-20
	Qty: 3 for 90 days Sig: INSTILL 2	Refills: 2	Last:10-04-20
	SPRAYS IN EACH NOSTRIL ONCE DAILY -		Expr:04-09-21
	FOR NASAL ALLERGIES.		
7)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for	ACTIVE	Issu:11-01-19
	30 days Sig: TAKE ONE TABLET BY MOUTH	Refills: 1	Last:10-04-20
	ONCE DAILY AS NEEDED : - TAKE 1ST		Expr:11-01-20
	DOSE AT ONSET OF MIGRAINE, MAY TAKE		
	ADDITIONAL DOSE AFTER 2 HOURS IF		
	NEEDED. DO NOT TAKE MORE THAN 3		
	TABLETS IN 24 HOURS SEVERE CLUSTER		
	MIGRAINE HEADACHES DO NOT TAKE WITH		
	DIHYDROERGOTAMINE		
	--none since last encounter		
8)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML	ACTIVE	Issu:09-21-20
	Qty: 3 for 30 days Sig: INJECT 300 MG	Refills: 5	Last:09-22-20
	(3 ML) UNDER THE SKIN ONCE A MONTH -		Expr:09-22-21
	TO PREVENT HEADACHES.		
9)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days	ACTIVE	Issu:04-08-20
	Sig: TAKE ONE TABLET BY MOUTH ONCE	Refills: 2	Last:08-17-20
	DAILY FOR DIABETES - TAKE 30 MINUTES		Expr:04-09-21
	PRIOR TO XX TAKE WITH LUNCH		
10)	LORATADINE 10MG TAB Qty: 90 for 90 days	ACTIVE	Issu:04-08-20
	Sig: TAKE ONE TABLET BY MOUTH ONCE	Refills: 2	Last:08-14-20
	DAILY -FOR ALLERGY SYMPTOMS.		Expr:04-09-21
11)	LOSARTAN 50MG TAB Qty: 30 for 30 days	ACTIVE	Issu:12-31-19
	Sig: TAKE ONE TABLET BY MOUTH ONCE	Refills: 0	Last:08-17-20
	DAILY FOR BLOOD PRESSURE (REPLACES		Expr:12-31-20
	LISINOPRIL)		
12)	MONTELUKAST NA 10MG TAB Qty: 90 for 90	ACTIVE	Issu:04-08-20
	days Sig: TAKE ONE TABLET BY MOUTH	Refills: 2	Last:08-17-20
	ONCE DAILY		Expr:04-09-21
13)	NEEDLE,FILTER 18G,5 MICRON,1 1/2IN Qty:	ACTIVE	Issu:09-11-20
	50 for 90 days Sig: USE FILTER NEEDLE	Refills: 0	Last:09-14-20
	AS DIRECTED AS NEEDED USE FILTER		Expr:12-10-20
	NEEDLE ONCE DAILY AS NEEDED TO BE USED		
	TO EXTRACT DIHYDROERGOTAMINE - SWAP		
	NEEDLES PRIOR TO INJECTION		
14)	PANTOPRAZOLE NA 40MG EC TAB Qty: 60 for	ACTIVE	Issu:06-26-20

60 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:06-29-20
 ONCE DAILY - FOR STOMACH ACID. Expr:06-27-21

15) ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 ACTIVE Issu:08-17-20
 days Sig: TAKE ONE-HALF TABLET BY Refills: 3 Last:08-17-20
 MOUTH ONCE DAILY - TO LOWER Expr:08-18-21
 CHOLESTEROL.

16) SYRINGE 2.5-3ML LUER LOCK TIP Qty: 100 ACTIVE Issu:09-21-20
 for 90 days Sig: USE A SYRINGE Refills: 0 Last:09-22-20
 INTRAMUSCULAR ONCE DAILY AS NEEDED TO Expr:12-20-20
 INJECT DHE-45

17) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL ACTIVE Issu:04-08-20
 Qty: 3 for 90 days Sig: INHALE 2 Refills: 2 Last:08-17-20
 INHALATIONS (5MCG) BY ORAL INHALATION Expr:04-09-21
 ONCE DAILY - FOR BREATHING. DO NOT
 TAKE MORE THAN 2 INHALATIONS IN 24
 HOURS.

18) VERAPAMIL HCL 120MG SA TAB Qty: 90 for ACTIVE (S) Issu:01-23-20
 90 days Sig: TAKE ONE TABLET BY MOUTH Refills: 0 Last:11-05-20
 EVERY EVENING FOR MIGRAINE PROPHYLAXIS Expr:01-23-21
 --have discussed now more for afib (no other rate control med)

Active Non-VA Medications	Refills	Start Date	Expiration
=====			
1) Non-VA ACETAMINOPHEN 325MG TAB Sig:	ACTIVE		
650MG MOUTH TWICE A DAY AS NEEDED			
2) Non-VA DIHYDROERGOTAMINE *HAZ* INJ,SOLN	ACTIVE		
Sig: 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED			

 Patient in NAD today. Since last encounter, patient reports associated signs/symptoms are improved. Continues galcanezumab (Emgality) monthly.

No migraines, and clusters seem to have decreased in frequency since most recent

Emgality dose. last injection on October 8th, "kicked in" on the 12th, with

"significant" decr in HAs since then -only 1 headache each day on 10/12, 10/13,

10/17 and 10/19, otherwise has been HA free (had prev been 4-5x/d and often affecting sleep at night). sometimes has shadows but none notable since last dose (historically has occurred within last 4-10 days toward the end of the month prior to next Emgality dose). 02 effective as abortive, typically within 5-15min. Has used DHE periodically but verbalized conscious of overuse leading to rebound headaches. No recent frovatriptan used. No ED visits for headaches.

Endorses the following side effects of current medication regimen: none

Endorses full adherence

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: received the gammacore and has tried, helps for ~1hr with temporary relief if catches early enough. likes having it as an additional abortive therapy.

0: Vitals - most recent BMI: 28.4

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Weight: 192 lb [87.3 kg] (12/03/2019 12:34)

Pulse: 76 (12/03/2019 12:41)

BP: 116/64 (12/03/2019 12:41)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
08/04/2020 08:39	BLOOD	6.3	16.7	50.7	287	92.0	32.9
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	282	95.5	32.0

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
08/04/2020 08:39	PLASM	138	4.1	103	27	15	0.89
02/04/2020 13:30	PLASM						1.05

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN T.	BIL
08/04/2020 08:39	PLASM	34	30	73	4.7	0.9
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9

Calculated Creatinine Clearance: CrCl=77.2 mL/min (AUG 04, 2020)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

08/26/2019	LITHIUM	0.40 L
09/18/2019	LITHIUM	0.90

A/P: 69yo M with cluster HA and no recent migraine, now with improvement in HA

control in the past few weeks on continued galcanezumab. Historically had been

HA free for several months on same regimen, although possibly had decr efficacy/potency with improper storage in mailing of previous fills of the medication. Continues verapamil but at lower dose per PCP (has afib and not on any other rate controlling medication). DHE and O2 effective as abortive,

now also has gammacore. Still has frovatriptan PRN but no recent use (aware not

to use triptan and DHE together). Has also been using APAP daily for arthritis

pain, unable to take NSAIDS d/t anticoagulation. Pt has expressed preference to

avoid steroids in the future; h/o ADR with prednisone. Last SCr sl. elevated

with LFTs wnl --no dose adjustments needed.

Recommendations and plan:

Medication therapy:

[X] No medication therapy changes. Continue current regimen

galcanezumab 300mg subq monthly (NFDR approved indefinitely)

--pt preference to coordinate directly with OP pharmacy

for local delivery

☐ Counseled on medication changes:

☐ Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed today. Patient has excellent

knowledge of his medications and good adherence.

Reviewed all medications, including indication for use, possible adverse effects, and administration times.

Updated/provided medication list reflecting current regimen

Encouraged adherence

Encouraged to limit use of PRN meds to lower risk of MOH

Encouraged lifestyle modifications - exercise in moderation as tolerated, antiinflammatory nutrition

As sx well controlled at this time, will defer further management/prescribing

back to primary neurology provider and discharge from neuroCPS clinic; f/u may

be requested or pt may be rereferred if situation changes and/or need for closer

medication management is warranted

Follow up:

☒ [X] with Neurologist/NP as ordered/scheduled (enc to r/s, due 12/2021)

☒ [X] other/prn -pt or provider may request f/u if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21-30min

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor
and assess.

Address compliance/adherence

Care coordination

Medication reconciliation

No change made

Refer or transition back to provider from Clinical Pharmacy Specialist clinic

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 10/20/2020 23:01

Sleep Clinic Telephone Note

Details

Date entered: October 5, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: SKYE M LAUGHRIDGE

Signed by: SKYE M LAUGHRIDGE

Date signed: October 5, 2020

Note

LOCAL TITLE: Sleep Clinic Telephone Note

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: OCT 05, 2020@09:01 ENTRY DATE: OCT 05,
2020@09:01:15

AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

CALL PT REG NO USAGE PID 100920 PT STATED HAVING CLUSTER HEADACHES
AND NEEDS OXYGEN THRU THE NIGHT

=====

I called pt for the 0900 tele appt and verified X2.

Pt stated he uses O2 at night at 10L. Pt stated he has not been
able to use his cpap due to not having the O2 adapter.

Pt stated without the high flow of the O2 at night, he wakes up in the
morning with really intense cluster headaches.

I let pt know that i will order the OXY line tubing for his machine.
I confirmed the address on file with pt and pt understands it may take
7-10
business days to arrive.

I let pt know that i will place a RTC for download data review in 2
months.

I let pt know that this is a remote download and not an in clinic appt.

Order placed for :

1 ResMed OXY tubing#37357

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 10/05/2020 09:17

CPAP/BiPAP Sleep Follow-up

Details

Date entered: September 29, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: SKYE M LAUGHRIDGE
Signed by: SKYE M LAUGHRIDGE
Date signed: September 29, 2020

Note

LOCAL TITLE: CPAP/BiPAP Sleep Follow-up
STANDARD TITLE: SLEEP MEDICINE NOTE
DATE OF NOTE: SEP 29, 2020@14:12 ENTRY DATE: SEP 29,
2020@14:12:36
AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Chart review: wireless remote PAP data

No data in airview for over the past 90 days.

=====

The following identifiers were used to identify the Veteran:

Full Name

Full Date of Birth/Last Four of SSN

CAMPBELL, RONALD CLARK is a 70 Y.O. MALE.

PRESENTING COMPLAINTS: chronic cluster headache x 29 years

HISTORY OF PRESENT ILLNESS: Patient is on galcanezumab with great relief and also getting DHE-45 injection from non-VA provider. Patient states DHE-45 and oxygen have been the only successful abortive measures (see message 9/11/20).

Gamma Core and needles have been ordered by this writer. Patient had hadache

remission for 5.5 months until 8/15/2020; patient believes because his galcanezumab was not refrigerated at the post office over 2 days for his injection on 8/8/20. Then, for the next injection on 9/8/20, galcanezumab was frozen in the refrigerator after he had power outage. Patient is dealing with O2 of 15L and DHE-45 inj prn.

Headache starts on right side behind the eye or back of the jaw, within 5 minutes the pain becomes severe, 10/10. Patient feels shooting pain - "putting a knife into my brain" - debilitating and excruciating. Lasts 20-90 minutes, but this happens up to 5x/evening. Patient is not sleeping well; it is hard in the morning at times with headache.

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant 12/31/19 HAN, ELDI KYOUNG
on pradaxa (afib/CVA risk reduction, and hx of PE)

2. Obstructive sleep apnea syndrome PANOSSIAN, LORI	09/30/19	
3. AF- Atrial Fibrillation (SCT 49436004) KYOUNG Dx 6/2019	06/20/19	HAN, ELDI
4. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
5. Hypertension (SNOMED CT 38341003) KYOUNG Added from station 654 as a result of CBOC move.	01/23/20	HAN, ELDI
6. OA - Osteoarthritis (SCT 396275006) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
7. Prostate cancer (SNOMED CT 254900004) KYOUNG Added from station 654 as a result of CBOC move.	12/03/19	HAN, ELDI
8. Chronic cluster headache (SNOMED CT 230473009) MARI Added from station 654 as a result of CBOC move.	02/14/20	BECK, NIKKI
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
10. Polyp Colon (SCT 68496003) 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE H
11. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
12. Dysthymia BAHTEN, REGINA S	02/08/16	
13. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
15. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
16. Cluster headache (SNOMED CT 193031009) APPERSON, MICHEL	02/07/14	
17. Chronic obstructive lung disease FIECHTNER, BRIDG "severe" (nonVA)	06/24/19	
18. Benign hypertension	11/26/13	CHANG, MYO S
19. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	

20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
21. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
22. Carcinoma, Prostate	11/26/13	CHANG, MYO S
23. Arthralgias NOS	11/26/13	CHANG, MYO S
24. Impotence	11/26/13	CHANG, MYO S
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO S

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE
3) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
4) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE (S)
5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE (S)
6) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL ALLERGIES.	ACTIVE
7) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE

8)	GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
9)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
10)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -FOR ALLERGY SYMPTOMS.	ACTIVE
11)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
12)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
13)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
14)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
15)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE
16)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE (S)

Active Non-VA Medications

Status

=====		
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE
2)	Non-VA DIHYDROERGOTAMINE *HAZ* INJ, SOLN 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE

18 Total Medications

ALLERGIES: PENICILLIN, PREDNISONE, METFORMIN

EXAMINATION

GENERAL: socially appropriate, respirations regularly and unlabored

MENTAL STATUS: appropriate and full affect, oriented to purpose of visit, normal

speech and language including fluency, naming, repetition, and comprehension

LABS

Collection DT	Specimen	Test Name	Result	Units	Ref
03/13/2018 08:41	SERUM	B12	351	pg/ml	211 - 911

Collection DT	Spec	Tsh
06/20/2019 09:28	SERUM	1.44

SCL1 - Lab Cum Selected 1

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
08/04/2020 08:39	PLASM	138	4.1	103	27	9.4

SCL2 - Lab Cum Selected 2

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR
08/04/2020 08:39	PLASM	114	15	0.89	>60
02/04/2020 13:30	PLASM			1.05	>60

SCL3 - Lab Cum Selected 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST
08/04/2020 08:39	PLASM	7.2	4.7	0.9		73	30

ALT 34

STUDIES

Date	Procedure	CPT	Status	Case #
02/03/2014	CT HEAD W/O	70450	Verified	602

No acute intracranial abnormality.

IMPRESSION

Chronic cluster headache. After 5.5 months of "virtual remission" of chronic cluster headache, patient has been having frequent episodes of headache again, up to 5x in evening. It is possible that extreme temperature (heat and freezing) may have a damanging effect on galcanezumab from which patient had great

benefit. Will order next shipment via UPS or FedEx, not USPS. Reviewed current management strategies and to continue current regimen.

PLAN

- Order syringe luer lock 25G 5/8, 100 quantity, for DHE-45 inj
- Cont. Gamma Core
- Cont. galcanezumab Qmonthly and verapamil SA 120mg
- Cont. 02, DHE-45, frovatriptan PRN
- Sleep hygiene
- f/u in 3 months TELE

START TIME: 1035

END TIME: 1110

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 09/21/2020 11:20

Care Management Telephone Encounter Note

Details

Date entered: September 18, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: MEBRAT J NUR

Signed by: MEBRAT J NUR

Date signed: September 18, 2020

Note

LOCAL TITLE: Care Management Telephone Encounter Note
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: SEP 18, 2020@15:45 ENTRY DATE: SEP 18, 2020@15:45:45

AUTHOR: NUR, MEBRAT J

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

S/w pt to remind him of his upcoming phone appt w/ NP Nickerson on 9/21 @11:00.

Pt expressed understanding.

/es/ Mebrat Nur, RN
Nurse Medical Spec SAC
Signed: 09/18/2020 15:46

Neurology Secure Messaging

Details

Date entered: September 16, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LACHERYL LATHAM
Signed by: LACHERYL LATHAM
Date signed: September 16, 2020

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: SEP 16, 2020@16:45:52 ENTRY DATE: SEP 16, 2020@14:45:53
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/14/2020 07:33 PM
From: CAMPBELL, RONALD CLARK
To: Neurology - SAC.N
Subject: General Inquiry

I understand.

Dr McCraney advised me that he tried to secure an approval for the DHE-45 from

the VA 2 or 3 times with no success. He and I discussed that I plan on continuing to secure this medication through Medicare.

He had secured the VA syringe prescription I provided to help me with our medical costs.

Today they called to change our 9/21 appointment to phone. Unfortunate but the nature of everything with COVID.

I look forward to updating you in some changes with my cluster headaches status.

Regards.

Ron Campbell
Meadow Vista

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 09/16/2020 14:45

Receipt Acknowledged By:
09/16/2020 15:11 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

Primary Care Secure Messaging

Details

Date entered: September 15, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ELDI KYOUNG-OK HAN

Signed by: ELDI KYOUNG-OK HAN**Date signed:** September 15, 2020**Note**

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: SEP 15, 2020@18:44 ENTRY DATE: SEP 15,
2020@16:44:38
AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/14/2020 07:24 PM
From: CAMPBELL, RONALD CLARK
To: **Han, E (Primary Care) - Mather
Subject: Oral Surgery - Pradaxa

I am scheduled for oral surgery on 9/2//2020.

What is the protocol I need to follow regarding my blood thinner
medication
prior to the appointment/surgery

-----Original Message-----

Sent: 09/15/2020 07:44 PM
From: HAN, ELDI KYOUNG-OK
To: CAMPBELL, RONALD CLARK
Subject: Oral Surgery - Pradaxa

I am unaware what type of oral surgery you have/had planned.
Do you mean OCTOBER 2nd?
You should hold the blood thinner PRADAXA - dabigatran - 2 days prior to
surgical procedure and restart 1-2 days after as long as there are no
severe
bleeding complications.

Eldi Han, MD
Primary Care Physician

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 09/15/2020 16:44

Neurology Secure Messaging

Details

Date entered: September 14, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LACHERYL LATHAM
Signed by: LACHERYL LATHAM
Date signed: September 14, 2020

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: SEP 14, 2020@10:37:52 ENTRY DATE: SEP 14,
2020@08:37:53
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/14/2020 11:37 AM
From: LATHAM, LACHERYL
To: CAMPBELL, RONALD CLARK
Subject: General Inquiry

Hi, please see the message below from NP Nickerson.

I requested needles. Will need to see the pharmacy approval I believe. I am
not

going to be taking over DHE injections. As you are receiving the medication from outside provide, I suggest you would continue that way. We can discuss further during the visit. Thank you.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 09/11/2020 13:07

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 09/14/2020 08:37

Neurology Secure Messaging

Details

Date entered: September 11, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LACHERYL LATHAM
Signed by: LACHERYL LATHAM
Date signed: September 11, 2020

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: SEP 11, 2020@10:46:41 ENTRY DATE: SEP 11, 2020@08:46:42
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 09/11/2020 11:34 AM

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.N

Subject: General Inquiry

Attachments: 039DCC1E-3916-451E-BA6A-92F1D2321B7A.png (631.60 KB)

NP Nickerson

Thank you for the Vagus GammaCore prescription. I'm exited.

On another matter Syringes for DHE-45 injections Cluster Headache abortive prescription has expired

DHE-45 in combination with high flow 02 have proven to be the only successful abortive measures for me

Dr McCraney was unable to secure DHE-45 approval for me thru the VA

I purchase it through my medicare provider at the current time.

I also had to purchase the syringes for injection. Dr McCraney did write a prescription that has expired

Can this be renewed? It really helps reduce our expenses if this can be done.

Both prescriptions are attached for your reference.

Thanks and I look forward to meeting you on the 21st

Ron Campbell
Meadow Vista

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 09/11/2020 08:46

Receipt Acknowledged By:
09/11/2020 12:56 /es/ Gasong Yun Nickerson,
DNP
Nurse
Practitioner

09/11/2020 ADDENDUM STATUS: COMPLETED
I requested needles. Will need to see the pharmacy approval I believe. I am not going to be taking over DHE injections. As you are receiving the medication from outside provide, I suggest you would continue that way. We can discuss further during the visit. Thank you.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 09/11/2020 13:07

Receipt Acknowledged By:
09/14/2020 08:37 /es/ LaCheryl
Latham, RN
STAFF
NURSE

Neurology Secure Messaging

Details

Date entered: September 9, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LACHERYL LATHAM
Signed by: LACHERYL LATHAM
Date signed: September 9, 2020

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: SEP 09, 2020@13:19 ENTRY DATE: SEP 09,
2020@11:19:01
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 09/09/2020 02:18 PM
From: LATHAM, LACHERYL
To: CAMPBELL, RONALD CLARK
Subject: General Inquiry

Hi, please see the message below from NP Nickerson.

I ordered the vagus nerve stimulator for cluster headache or migraine. It is called Gamma Core Sapphire. Please visit the website and learn how to use it.
<https://www.gammacore.com>

This needs to be reordered every 93 days. Will discuss further at the appointment.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 09/09/2020 10:44

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 09/09/2020 11:19

Neurology Secure Messaging

Details

Date entered: August 31, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: LACHERYL LATHAM

Signed by: LACHERYL LATHAM

Date signed: August 31, 2020

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: AUG 31, 2020@17:26:37 ENTRY DATE: AUG 31,
2020@15:26:37

AUTHOR: LATHAM, LACHERYL

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 08/29/2020 10:08 AM

From: CAMPBELL, RONALD CLARK

To: Neurology - SAC.N

Subject: Cluster Headaches

I was a patient of Dr McCrany with chronic CLH for over 30 years.
I have an appointment with G Nickerson on 9/21.

galcanezumab has been prescribed this year and I had remission for over 5 months.

Headaches returned in August and have intensified.

I was approved by the VA for and scheduled for a surgical implant of a nerve stimulator for this malady.
No provider could be found nationally.

Recently, clinical success has been found with non-invasive Vagus nerve stimulation.

I want to continue for the time being with Emgality but would like to begin use of a non-invasive Vagus stimulator.

They are available OTC but at a high cost for my current financial status. \$400. The trials on this stimulator showed 81% of the patients responding able to stop or reduce their prior abortive treatments.

The cost to the VA for my current abortive treatments is considerable.

I would like to try this abortive option now. The headaches are significant, debilitating and severely affecting my ability to cope in this COVID setting as a medically compromised individual.

I request consideration for this treatment/device AND an appointment as soon as possible to discuss this option if that is necessary before I suffer for another 2-3 months that it would take for the consult/approval process. A phone appointment might work?

Ron Campbell - Meadow Vista

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 08/31/2020 15:26

Receipt Acknowledged By:
09/09/2020 10:40 /es/ Gasong Yun Nickerson,
DNP

Nurse

Practitioner

PRIMARY CARE LETTER (AUTO PRINT)**Details****Date entered:** August 17, 2020**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ELDI KYOUNG-OK HAN**Signed by:** ELDI KYOUNG-OK HAN**Date signed:** August 17, 2020**Note**

LOCAL TITLE: PRIMARY CARE LETTER (AUTO PRINT)

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: AUG 17, 2020@07:56 ENTRY DATE: AUG 17,
2020@07:56:15

AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

AUG 17, 2020

VA Northern California Healthcare System - Sacramento
10535 Hospital Way, Mather, CA 95655

CAMPBELL, RONALD CLARK

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Dear CAMPBELL, RONALD CLARK

Here are the results of your recent tests in case you did not receive any results...(It does not look like the covering doctors addressed the labs in my absence.)

Fortunately - everything here looks OK - I have renewed the rosuvastatin, vitamin D, and placed refills for the dabigatran (blood thinner).

The results of complete blood counts : OK, no anemia

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
08/04/2020 08:39	BLOOD	6.3	16.7	50.7	92.0	32.9	287

The results of kidney/chemistry tests : OK

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
08/04/2020 08:39	PLASM	138	4.1	103	27	15	0.89

Collection DT	Spec	GLUCOSE
08/04/2020 08:39	PLASM	114

The result of your HbA1c/overall sugars : good on glipizide

Collection DT	Spec	HGBA1c
08/04/2020 08:39	BLOOD	6.3

The results of cholesterol panel : OK

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL
08/04/2020 08:39	PLASM	177	89	59	100

The results of liver tests : OK

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN T.	BIL	PROTEIN
08/04/2020 08:39	PLASM	34	30	73	4.7	0.9	7.2

Your current medications according to our prescription records are:

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications

Status

- =====
- 1) ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS ACTIVE
DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD
SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.
 - 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE
BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR
SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH
WATER AT LEAST ONCE WEEKLY.
 - 3) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 ACTIVE
PUFFS BY ORAL INHALATION TWICE A DAY - FOR
BREATHING. RINSE MOUTH OUT AFTER USE.
 - 4) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE ACTIVE
BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP
IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
BOXES. DO NOT OPEN OR CHEW CAPSULE.
 - 5) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 ACTIVE
SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL
ALLERGIES.
 - 6) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH
DIHYDROERGOTAMINE
 - 7) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG ACTIVE
(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT
HEADACHES.
 - 8) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE (S)
FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE
WITH LUNCH
 - 9) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY -FOR ALLERGY SYMPTOMS.
 - 10) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE (S)
FOR BLOOD PRESSURE (REPLACES LISINOPRIL)
 - 11) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE (S)
DAILY
 - 12) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY - FOR STOMACH ACID.
 - 13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE (S)
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -

FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

14) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE (S)
EVERY EVENING FOR MIGRAINE PROPHYLAXIS

If you have any questions, please call 1-800-382-8387.

Eldi Han, MD

Sincerely,

/es/ Eldi K. Han, M.D.

Staff Physician, Primary Care

Patient Record Number 7468482

Pharmacy Specialty Note

Details

Date entered: August 11, 2020

Location: MCCLELLAN VA CLINIC

Written by: CHARISSE MAY C VIVAR

Signed by: CHARISSE MAY C VIVAR

Date signed: August 12, 2020

Note

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: AUG 11, 2020@10:10 ENTRY DATE: AUG 11,
2020@10:10:20

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Pharmacy Specialty Note Has ADDENDA ***

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 70 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant	12/31/2019
2. Obstructive sleep apnea syndrome	09/30/2019
3. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
4. Pulmonary embolism	06/20/2019
5. HTN - Hypertension (SCT 38341003)	09/30/2019
6. OA - Osteoarthritis (SCT 396275006)	09/30/2019
7. Prostate cancer (SNOMED CT 254900004)	12/03/2019
8. Chronic cluster headache	09/30/2019
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
10. Polyp Colon (SCT 68496003)	09/30/2019
11. History of malignant neoplasm of prostate	11/05/2016
12. Dysthymia	02/08/2016
13. Chronic pain syndrome	12/08/2015
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
15. Depressive Disorder NOS *	04/02/2014
16. Cluster headache (SNOMED CT 193031009)	02/07/2014
17. Chronic obstructive lung disease	06/24/2019
18. Benign hypertension	11/26/2013
19. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
21. Headache (SNOMED CT 25064002)	02/04/2016
22. Carcinoma, Prostate	11/26/2013
23. Arthralgias NOS	11/26/2013
24. Impotence	11/26/2013
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction

with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP Qty: 50 for 150 days Sig: USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE Refills: 1	Issu:03-12-20 Last:03-12-20 Expr:03-13-21
2)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Qty: 1 for 30 days Sig: INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE Refills: 10	Issu:04-08-20 Last:05-18-20 Expr:04-09-21
3)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH Qty: 3 for 90 days Sig: INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE Refills: 3	Issu:04-08-20 Last:04-08-20 Expr:04-09-21
4)	DABIGATRAN ETEXILATE 150MG ORAL CAP Qty: 180 for 90 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE Refills: 1	Issu:04-08-20 Last:04-28-20 Expr:04-09-21
5)	FLUTICASONE PROP 50MCG 120D NASAL INHL Qty: 3 for 90 days Sig: INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL ALLERGIES.	ACTIVE Refills: 3	Issu:04-08-20 Last:04-08-20 Expr:04-09-21
6)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3	ACTIVE Refills: 2	Issu:11-01-19 Last:11-01-19 Expr:11-01-20

TABLETS IN 24 HOURS SEVERE CLUSTER
MIGRAINE HEADACHES DO NOT TAKE WITH
DIHYDROERGOTAMINE

7)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty: 3 for 30 days Sig: INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE Refills: 1	Issu:06-08-20 Last:07-08-20 Expr:06-09-21
8)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE Refills: 3	Issu:04-08-20 Last:04-30-20 Expr:04-09-21
9)	LORATADINE 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -FOR ALLERGY SYMPTOMS.	ACTIVE Refills: 3	Issu:04-08-20 Last:05-26-20 Expr:04-09-21
10)	LOSARTAN 50MG TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE Refills: 1	Issu:12-31-19 Last:06-10-20 Expr:12-31-20
11)	MONTELUKAST NA 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE Refills: 3	Issu:04-08-20 Last:04-30-20 Expr:04-09-21
12)	PANTOPRAZOLE NA 40MG EC TAB Qty: 60 for 60 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE Refills: 3	Issu:06-26-20 Last:06-29-20 Expr:06-27-21
13)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL Qty: 3 for 90 days Sig: INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE Refills: 3	Issu:04-08-20 Last:04-08-20 Expr:04-09-21
14)	VERAPAMIL HCL 120MG SA TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE Refills: 2	Issu:01-23-20 Last:05-18-20 Expr:01-23-21

--have discussed now more for afib (no other rate control med)

	Status	Issue Date
Inactive Outpatient Medications	Refills	Last Fill
		Expiration

4)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB Qty: 100 for 90 days Sig: TAKE ONE	EXPIRED Refills: 1	Issu:07-19-19 Last:05-18-20

TABLET BY MOUTH ONCE DAILY - FOR
VITAMIN D SUPPLEMENT TO IMPROVE BONE
STRENGTH.

Expr:07-19-20

20) ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.

EXPIRED
Refills: 0

Issu:06-20-19
Last:05-18-20
Expr:06-20-20

Active Non-VA Medications

Refills

Start Date
Expiration

=====

1) Non-VA ACETAMINOPHEN 325MG TAB Sig: 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE

2) Non-VA DIHYDROERGOTAMINE *HAZ* INJ,SOLN Sig: 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED ACTIVE

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms are worsened. Continues galcanezumab monthly. No migraines, but has had incr frequency of clusters over last few months. had incr severe shadows (historically has occurred within last 4-10 days toward the end of the month prior to next Emgality dose) leading to incr in frequency in HA (see below; prev was no HA 0/90). 02 needed "to abate them" within 5-15min. Only needed to use one injection (DHE) since last encounter because did not have 02 on hand; it did not help, and HA lasted for 1.5hrs. No ED visits for headaches.

Frequency of HA:

April: 2 headaches

May: 4

June: 6

July: 7 - specifically has been having daily HA since 7/22

Aug: 8 HA in past 11days this month, but no headaches since Emgality dose 8/8.

Endorses the following side effects of current medication regimen: none current;
 although had some stinging and redness with injection with dose prior to the
 last, self resolved (no issues with most recent dose)

Endorses full adherence

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: Thinks some of the deliveries of Emgality did not
 have proper storage. states no other variables, no significant changes, states
 mood has been good, eating well

0: Vitals - most recent BMI: 28.4

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Weight: 192 lb [87.3 kg] (12/03/2019 12:34)

Pulse: 76 (12/03/2019 12:41)

BP: 116/64 (12/03/2019 12:41)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
08/04/2020 08:39	BLOOD	6.3	16.7	50.7	287	92.0	32.9
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	282	95.5	32.0

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
08/04/2020 08:39	PLASM	138	4.1	103	27	15	0.89
02/04/2020 13:30	PLASM						1.05

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL
08/04/2020 08:39	PLASM	34	30	73	4.7	0.9
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9

Calculated Creatinine Clearance: CrCl=77.2 mL/min (AUG 04, 2020)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4	L	

05/19/2014 08:19 SERUM 71 < 4 71

Collection DT Spec B12

03/13/2018 08:41 SERUM 351

05/19/2014 08:19 SERUM 417

Drug Level Monitoring:

08/26/2019 LITHIUM 0.40 L

09/18/2019 LITHIUM 0.90

A/P: 69yo M with cluster HA, on continued galcanezumab, recently with increase in HA frequency over the last few months and now HA free over the last several days since last dose (prev had been HA free for months). Possibly decr efficacy/potency with improper storage in mailing of previous fills of the medication. Continues verapamil but at lower dose per PCP (has afib and not on any other rate controlling medication). DHE was not effective when taken x1 recently; otherwise O2 effective as abortive. Still has frovatriptan PRN (aware not to use triptan and DHE together). Has also been using APAP daily for arthritis pain, unable to take NSAIDS d/t anticoagulation. Pt has expressed preference to avoid steroids in the future; h/o ADR with prednisone. Last SCr sl. elevated with LFTs wnl --no dose adjustments needed.

Recommendations and plan:

Medication therapy:

[X] No medication therapy changes. Continue current regimen galcanezumab 300mg subq monthly (NFDR approved indefinitely)

--pt preference to coordinate directly with OP pharmacy

for local delivery

[] Counseled on medication changes:

[] Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:
Medication education/reconciliation - completed today. Patient has excellent knowledge of his medications and good adherence.
Reviewed all medications, including indication for use, possible adverse effects, and administration times.
Updated/provided medication list reflecting current regimen
Encouraged adherence
Encouraged to limit use of PRN meds to lower risk of MOH
Encouraged lifestyle modifications - exercise in moderation as tolerated, antiinflammatory nutrition

Follow up:

- [X] 2mo clinical pharmacy phone appt (after neuro appt)
- [X] with Neurologist as ordered/scheduled (current appt 9/21)
- [X] other/prn -can call sooner if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.
Interacted well through visit and opportunity provided for questions.

Time spent with patient: 21-30min

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor and assess.

Address compliance/adherence

Care coordination

Medication reconciliation

No change made

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 08/12/2020 08:21

10/20/2020 ADDENDUM

STATUS: COMPLETED

Attempted to contact patient at phone number(s) listed in CPRS for scheduled

phone appt. Unable to leave message, VM box full

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 10/20/2020 10:10

CP Cardiology Procedure Report

Details

Date entered: August 4, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DEVICE PROXY SERVICE CLINICAL

Date signed: None recorded

Note

LOCAL TITLE: CP Cardiology Procedure Report
STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY REPORT
DATE OF NOTE: AUG 04, 2020@15:45:41 ENTRY DATE: AUG 04,
2020@15:45:41

AUTHOR: CLINICAL, DEVICE PRO EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (XCELERA Echo SAC) AUTO-INSTRUMENT DIAGNOSIS **

Procedure: Adult

VAMC Sacramento

+-----+

10535 Hospital Way :

:

Mather, CA 95655

+-----+

Transthoracic Echocardiogram Report

+-----+

-----+

:Name: CAMPBELL, RONALD CLARK

08/04/2020

:MRN: 546-80-2701

3200804000012

:DOB: 04/11/1950

Male

:Age: 70 yrs

RAD :

:Reason For Study: Atrial
fibrillation

:

Qin

Study Date:

Height: 69 in :

CP #:

Weight: 192 lb:

Gender:

BSA: 2.0 m2 :

Patient Location: SAC CARDIO ECHO TECH

:

Sonographer: Yi

:

:Referring Physician: HAN,
ELDI
:KYOUNG-OK

:

:

+-----
-----+

Procedure: A two-dimensional transthoracic echocardiogram with color flow and Doppler was performed. There is no prior echocardiogram noted for this patient. Images from the parasternal window were difficult to obtain and are suboptimal in quality.

Left Ventricle: The left ventricle is normal in size. There is mild concentric left ventricular hypertrophy. Left ventricular systolic function is normal. The ejection fraction estimate is 55-60%. Assessment of diastolic parameters indicates normal left ventricular diastolic function and normal filling pressures.

Right Ventricle: The right ventricle is normal size. The right ventricular systolic function is normal.

Atria: The left atrial size is normal. Right atrial size is normal.

Aortic Valve: The aortic valve is sclerotic, but shows no functional abnormality. There is no hemodynamically significant valvular aortic stenosis. No significant aortic regurgitation seen.

Mitral Valve: There is mild mitral annular calcification. There is no mitral valve stenosis. There is mild mitral regurgitation.

Pulmonic Valve: The pulmonic valve is normal in structure and function.

Tricuspid Valve: The tricuspid valve is normal in structure and function. There is trace tricuspid

regurgitation. TR doppler is inadequate to accurately estimate right ventricular systolic pressure (RVSP).

Great Vessels: The aortic root is normal size. The inferior vena cava appears normal.

No significant pericardial effusion noted.

MMode/2D Measurements \T\ Calculations

IVSd: 1.4 cm TAPSE: 2.4 cm Ao root diam: 3.8 cm asc
Aorta Diam: 4.1 cm
LVPWd: 1.4 cm LVIDd: 3.9 cm LA dimension: 3.2 cm

Doppler Measurements \T\ Calculations

MV E max vel: 58.7 cm/sec MVP1/2T: 89.5 sec e': 8.5 cm/
sec Ao V2 max: 110.0 cm/sec
MV A max vel: 58.7 cm/sec MV dec slope: 192.0 cm/sec²E/e':
6.9 Ao max PG: 4.8 mmHg
MV E/A:
1.0 Ao
mean PG: 3.0 mmHg
MV dec time: 0.31
sec Ao V2 VTI: 26.1
cm

LV V1 max: 90.2 cm/sec PA acc time: 0.14 sec PA pr(Accel): 15.5
mmHg
LV V1 max PG: 3.3 mmHg
LV V1 mean PG: 2.0 mmHg
LV V1 VTI: 23.0 cm

Interpretation Summary

There is mild concentric left ventricular hypertrophy.
Left ventricular systolic function is normal.
The ejection fraction estimate is 55-60%.
There is mild mitral regurgitation.

Reading Physician:Electronically signed by: MD Veena Manja on 08/04/2020
03:45 PM

Administrative Closure: 08/04/2020
by:
CLINICAL,DEVICE PROXY SERVICE

Primary Care Secure Messaging

Details

Date entered: August 3, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ROCHELLE BOQUIREN FINNEGAN
Signed by: ROCHELLE BOQUIREN FINNEGAN
Date signed: August 3, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 03, 2020@16:35:39 ENTRY DATE: AUG 03,
2020@14:35:40
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 07/31/2020 10:00 PM
From: CAMPBELL, RONALD CLARK
To: **Han, E (Primary Care) - Mather
Subject: Time for Labs?

Kaiser is suggesting it's time for my complete labs especially A1C and PSA.

I can only find 9/19 labs on the Blue Button report.

Is it time for any lab updates for me?

I have to go in to Mather for the electro cardio on Wed the 4th.

-----Original Message-----

Sent: 08/03/2020 05:35 PM

From: FINNEGAN, ROCHELLE BOQUIREN

To: CAMPBELL, RONALD CLARK

Subject: Time for Labs?

Hello Mr. Campbell,

Dr. Han placed lab orders for several tests that is already in the VA lab system. The lab tests can be completed at any time when it is convenient for you. All you need to do is just check in at the VA lab department. Dr. Han also placed an order for CT scans for the abdomen and pelvis and for the chest. The radiology department will be calling you to schedule an appointment but you can also reach the radiology department at 916-366-5474 to check on the status of that order. Once the tests are completed then Dr. Han will review the results and will either contact you or write a letter explaining the results and recommendations for plan of care. If you have any questions/issues/concerns please feel free to call our office at 1-800-382-8387.

Respectfully,

Rochelle Finnegan, RN,MSN,PHN,CCM

RN Care Manager, Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 08/03/2020 14:35

Primary Care Secure Messaging

Details

Date entered: June 26, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ELDI KYOUNG-OK HAN
Signed by: ELDI KYOUNG-OK HAN
Date signed: June 26, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 26, 2020@10:44 ENTRY DATE: JUN 26,
2020@08:45:48
AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 06/25/2020 10:23 PM
From: CAMPBELL, RONALD CLARK
To: **Han, E (Primary Care) - Mather
Subject: Aneurism Ultrasoun

Kaiser wants me to complete a regular FU Ultrasound for an found last year.

I thought I had this done at the VA but may be confusing it with a CT Scan completed in Feb.

None of my calls to the VA have produced any information.

You usually send out a short note on test results and I can find none on this issue

So

If I had it I would like a short note on the results. If not, can I get it scheduled through my preferred provider...VA?

Thanks. Hope you are well! And prayers for all of our friends and families still living in Seattle! Ughhh!

Ron Campbell
Meadow Vista

-----Original Message-----

Sent: 06/26/2020 11:43 AM
From: HAN, ELDI KYOUNG-OK
To: CAMPBELL, RONALD CLARK
Subject: Aneurism Ultrasoun

Hi Mr. Campbell.

Here is a review of the CT scans and imaging :

CT CHEST 2/2020 - (yes, you are correct I usually send a letter but as we discussed results on the phone I did not mail letter that time)

I have the follow up CT scan ordered for August, but it has not been scheduled

as yet. These picture do not see the entire abdomen.

"Impression:

Pulmonary nodules measuring up to 6 mm some of which are likely intraparenchymal lymph nodes and stable compared to prior imaging. Consider 6 month follow-up.

Lung emphysematous changes. "

?

I see a previous CT scan of ABDOMEN (ordered through RENO VA?) completed in

9/2019 : f/u study for LEFT common iliac artery aneurysm
of note :

* "left midpole renal cystic lesion, favored to represent a complex or septated

cyst (seen on CT scan 2/2020 - 1.5cm simple cysts in left kidney)

* small bilateral lung nodules

* unchanged left common iliac artery aneurysm as clinically queried, and diffuse chronic

atherosclerotic changes. No aortic aneurysm. "

?.

I will request CT abdomen for August when radiology schedules the CT chest for that time. Then you should not need to schedule additional imaging outside VA.

Also I see the rosuvastatin Rx has expired, as this is a long term medication I

will renew this, due for mail in August.

Do you need the protonix renewed as well - there are 2 refills remaining but

the Rx has administratively expired (time wise).

I see that you have an ECHOcardiogram scheduled for august - could you also

drop in lab to complete blood work (we need follow up blood counts and metabolic panel esp while on the dabigatran Rx...

OK - take care and we'll be in touch.

Eldi Han, MD

Primary Care Physician

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 06/26/2020 08:45

Diagnostic Oxygen Testing

Details

Date entered: June 11, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: DIANNE E WILLIAMS
Signed by: DIANNE E WILLIAMS
Date signed: June 11, 2020

Note

LOCAL TITLE: Diagnostic Oxygen Testing
STANDARD TITLE: RESPIRATORY THERAPY PROCEDURE NOTE
DATE OF NOTE: JUN 11, 2020@12:38 ENTRY DATE: JUN 11,
2020@12:38:31
AUTHOR: WILLIAMS,DIANNE E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

This is the annual telephone home 02 f/u for this 70 year old male who has a history of cluster headaches and uses high liter flow 02 10-15L PRN for pain. He was identified via dob and ss when he left return message.

He states the 02 is his primary source of relief for the pain due to the constant cluster headaches, but that overall he is doing well. He uses both a concentrator and E tanks and states that he has a very good relationship with Apria for service and equipment maintenance. He sees neurology yearly for f/u for the headaches and an attempt was made to contact him for phone f/u by neurology on 5/4/2020.

02 will be renewed.

Total time 15 minutes

/es/ Dianne E. Williams, RRT-NPS, CPFT
Respiratory Therapist, Pulmonary Function Lab
Signed: 06/11/2020 12:41

Receipt Acknowledged By:

06/11/2020 12:55 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

Neurology 11000

Details

Date entered: June 4, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DAVID MCCRANEY

Signed by: DAVID MCCRANEY

Date signed: June 8, 2020

Note

LOCAL TITLE: Neurology 11000
STANDARD TITLE: NEUROLOGY E & M NOTE
DATE OF NOTE: JUN 04, 2020@09:33 ENTRY DATE: JUN 04,
2020@09:33:29
AUTHOR: MCCRANEY, DAVID EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

0935

Phone followup on this 70m with chronic cluster, on emgality with
excellent

results. No answer, admittedly I called earlier than he expected, I gave him my cell number

Main thing is to establish a consistent followup plan. Our NP will be taking over the headache clinic, I'll set him up to see her. I'm going to put in another NFDR to get him through the transition, basically I want to make sure it's authorized through August which is when the followup appointment is likely to take place.

/es/ DAVID MCCRANEY
Staff Neurologist
Signed: 06/08/2020 14:44

Pharmacy Telephone Encounter Note

Details

Date entered: May 26, 2020
Location: MARTINEZ VA MEDICAL CENTER
Written by: JAMIE YOUNG
Signed by: JAMIE YOUNG
Date signed: May 26, 2020

Note

LOCAL TITLE: Pharmacy Telephone Encounter Note
STANDARD TITLE: PHARMACY OUTPATIENT COUNSELING NOTE
DATE OF NOTE: MAY 26, 2020@16:53 ENTRY DATE: MAY 26, 2020@16:53:01
AUTHOR: YOUNG, JAMIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Who is calling: Veteran: (206)295-2554

70 yo MALE contacted by telephone and identified by full name and SSN.

Chief Complaint:

[X]Consultation - Calling to inquire about GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML (Emgality) w/c is a refrigerated medication for migraine prevention.

Mail Tracking Info.: 9406110200881279067126 USPS

attempted delivery last week on 5/21, vet did not receive an attempted delivery slip by usps. He spoke with postmaster today stating no such reminder was left, nor did he get his normal shipping notification from VA about med en route. Today he picked up the med from post office.

Inquiring about stability of GALCANEZUMAB-GNLM out of the refrigerator since he was not able to receive the package until today 5/26/20.

Pertinent PMH: Migraine

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status
=====		
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
3)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE
4)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
5)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
6)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE	ACTIVE

BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP
IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
BOXES. DO NOT OPEN OR CHEW CAPSULE.

7)	FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL ALLERGIES.	ACTIVE
8)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE
9)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE (S)
10)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
11)	LANCET,SOFTCLIX USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE
12)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -FOR ALLERGY SYMPTOMS.	ACTIVE
13)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE (S)
14)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
15)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
16)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
17)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE
18)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE

Active Non-VA Medications

Status

- =====
- | | | |
|----|--|--------|
| 1) | Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A | ACTIVE |
|----|--|--------|

DAY AS NEEDED

2) Non-VA DIHYDROERGOTAMINE *HAZ* INJ, SOLN 1ML ACTIVE
INTRAMUSCULAR ONCE DAILY AS NEEDED

20 Total Medications

Allergies/ADR: PENICILLIN, PREDNISONE, METFORMIN

OBJECTIVE:

=====

VITALS: 12/03/2019 12:41 BP:116/64 HR:76 Wt:----

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
02/04/2020 13:30	PLASMA			1.05			
12/03/2019 13:43	PLASMA	136 H	17	0.82	134 L	3.8	104

25

ASSESSMENT & PLAN:

GALCANEZUMAB 100mg x 3 ml Emgality (300 MG Dose)

USPS tracking indicate it was mailed priority mail 5/19-20 locally
delivery

ready to patient on 5/21/20 but pt was not available. (Sig required d/t
cost)

However pt didnt notification about pending mail from the USPS or the VA
pharmacy.

1. Store at 2°C to 8°C (36°F to 46°F) in the original carton. Protect from
light

until time of use. If necessary, may be stored at room temperature (=30°C
[=86°F]) in the original carton for up to 7 days; do not return back to the

refrigerator.

Received shipment is within 7 days. Patient may use the product for this
upcoming dosing.

2. Next refill for June 2020 suggest patient be called in prior to package
being
mailed.

3. pt will meet with a local post master about not receiving notification
reminder. which could of resulted in him not receiving very important
medication.

Medication Management:

Prescription(s) reviewed with patient:

Current plan was reviewed with:

[X]Patient

- Verbalized understanding of information/plan

Patient has received the following information:

- Vets Connect-Advice Nurses available 24/7 by calling 1-800-382-8387
- Pharmacy Telephone Care by 1-866-600-8279

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:**NEUROLOGIC CONDITION(S)**

Medication monitoring, no dosage change required, continue to monitor and assess.

Plan: Emgality (300 MG Dose)received w/in 7 days; does not warrant replacement for immediate dose

/es/ Jamie Young, Pharm.D.

Supervisory Clinical Pharmacist

Signed: 05/26/2020 17:19

Primary Care Secure Messaging

Details

Date entered: May 14, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ROCHELLE BOQUIREN FINNEGAN

Signed by: ROCHELLE BOQUIREN FINNEGAN

Date signed: May 14, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 14, 2020@11:52 ENTRY DATE: MAY 14,
2020@09:52:01
AUTHOR: FINNEGAN, ROCHELLE B EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 05/14/2020 12:00 PM
From: CAMPBELL, RONALD CLARK
To: **Han, E (Primary Care) - Mather
Subject: COVID Symptoms

I called in today as all of the VA correspondence directs me to do if I develop any possible COVID symptoms. The advice nurse said you would be advised of the call.

I reported

1. Increased shortness of breath
2. New cough developed
3. Increased muscle pain
4. Sore throat
5. Excessive sweating.
6. Feverish feeling But temp of 97oF

Although accuracy of our thermometer is in question.

ALL of these symptoms are not critical. I can function fine and don't "feel" that poorly. I am so simply calling VERY EARLY in their development. I would not have called for triage if it were not for my age and medically compromised condition with regards to the virus.

I was surprised when I was directed to immediately go to emergency. For assessment and possible treatment.

I was calling expecting to be directed to a testing location.

I've done everything to stay safe and don't want to go inside of a hospital at this time. I just don't feel that bad off.

I just thought the early symptom reporting system was to generate a test test to determine if these symptoms might become life threatening for at risk patents

Ordering a possible "healthy" patient into the hospital seems contrary to everything the VA has been sending out.

Therefore I'm not going inside if that's the only way I can get tested. If I don't have it, that would be self defeating.

-----Original Message-----

Sent: 05/14/2020 12:51 PM
From: FINNEGAN, ROCHELLE BOQUIREN
To: CAMPBELL, RONALD CLARK
Subject: COVID Symptoms

Good morning Mr. Campbell,

Please be advised that you are being directed to go to the ED to have further

screening for the COVID-19 because of the given increase in respiratory symptoms, age, and co-morbidities.

Respectfully,
Rochelle Finnegan, RN, MSN, PHN, CCM
RN Care Manager
Primary Care Clinic

/es/ Rochelle Boquiren Finnegan, RN
Staff Nurse
Signed: 05/14/2020 09:52

Telephone Care VISN 21 Note

Details

Date entered: May 14, 2020
Location: MARTINEZ VA MEDICAL CENTER
Written by: FELICIA PARK
Signed by: FELICIA PARK
Date signed: May 14, 2020

Note

LOCAL TITLE: Telephone Care VISN 21 Note
STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE
DATE OF NOTE: MAY 14, 2020@07:33:38 ENTRY DATE: MAY 14,
2020@08:20:09
AUTHOR: PARK, FELICIA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Telephone Care VISN 21 Note Has ADDENDA ***

Type of call: SYMPTOM.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. Other:
name.

Contact Phone Number: (206)295-2554

Comments: (following are comments by MSA):

pt having sore throat, cough and difficulty breathing when walking and
having

sweats for 3 days now pcp: Han, Mather VA (206)295-2554 // K.T. (MSA) / (MSA/
clerk
comment, FP, RN)

Caller Area: MATHER

Caller Response: *OTHER

Chief Complaint: Difficulty Breathing

Triage Note

Phone Triage

Thu May 14 2020 07:49:01 GMT-0700 (Pacific Daylight Time)

Demographics

70 y/o Male

Results

CC: Difficulty Breathing

Nurse Recommendation: Now

TEDP Suggestion: Now

Nurse Recommended Follow-up Location: Emergency department, VA

TEDP Suggested Follow-up Location: Emergency department, VA

Values and Measures

Temperature: 97 Fahrenheit

Pain scale: 5

Duration of CC: 3 Days

Positive Responses

HPI: cough, new or worsening
HPI: diaphoresis, with dyspnea
HPI: dyspnea, duration longer than 30 minutes
PMH: pulmonary embolism

Negative Responses

Denies: HPI: chest pain, new or worsening
Denies: HPI: chest pain, pleuritic
Denies: HPI: dyspnea, moderate to severe
Denies: HPI: dyspnea, sudden onset
Denies: HPI: hemoptysis
Denies: HPI: leg swelling, unilateral
Denies: HPI: syncope, with dyspnea
Denies: HPI: wheezing, new or worsening
Denies: PMH: angina
Denies: PMH: heart attack

Education Log

TEDP = now
"System Concern

Pneumonia"

Advised to seek care now. Advised best to err on side of caution for his safety and well being. Advised any delay in care could be lifethreatening. Advised if seeking non VA care that TANs unable to authorize VA payment.

Vet states, "I dont know what I'm going to do. I promised my wife that I would call. I'm afraid of this COVID thing."

Actively listened and empathized. Strongly encouraged Vet to seek care now.

Vet isnt sure what he will do.

Vet adds that he "just took his pulse": HR 61

Advised to call VetsConnect/TAN, 800# provided/available 24/7 for any further concerns/questions, or seek urgent/emergent care for any

urgent/emergent or worsening sx. Vet verbalizes understanding of all information presented .

Note forwarded to PCP and PACT RN

Skype FYI to PCP re: + COVID screen

Nurse Notes:

Returned call to (206)295-2554. Vet with hx long term current use of anticoagulant, OSA, A fib on Pradaxa, PE, HTN, osteoarthritis, prostate CA, chronic cluster h/a, adjustment disorder with mixed emotional features, polyp colon, dysthymia, chronic pain syndrome, cervical radiculitis, depression, COPD, HTN, DM2, HLD, arthralgias, impotence, Vit D deficiency who answers and states:

"OK let me go over the list. I'm highly compromised. I've developed a cough, more shortness of breath than I usually have. I have COPD and I'm more short of breath now. I just walked fifteen feet across the living room. I'm also sixty five percent for my orthopedic pain and it's a different pain. It's in my muscles. Kaiser has a COVID on line questionnaire. I dont want to go to Kaiser. I contacted them and they dont want to get me tested. They want to try to treat the symptoms. They want me to talk with my primary at Kaiser. I have a problem with my primary treating my wife properly." Vet c/o increase in usual SOB, increase in usual difficulty breathing, increase in usual cough x 3d. C/o unusual myalgias (5 on classic 1-10 pain scale presently), subj fever; chills, mild sore throat x 3d. Reports took Temp: 97 F and questions whether it is working properly as he reports he feels hot. He speaks in full sentences, no pauses. Makes needs known easily. Denies blue

lips/nail beds. Denies confusion. Denies h/a, cp, dizziness, lightheadedness, syncope, palpitations. Denies hemoptysis. Denies n/v, abd pain.

Reports O2 sat via pulse oximeter: 97%. Reports has home O2 but "that's for my cluster headaches and I haven't needed to use that for three months."

Reports is co managed by Kaiser and was advised by them to follow up with his primary care for his reported sx and he declines to do so as "has problem" with them in how his wife is treated by same provider.

Reports is concerned for COVID.

Clinical Contact Center/Call Center Coronavirus Disease 2019(COVID 19) Screen:

Has Veteran been diagnosed with COVID-19? Vet states , "No."

Is Veteran waiting for COVID -19 results: Vet states, "No."

Sign/Symptoms:

Fever: Vet states, "Yes."

New or worsening cough or shortness of breath: Vet states, "Yes."

Any cold or flu- like sx: Vet states, "Yes."

New onset diarrhea: Vet states, "No."

Screen result: Positive

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 21-30 MIN (98968).

Original call started at: MAY 14, 2020 @ 07:26 (Call was suspended)

- THOMAS YOUNG, KIMBERLY A MAY 14, 2020@07:26:03 - MAY 14, 2020@07:27:52

Ending at: 5/14/2020 @ 8:02:13 AM

Length: 30 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Author: PARK,FELICIA

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Felicia Park, RN

Staff Nurse

Signed: 05/14/2020 08:25

Receipt Acknowledged By:

05/14/2020 08:38 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

05/14/2020 08:38 /es/ Rochelle Boquiren Finnegan,
RN

Staff

Nurse

05/14/2020 ADDENDUM

STATUS: COMPLETED

At time of call for dispo/advice: This TAN advised Vet to wear a face covering/mask upon presentation to ER.

/es/ Felicia Park, RN

Staff Nurse

Signed: 05/14/2020 08:32

05/14/2020 ADDENDUM

STATUS: COMPLETED

Agree with ED visit given increase in resp symptoms with positive COVID-19 screen.

/es/ ELDI K. HAN, MD

Staff Physician, Primary Care

Signed: 05/14/2020 08:39

TCP Telephone Care Staff Note

Details**Date entered:** May 14, 2020**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** MARITESS BAULA**Signed by:** MARITESS BAULA**Date signed:** May 14, 2020**Note**

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: MAY 14, 2020@07:16:24 ENTRY DATE: MAY 14,
2020@07:22:16
AUTHOR: BAULA, MARITESS EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Type of call: CALL BACK.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

per pt, "c/o sore throat, shortness of breath (can complete sentences,
cough,
night sweats"

Caller Area: MATHER

Caller Response: MESSAGE LEFT

Chief Complaint: Not applicable to call.

Nurse Notes:

Attempted to call patient back X2. Left Voice Mail message to call VETSCONNECT @ 1800-382-8387 if needing further assistance. Informed that this phone number is answered 24/7. No other information left.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Original call started at: MAY 14, 2020 @ 07:06 (Call was suspended)
- SINGH, MICHAEL MAY 14, 2020@07:06:20 - MAY 14, 2020@07:08:14

Ending at: 5/14/2020 @ 7:20:07 AM
Length: 5 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)

Author: BAULA, MARITESS

Patient's Email Address: RONTHEBUILDERGUY@YAHOO.COM

/es/ Maritess Baula, RN, BSN, MBA
Telephone Care Program
Signed: 05/14/2020 07:22

Neurology 11000

Details

Date entered: May 4, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: DAVID MCCRANEY
Signed by: DAVID MCCRANEY
Date signed: May 4, 2020

Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: MAY 04, 2020@09:56 ENTRY DATE: MAY 04,
2020@09:57:03

AUTHOR: MCCRANEY, DAVID

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Neurology 11000 Has ADDENDA ***

0958 - 1000

70m phone followup for cluster headaches on emgality. Neuropharm reports he is essentially headache free. I ran into him at the hospital a couple of weeks ago and can confirm he is delighted with the medicine so far.

He was not immediately available by phone, I left a message with a callback number.

PLAN

Renew emgality

Long term followup with NP

/es/ DAVID MCCRANEY

Staff Neurologist

Signed: 05/04/2020 10:01

09/09/2020 ADDENDUM

STATUS: COMPLETED

I ordered the vagus nerve stimulator for cluster headache or migraine. It is called Gamma Core Sapphire. Please visit the website and learn how to use it.

<https://www.gammacore.com>

This needs to be reordered every 93 days. Will discuss further at the appointment.

/es/ Gasong Yun Nickerson, DNP
Nurse Practitioner
Signed: 09/09/2020 10:44

Receipt Acknowledged By:
09/09/2020 11:19 /es/ LaCheryl
Latham, RN
STAFF
NURSE

Primary Care Secure Messaging

Details

Date entered: April 27, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: PATSY E JONES
Signed by: PATSY E JONES
Date signed: April 27, 2020

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 27, 2020@11:23:38 ENTRY DATE: APR 27,
2020@09:23:38
AUTHOR: JONES, PATSY E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 04/24/2020 11:25 AM
From: CAMPBELL, RONALD CLARK
To: **Han, E (Primary Care) - Mather
Subject: February COVID-19 infection?

Recent testing at Stanford, State of New York and others indicates
possible

cases in the US may have existed prior to the date previously believed.

The first week of February I was inflicted with the fastest moving, most severe respiratory illness that I can remember. It immediately attacked my lungs, made breathing extremely difficult and caused a fever. Subsequently my wife also came down with the virus. She never becomes ill and was down for days.

I totally dismissed this as I believed my illness preceded the identification of patient zero here Up until now.

Testing and subsequent identification of a Y or N for antibodies would be extremely helpful to us.

What would you recommend for me/us?

PS. We have been EXTREMELY CAUTIOUS with all aspects of prevention of infection. My daughter, RN at VM in Seattle, has been keeping me reminded of the seriousness of this disease.

I hope you are well and safe!

Ron Campbell
Meadow Vista

/es/ Patsy Jones, LVN
Nursing Service, Primary Care
Signed: 04/27/2020 09:23

Receipt Acknowledged By:

04/27/2020 11:06 /es/ Honghung Nguyen,
MD
Physician, Primary
Care
for ELDI KYOUNG-OK
HAN

04/27/2020 ADDENDUM STATUS: COMPLETED
Please inform patient that the VA currently does not have the capability
to
perform antibody testing. Thank you.

/es/ Honghung Nguyen, MD
Physician, Primary Care
Signed: 04/27/2020 11:06

Receipt Acknowledged By:
04/27/2020 13:26 /es/ Patsy Jones,
LVN
Nursing Service, Primary
Care

04/27/2020 ADDENDUM STATUS: COMPLETED
1330p - Veteran informed of Dr Nguyen's addendum via secure messaging.

/es/ Patsy Jones, LVN
Nursing Service, Primary Care
Signed: 04/27/2020 13:29

Pharmacy Specialty Note

Details

Date entered: April 14, 2020
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: April 15, 2020

Note

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: APR 14, 2020@10:21 ENTRY DATE: APR 14,
2020@10:21:26

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 70 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant	12/31/2019
2. Obstructive sleep apnea syndrome	09/30/2019
3. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
4. Pulmonary embolism	06/20/2019
5. HTN - Hypertension (SCT 38341003)	09/30/2019
6. OA - Osteoarthritis (SCT 396275006)	09/30/2019
7. Prostate cancer (SNOMED CT 254900004)	12/03/2019
8. Chronic cluster headache	09/30/2019
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
10. Polyp Colon (SCT 68496003)	09/30/2019
11. History of malignant neoplasm of prostate	11/05/2016
12. Dysthymia	02/08/2016
13. Chronic pain syndrome	12/08/2015
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
15. Depressive Disorder NOS *	04/02/2014
16. Cluster headache (SNOMED CT 193031009)	02/07/2014
17. Chronic obstructive lung disease	06/24/2019
18. Benign hypertension	11/26/2013

19. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
21. Headache (SNOMED CT 25064002)	02/04/2016
22. Carcinoma, Prostate	11/26/2013
23. Arthralgias NOS	11/26/2013
24. Impotence	11/26/2013
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP Qty: 50 for 90 days Sig: USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
2)	ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP Qty: 50 for 150 days Sig: USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE Refills: 1	Issu:03-12-20 Last:03-12-20 Expr:03-13-21
3)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Qty: 3 for 90 days Sig: INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE Refills: 3	Issu:04-08-20 Last:04-08-20 Expr:04-09-21
4)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH Qty: 3 for 90 days Sig: INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE Refills: 3	Issu:04-08-20 Last:04-08-20 Expr:04-09-21
5)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB Qty: 100 for 90 days Sig: TAKE ONE	ACTIVE Refills: 2	Issu:07-19-19 Last:01-14-20

	TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.		Expr:07-19-20
6)	DABIGATRAN ETEXILATE 150MG ORAL CAP Qty: 180 for 90 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE (S) Refills: 1	Issu:04-08-20 Last:04-28-20 Expr:04-09-21
7)	FLUTICASONE PROP 50MCG 120D NASAL INHL Qty: 3 for 90 days Sig: INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL ALLERGIES.	ACTIVE Refills: 3	Issu:04-08-20 Last:04-08-20 Expr:04-09-21
8)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE Refills: 2	Issu:11-01-19 Last:11-01-19 Expr:11-01-20
--not needed			
9)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty: 3 for 30 days Sig: INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE Refills: 1	Issu:02-28-20 Last:04-02-20 Expr:02-28-21
10)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE (S) Refills: 3	Issu:04-08-20 Last:04-30-20 Expr:04-09-21
11)	LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
12)	LORATADINE 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -FOR ALLERGY SYMPTOMS.	ACTIVE Refills: 3	Issu:04-08-20 Last:04-08-20 Expr:04-09-21
13)	LOSARTAN 50MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES	ACTIVE Refills: 1	Issu:12-31-19 Last:01-02-20 Expr:12-31-20

LISINOPRIL)

--not currently taking, per pt per PCP ??

14)	MONTELUKAST NA 10MG TAB	Qty: 90 for 90	ACTIVE (S)	Issu:04-08-20
	days Sig: TAKE ONE TABLET BY MOUTH		Refills: 3	Last:04-30-20
	ONCE DAILY			Expr:04-09-21

15)	PANTOPRAZOLE NA 40MG EC TAB	Qty: 30 for 30 days	ACTIVE	Issu:06-20-19
	Sig: TAKE ONE TABLET BY MOUTH		Refills: 3	Last:06-20-19
	ONCE DAILY - FOR STOMACH ACID.			Expr:06-20-20

--prn, none needed recently

16)	ROSUVASTATIN CA 40MG TAB	Qty: 45 for 90 days	ACTIVE	Issu:06-20-19
	Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER		Refills: 1	Last:02-10-20
	CHOLESTEROL.			Expr:06-20-20

17)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL	Qty: 3 for 90 days	ACTIVE	Issu:04-08-20
	Sig: INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION		Refills: 3	Last:04-08-20
	ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.			Expr:04-09-21

18)	VERAPAMIL HCL 120MG SA TAB	Qty: 90 for 90 days	ACTIVE	Issu:01-23-20
	Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS		Refills: 3	Last:02-10-20
				Expr:01-23-21

--have discussed not on any other med for afib)

	Active Non-VA Medications	Refills	Start Date	Expiration
=====				
1)	Non-VA ACETAMINOPHEN 325MG TAB Sig: 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE		
2)	Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE		

--not needed

 Patient in NAD today. Since last encounter, patient reports associated signs/symptoms are unchanged. States "doing very well."

Still NO headaches (no headache pain) since last encounter (0/90), but ongoing

occasional shadows, has occurred within last 4-10 days toward the end of the month prior to next Emgality shot. minimal use of 02, only needed to use x2, abd was able to abort any headaches. no full blown headaches. No ED visits for headaches. Has not needed DHE or frovatriptan.

Endorses the following side effects of current medication regimen: none

Endorses full adherence

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: has gained weight over the past few months (off topiramate), but doesnt necessarily attribute to the medication, states eating more and overall decr activity, in progress of starting new routine; currently sheltering in place d/t COVID

0: Vitals - most recent BMI: 28.4

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Weight: 192 lb [87.3 kg] (12/03/2019 12:34)

Pulse: 76 (12/03/2019 12:41)

BP: 116/64 (12/03/2019 12:41)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	282	95.5	32.0
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
12/03/2019 13:43	PLASM	134 L	3.8	104	25	17	0.82
09/18/2019 11:45	PLASM	143	3.9	109 H	27	17	1.21 H

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN T.	BIL
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5

Calculated Creatinine Clearance: CrCl=85.0 mL/min (DEC 03, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

08/26/2019	LITHIUM	0.40 L
09/18/2019	LITHIUM	0.90

A/P: 69yo M with cluster HA, currently on galcanezumab, recently in remission but ongoing "shadows" nearing next dose. Overall improvement in QOL with HA control and off TPM. Continues verapamil but at lower dose per PCP (has afib and not on any other rate controlling medication), and has not needed abortive HA treatment aside from 02 x2 - still has DHE and frovatriptan PRN (aware not to use triptan and DHE together). Has also been using APAP daily for arthritis pain, unable to take NSAIDS d/t anticoagulation. Pt has expressed preference to avoid steroids in the future; h/o ADR with prednisone. Last SCr sl. elevated with LFTs wnl --no dose adjustments needed.

Recommendations and plan:

Medication therapy:

- ☒ [X] No medication therapy changes. Continue current regimen galcanezumab 300mg subq monthly
- ☐ [] Counseled on medication changes:
- ☐ [] Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:
Medication education/reconciliation - completed today. Patient has excellent

knowledge of his medications and good adherence.

Reviewed all medications, including indication for use, possible adverse effects, and administration times.

Updated/provided medication list reflecting current regimen

Encouraged adherence

Encouraged to limit use of PRN meds to lower risk of MOH

Encouraged lifestyle modifications - exercise in moderation as tolerated, antiinflammatory nutrition

Follow up:

[X] 3-4mo clinical pharmacy phone appt (Aug per pt request)

[X] with Neurologist as ordered/scheduled (current appt 6/18)

[X] other/prn -can call sooner if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21min

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

-Home meds compared with CPRS meds

-Medication allergies (local and remote) reviewed

-Discrepancies, if any, discussed with patient/caregiver

-Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list

-Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)

-Education provided regarding managing personal medication

information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor and assess.

Address compliance/adherence

Care coordination

Medication reconciliation

No change made

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 04/15/2020 08:52

Primary Care Secure Messaging**Details****Date entered:** April 8, 2020**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** PATSY E JONES**Signed by:** PATSY E JONES**Date signed:** April 8, 2020**Note**

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: APR 08, 2020@13:38:43 ENTRY DATE: APR 08,
2020@11:38:44

AUTHOR: JONES, PATSY E

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 04/07/2020 02:57 PM

From: CAMPBELL, RONALD CLARK
To: **Han, E (Primary Care) - Mather
Subject: COVID-19. Medication 90 day Supply Request

Is it possible during this National and State time that I can secure 90 day supplies on all future orders of my medications?

Medicare has made it available to all of their recipients. I only have one medication prescribed by a Medicare provider. I think it's a good idea to try and eliminate problems and social exposure.

Ron Campbell

/es/ Patsy Jones, LVN
Nursing Service, Primary Care
Signed: 04/08/2020 11:38

Receipt Acknowledged By:

04/08/2020 11:55 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

04/08/2020 ADDENDUM STATUS: COMPLETED
changed ALL his PC medications to 90 day supply as able including his inhalers.
neurology meds per NEURO.
The dabigatran approval for 90 day if pharm allows.

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 04/08/2020 12:00

Receipt Acknowledged By:

04/08/2020 13:19 /es/ Patsy Jones,
LVN

Nursing Service, Primary

Care

04/08/2020 ADDENDUM

STATUS: COMPLETED

1320p - Veteran informed of Dr Han's addendum via secure messaging.

/es/ Patsy Jones, LVN

Nursing Service, Primary Care

Signed: 04/08/2020 13:23

Pharmacy Telephone Encounter Note

Details

Date entered: April 7, 2020**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** KATIE WIN CHAN**Signed by:** KATIE WIN CHAN**Date signed:** April 7, 2020

Note

LOCAL TITLE: Pharmacy Telephone Encounter Note

STANDARD TITLE: PHARMACY OUTPATIENT COUNSELING NOTE

DATE OF NOTE: APR 07, 2020@14:30 ENTRY DATE: APR 07,
2020@14:30:38

AUTHOR: CHAN, KATIE WIN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Who is calling: Veteran:

SUBJECTIVE

=====

69 yo WHITE MALE contacted by telephone and identified by full name, SSN
and

DOB.

Chief Complaint:

[X]Early refill request - Loratadine. Pt states he can't find the Loratadine bottle and he has looked for it everywhere in the house.

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status
=====		
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. REPLACES ACCU-CHEK AVIVA STRIPS.	ACTIVE
3)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE
4)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
5)	CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
6)	DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
7)	FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL ALLERGIES.	ACTIVE
8)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE
9)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG	ACTIVE

(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.

10)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE (S)
11)	LANCET,SOFTCLIX USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE
12)	LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY -FOR ALLERGY SYMPTOMS.	ACTIVE (S)
13)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE
14)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE (S)
15)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
16)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
17)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE
18)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE

Inactive Outpatient Medications

Status

- =====
- | | | |
|----|---|---------|
| 1) | AZITHROMYCIN 250MG TAB TAKE TWO TABLETS BY MOUTH NOW FOR 1 DAY, THEN TAKE ONE TABLET ONCE DAILY FOR 4 DAYS - FOR INFECTION. | EXPIRED |
|----|---|---------|

Active Non-VA Medications

Status

- =====
- | | | |
|----|--|--------|
| 1) | Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED | ACTIVE |
| 2) | Non-VA DIHYDROERGOTAMINE INJ,SOLN 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED | ACTIVE |

21 Total Medications

Allergies/ADR: PENICILLIN, PREDNISONE, METFORMIN

ASSESSMENT & PLAN:

=====

Medication Review:

Persistent cough which has been treated with Robitussin without success.

Pt is currently on combination of Flonase and Loratadine to help manage coughs

and pt reports to be doing well. Needs early refill due to misplacing of the

medication bottle. Informed pt that since Loratadine is an OTC medication, VA

doesn't replace lost med and he will have to purchase it outside, which pt agrees. But due to covid-19 outbreak, both pt and his wife are at high risk to

go out. Writer told pt that I will replace it to continue care one time due to

special circumstances and recommended pt to be more careful of storage of medications from now on.

Current plan was reviewed with:

[X]Patient

- Verbalized understanding of information/plan

Patient has received the following information:

-Vets Connect-Advice Nurses available 24/7 by calling 1-800-382-8387

-Pharmacy Telephone Care by 1-866-600-8279

/es/ KATIE WIN CHAN

PHARMACIST(CLINICAL)

Signed: 04/07/2020 14:41

Pharmacy Telephone Encounter Note

Details

Date entered: March 9, 2020

Location: MARTINEZ VA MEDICAL CENTER**Written by:** JEANENE K NEHIRA**Signed by:** JEANENE K NEHIRA**Date signed:** March 9, 2020**Note**

LOCAL TITLE: Pharmacy Telephone Encounter Note

STANDARD TITLE: PHARMACY OUTPATIENT COUNSELING NOTE

DATE OF NOTE: MAR 09, 2020@08:58:43 ENTRY DATE: MAR 09,
2020@08:58:44

AUTHOR: NEHIRA, JEANENE K EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Who is calling: Veteran:

SUBJECTIVE

=====

69 yo WHITE MALE contacted by telephone and identified by full name, SSN
and
DOB.

Chief Complaint:

[X]Consultation - storage and stability of galcanezumab; package was
mailed
and USPS put notice of delivery attempt which veteran states they did not
make
attempt. They went down next day and picked up medication but it was not
refrigerated.

Pertinent PMH: long-term use of current meds

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	=====
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE

- 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE
BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR
SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH
WATER AT LEAST ONCE WEEKLY.
- 3) AZITHROMYCIN 250MG TAB TAKE TWO TABLETS BY MOUTH NOW ACTIVE
FOR 1 DAY, THEN TAKE ONE TABLET ONCE DAILY FOR 4
DAYS - FOR INFECTION.
- 4) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 ACTIVE
PUFFS BY ORAL INHALATION TWICE A DAY - FOR
BREATHING. RINSE MOUTH OUT AFTER USE.
- 5) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE ONE TABLET ACTIVE
BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO
IMPROVE BONE STRENGTH.
- 6) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE ACTIVE
BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP
IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
BOXES. DO NOT OPEN OR CHEW CAPSULE.
- 7) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 ACTIVE
SPRAYS IN EACH NOSTRIL ONCE DAILY - FOR NASAL
ALLERGIES.
- 8) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH
DIHYDROERGOTAMINE
- 9) GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG ACTIVE (S)
(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT
HEADACHES.
- 10) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE (S)
FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE
WITH LUNCH
- 11) LANCET,SOFTCLIX USE LANCET AS DIRECTED FOR FINGER ACTIVE
STICK.
- 12) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY -FOR ALLERGY SYMPTOMS.
- 13) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR BLOOD PRESSURE (REPLACES LISINOPRIL)
- 14) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY

15)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
16)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
17)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE
18)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS	ACTIVE

Active Non-VA Medications

Status

=====		
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE
2)	Non-VA DIHYDROERGOTAMINE INJ,SOLN 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE

20 Total Medications

OBJECTIVE:

=====

VITALS: 12/03/2019 12:41 BP:116/64 HR:76 Wt:----

ASSESSMENT & PLAN:

=====

Per Facts and Comparisons, storage and stability fo galcanezumab injection:
Storage/StabilityStore at 2-8degreesC (36to 46degreesF) in the original carton. Protect
fromlight until time of use. If necessary, may be stored at room temperature (</
=30degreesC [</=86degreesF]) in the original carton for up to 7 days; do
notreturn back to the refrigerator. Discard if storage conditions are
exceeded. Do

not freeze or shake

Veteran already did injection yesterday and noticed injection site
reaction

which he had not had prior, which prompted his call today. Verbalizes understanding as he received within 7 days of shipment and has been colder so agrees has not exceeded 86degreesF.

Injectons site reations can be common (incidence of 18% per Facts and Comparisons).

Medication Review:

Current plan was reviewed with:

☒Patient

- Verbalized understanding of information/plan

/es/ Jeanene K. Nehira, Pharm.D.

Clinical Pharmacist

Signed: 03/09/2020 09:06

Care Management Telephone Encounter Note

Details

Date entered: March 4, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: LACHERYL LATHAM

Signed by: LACHERYL LATHAM

Date signed: March 4, 2020

Note

LOCAL TITLE: Care Management Telephone Encounter Note
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: MAR 04, 2020@13:26 ENTRY DATE: MAR 04,
2020@13:26:20
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Veteran called in about his Emgality. He has not received the medication in the mail. I spoke to the Catalina Childress in pharmacy, and the medication was just received in the pharmacy today. Per the Veteran's request, the medication will be mailed with a tracking number today.

/es/ LaCheryl Latham, RN

STAFF NURSE

Signed: 03/04/2020 13:35

Pulmonary Consult 15055

Details

Date entered: March 2, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: TIMOTHY E ALBERTSON

Signed by: TIMOTHY E ALBERTSON

Date signed: March 2, 2020

Note

LOCAL TITLE: Pulmonary Consult 15055

STANDARD TITLE: PULMONARY CONSULT

DATE OF NOTE: MAR 02, 2020@15:26 ENTRY DATE: MAR 02, 2020@15:27:04

AUTHOR: ALBERTSON, TIMOTHY E EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Pulmonary Consult 15055 Has ADDENDA ***

pulm e consult

pt not seen by pcp since june 2019 has long standing copd no new pft's in our system. Hx of pe at kaiser on anticoagulation with persistent sob.

last pft june 2013 with moderate obstructive changes and preservation of dlco.

chest ct:

Impression:

Pulmonary nodules measuring up to 6 mm some of which are likely intraparenchymal lymph nodes and stable compared to prior imaging. Consider 6 month follow-up.

Lung emphysematous changes.

Other chronic findings.

2/7/2020 5:09 PM

medications include a recent short course of azithromycin
laba/ics, prn saba and lama and dabagatrin
last labs: normal h/h and normal eosin

A. copd as probable cause of sob

suggest:

agree with pft's

six minute walk to check desaturations and if necessary oxygen titration
IgE level, appropriate RAST test after history of exposures, d-dimer
Echo cardiogram, BNP

follow up chest ct in 6-12 months for nodules

continue current inhalers saba, ics/laba and lama...monteleukast if signs
of

atopic disease

close follow up by you

/es/ Timothy E. Albertson, MD

Section Chief, Pulmonary

Signed: 03/02/2020 15:44

03/02/2020 ADDENDUM

STATUS: COMPLETED

He was actually seen in PC in DEC 2019

I guess we will have to await for PFT and 6 min walk for someone to seen him in
PULM clinic (?)

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 03/02/2020 16:24

03/02/2020 ADDENDUM STATUS: COMPLETED
please notify patient that VA pulm declined appt
but agree with PFT and additional testing...
ordered :
IgE level, BNP (labs)
Echo cardiogram
6 min walk O2 evaluation for O2 therapy.

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 03/02/2020 16:28

Receipt Acknowledged By:
03/04/2020 08:43 /es/ Kim Ingrid
Ballinger
RN Care Manager
PACT

03/02/2020 ADDENDUM STATUS: COMPLETED
Needs EKG prior to ECHO.

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 03/02/2020 16:31

03/04/2020 ADDENDUM STATUS: COMPLETED
08:42 RNCM call to Veteran to relay above information per PCP. VM left
requesting return call. RNCM direct contact number provided.

/es/ Kim Ingrid Ballinger

RN Care Manager PACT

Signed: 03/04/2020 08:44

03/04/2020 ADDENDUM

STATUS: COMPLETED

09:08 Return call received from Veteran. RNCM relayed the following information

per PCP:

"please notify patient that VA pulm declined appt but agree with PFT and additional testing...

ordered :

IgE level, BNP (labs)

Echo cardiogram

6 min walk O2 evaluation for O2 therapy."

Veteran verbalized understanding and stated that since he is immunocompromised, with the Coronavirus out, he will be waiting to come into clinic for tests.

/es/ Kim Ingrid Ballinger

RN Care Manager PACT

Signed: 03/04/2020 09:22

Primary Care Telephone Note

Details

Date entered: February 28, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ELDI KYOUNG-OK HAN

Signed by: ELDI KYOUNG-OK HAN

Date signed: February 28, 2020

Note

LOCAL TITLE: Primary Care Telephone Note

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: FEB 28, 2020@15:44 ENTRY DATE: FEB 28, 2020@15:44:03

AUTHOR: HAN, ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

TAP by patient requested - in this severe COPD and on anticoagulation for
hx of

PE. CT scan no PE, no mass, + nodule, and some areas of haziness
suggesting
infection vs inflammation.

Spoke with patient on the phone - no distress when speaking but obvious
shortness of breath audible when he was walking into the house.

ongoing cough - less productive but still present, robitussinDM helpful
and

needing to use alb ~ 3 x/day for cough and ongoing dyspnea.

discussed prednisone short course but he is fairly adamant about avoidance
of

oral steroids.

last PFT in VA 2015 mod-severe and had one completed outside VA over a year
ago.

Recommend updating PFT given ongoing/worsening of symptoms.

Added flonase and claritin for suspected increase in allergy symptoms.

Thanked writer for phone call.

/es/ ELDI K. HAN, MD

Staff Physician, Primary Care

Signed: 02/28/2020 16:06

Neurology Secure Messaging

Details

Date entered: February 28, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: LACHERYL LATHAM

Signed by: LACHERYL LATHAM

Date signed: February 28, 2020

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: FEB 28, 2020@11:49:09 ENTRY DATE: FEB 28,
2020@08:50:18
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/28/2020 11:41 AM
From: CAMPBELL, RONALD CLARK
To: Neurology - Mather.N
Subject: Galcanezumab

Thanks

PS. Just FYI I was told on Wednesday that he was in the office and would receive the request.

We appreciate YOUR quick response on this! IMPRESSIVEfeel a bit more at ease
trusting that you are taking care of this so I dont have any Neuro complications in the next few says

Regards

Ron

-----Original Message-----

Sent: 02/28/2020 11:48 AM
From: LATHAM, LACHERYL
To: CAMPBELL, RONALD CLARK
Subject: Galcanezumab

Hi,

I work closely with Dr. McCraney, and he was not here on Wednesday. You can
always reach me directly by calling 916-843-2629.

Take care.

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 02/28/2020 08:50

Neurology Secure Messaging

Details

Date entered: February 28, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LACHERYL LATHAM
Signed by: LACHERYL LATHAM
Date signed: February 28, 2020

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: FEB 28, 2020@11:15:19 ENTRY DATE: FEB 28,
2020@08:15:20
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 02/28/2020 10:17 AM
From: CAMPBELL, RONALD CLARK
To: Neurology - Mather.N
Subject: Galcanezumab

Renewal & Reorder

Feb 11 - McClellan Neuro pharmacist advised me she was initiating renewal.

Feb 18 - VA pharmacy call center reported no action had been taken on the medication. And messages would be sent for renewal.

Feb 20 - Call center advised still no action on renewal.

Feb. 24 - Call center reports still no action on renewal request.

Feb 25 - Call center reports no action

Feb. 25. Mather Neurology promises "I will get this handled".

Today -

Prescription still shows active but with NO REFILLS online.

No reorder possible.

CRITICAL required dosage date is now 6 working days away!

Renewal process was started by me 20 days in advance of required dosage date.

HELP Please!

-----Original Message-----

Sent: 02/28/2020 11:13 AM

From: LATHAM, LACHERYL

To: CAMPBELL, RONALD CLARK

Subject: Galcanezumab

Hi,

As stated when we spoke earlier this week, I reached out to one of the other

neurologists, and she was not able to authorize your prescription. Dr. McCraney is back in the office today, and I will alert him to reorder.

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 02/28/2020 08:15

Telephone Care VISN 21 Note

Details

Date entered: February 28, 2020
Location: MARTINEZ VA MEDICAL CENTER
Written by: PRISCILLA TY
Signed by: PRISCILLA TY
Date signed: February 28, 2020

Note

LOCAL TITLE: Telephone Care VISN 21 Note
STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE
DATE OF NOTE: FEB 28, 2020@10:58:49 ENTRY DATE: FEB 28, 2020@11:03:31
AUTHOR: TY, PRISCILLA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Type of call: SYMPTOM.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554.

The following identifiers were used to verify this patient: SSN.

Contact Phone Number: (206)295-2554

Comments:

Dr Han, pts still experiencing pulmonary symptoms, (PHONE appt is set up by
0228@15:30pm, (HAN,E-K-0) TY

Caller Area: MATHER

Caller Response: KEEP SCHEDULED APPT

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 02/28/2020 @ 10:58:49 AM

Ending at: 02/28/2020 @ 11:03:09 AM

Length: 4 minutes.

Author: TY,PRISCILLA

/es/ Priscilla Ty

MSA, Martinez Call Center

Signed: 02/28/2020 11:03

Receipt Acknowledged By:

02/28/2020 11:05 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

Pharmacy Telephone Encounter Note

Details

Date entered: February 24, 2020

Location: MARTINEZ VA MEDICAL CENTER

Written by: MARY K DEMELLO

Signed by: MARY K DEMELLO**Date signed:** February 24, 2020**Note**

LOCAL TITLE: Pharmacy Telephone Encounter Note
STANDARD TITLE: PHARMACY OUTPATIENT COUNSELING NOTE
DATE OF NOTE: FEB 24, 2020@10:07:48 ENTRY DATE: FEB 24,
2020@10:07:49

AUTHOR: DEMELLO, MARY K

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Med Renewal Request

CAMPBELL, RONALD CLARK

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Phone: (206)295-2554

PCP: HAN, ELDI KYOUNG-OK

Pharmacy technician received a prescription renewal request from the patient.

Medications Requested for Renewal:

OUTPT GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML (Status = Active)

INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.

Rx# 71002565 Last Released: 2/4/20

Qty/Days Supply: 3/30

Rx Expiration Date: 11/27/20

Refills Remaining: 0

Please review NFDR Consult 2/14/2020

Initial renewal flagged on (2/20/2020)-- pending provider review

This is communication attempt # [] 1 [X] 2 [] 3

Future Appointments:

MAS CLINIC VISITS FUTURE

04/14/2020 10:00 NSAC NEURO PHARM PHONE

06/18/2020 08:00 NSAC NEURO MCCRANEY

09/29/2020 09:20 SAC THSF CPAP DATA PRO-X

Letter Reminders

RECALL DATE CLINIC

Feb 05, 2021 RECALL () SAC EYE CORBETT 2

Comments:

Requested to be filled for: Mail

Please notify patient if medication is not renewed.

/es/ Mary Demello

Pharmacy Technician

Signed: 02/24/2020 10:11

Receipt Acknowledged By:

06/08/2020 15:32 /es/ DAVID

MCCRANEY

Staff

Neurologist

Patient Education/Pharmacy

Details

Date entered: February 18, 2020

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BRIDGET WHITNEY LEBLANC

Signed by: BRIDGET WHITNEY LEBLANC

Date signed: February 18, 2020

Note

LOCAL TITLE: Patient Education/Pharmacy

STANDARD TITLE: PHARMACY EDUCATION NOTE

DATE OF NOTE: FEB 18, 2020@11:57 ENTRY DATE: FEB 18,
2020@11:57:27

AUTHOR: LEBLANC, BRIDGET WHI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

CAMPBELL, RONALD CLARK is a 69 year old MALE

The patient was identified by stating his/her full name and either 1) full SSN
or 2) birthdate.

Ht: 69 in [175.3 cm] (12/03/2019 12:34)

Wt: 192 lb [87.3 kg] (12/03/2019 12:34)

Calc. creatinine clearance: CrCl=66.4 mL/min (FEB 04, 2020)

Allergies/ADR: PENICILLIN, PREDNISONE, METFORMIN

Active Outpatient Medications:

ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS ACTIVE
DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD
SUGAR.

Refills: 3

Quantity: 50

Issue Date: Jun 20, 2019

Provider: HAN, ELDI KYOUNG-OK

Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS ACTIVE
NEEDED

Refills:

Quantity:

Issue Date:

Provider:

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ACTIVE
ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR
SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST
ONCE WEEKLY.

Refills: 5

Quantity: 2

Issue Date: Dec 03, 2019 Provider: HAN,ELDI KYOUNG-OK

AZITHROMYCIN 250MG TAB TAKE TWO TABLETS BY MOUTH NOW FOR 1 ACTIVE
DAY, THEN TAKE ONE TABLET ONCE
DAILY FOR 4 DAYS - FOR INFECTION.

Refills: 0 Quantity: 6
Issue Date: Feb 14, 2020 Provider: HAN,ELDI KYOUNG-OK

BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ACTIVE
ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE
MOUTH OUT AFTER USE.

Refills: 4 Quantity: 2
Issue Date: Dec 03, 2019 Provider: HAN,ELDI KYOUNG-OK

CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY ACTIVE
MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO
IMPROVE BONE STRENGTH.

Refills: 2 Quantity: 100
Issue Date: Jul 19, 2019 Provider: HAN,ELDI KYOUNG-OK

DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY ACTIVE
MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN
ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW
CAPSULE.

Refills: 3 Quantity: 60
Issue Date: Jan 13, 2020 Provider: HAN,ELDI KYOUNG-OK

Non-VA DIHYDROERGOTAMINE INJ,SOLN 1ML INTRAMUSCULAR ONCE ACTIVE
DAILY AS NEEDED

Refills: Quantity:
Issue Date: Provider:

FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY AS NEEDED : - TAKE 1ST DOSE AT
ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED.
DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE
HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE

Refills: 2 Quantity: 3
Issue Date: Nov 01, 2019 Provider: VIVAR,CHARISSE MAY C

GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.

ACTIVE

Refills: 0

Quantity: 3

Issue Date: Nov 27, 2019

Provider: MCCRANEY,DAVID P

GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH

ACTIVE

Refills: 1

Quantity: 90

Issue Date: Jun 20, 2019

Provider: HAN,ELDI KYOUNG-OK

LANCET,SOFTCLIX USE LANCET AS DIRECTED FOR FINGER STICK.

ACTIVE

Refills: 3

Quantity: 200

Issue Date: Jun 20, 2019

Provider: HAN,ELDI KYOUNG-OK

LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)

ACTIVE

Refills: 1

Quantity: 90

Issue Date: Dec 31, 2019

Provider: HAN,ELDI KYOUNG-OK

MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY

ACTIVE

Refills: 1

Quantity: 90

Issue Date: Jun 20, 2019

Provider: HAN,ELDI KYOUNG-OK

PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.

ACTIVE

Refills: 3

Quantity: 30

Issue Date: Jun 20, 2019

Provider: HAN,ELDI KYOUNG-OK

ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.

ACTIVE

Refills: 1

Quantity: 45

Issue Date: Jun 20, 2019

Provider: HAN,ELDI KYOUNG-OK

TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.

ACTIVE

Refills: 5

Quantity: 2

Issue Date: Dec 03, 2019

Provider: HAN,ELDI KYOUNG-OK

VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH EVERY ACTIVE
EVENING FOR MIGRAINE PROPHYLAXIS

Refills: 3

Quantity: 90

Issue Date: Jan 23, 2020

Provider: HAN,ELDI KYOUNG-OK

No Active Remote Medications for this patient

The patient or the patient's caregiver received counseling on drug indications, dose, schedule, storage, potential side effects, and significant drug interactions, and the procedure for obtaining refill prescriptions. The patient or the patient's caregiver expressed satisfactory understanding of the medication regimen and is expected to be compliant with the following regimen.

Medications:

Zpack

The following compliance aids were provided to the patient:

*Written patient medication information sheet (PMI)

/es/ Bridget Whitney LeBlanc, PharmD

Pharmacist

Signed: 02/18/2020 11:57

Primary Care Telephone Note

Details

Date entered: February 14, 2020**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ELDI KYOUNG-OK HAN**Signed by:** ELDI KYOUNG-OK HAN**Date signed:** February 14, 2020

Note

LOCAL TITLE: Primary Care Telephone Note
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: FEB 14, 2020@16:07 ENTRY DATE: FEB 14,
2020@16:07:59
AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

TAP - called patient and spoke with him regarding the CT scan.
no acute PE, continue anticoagulation or PNA but some hazziness seen and
with
his increase in cough, producitive esp in AM and increase use of alb inh
(with
symbicort and spriva will treat with zpak.
reviewed plan to repeat CT scan in august as already planned.
(?pulm consult dep on symptoms after abx course/CT scan)

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 02/14/2020 16:18

Receipt Acknowledged By:
02/24/2020 11:50 /es/ SERENA-ALAYA JENATE ELIZABETH DAWN MALLETT-
ROBINS

MSA

NFDR Consult**Details**

Date entered: February 14, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: NIKKI MARIE BECK
Signed by: NIKKI MARIE BECK

Date signed: February 14, 2020

Note

LOCAL TITLE: NFDR Consult
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT
DATE OF NOTE: FEB 14, 2020@16:05 ENTRY DATE: FEB 14,
2020@16:05:59
AUTHOR: BECK, NIKKI MARIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

The medical record has been reviewed with regard to this restricted drug request.

Medication requested: GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML
Consult completed within 96 HRS of the request entry.

Medication indication: cluster headaches

69 year old MALE with diagnosis of cluster, NFDR submitted for renewal of GALCANEZUMAB

allergies: PENICILLIN, PREDNISONE, METFORMIN

Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant	12/31/2019
2. Obstructive sleep apnea syndrome	09/30/2019
3. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
4. Pulmonary embolism	06/20/2019
5. Hypertension (SNOMED CT 38341003)	01/23/2020
6. OA - Osteoarthritis (SCT 396275006)	09/30/2019
7. Prostate cancer (SNOMED CT 254900004)	12/03/2019
8. Chronic cluster headache	09/30/2019
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
10. Polyp Colon (SCT 68496003)	09/30/2019
11. History of malignant neoplasm of prostate	11/05/2016
12. Dysthymia	02/08/2016

13. Chronic pain syndrome	12/08/2015
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
15. Depressive Disorder NOS *	04/02/2014
16. Cluster headache (SNOMED CT 193031009)	02/07/2014
17. Chronic obstructive lung disease	06/24/2019
18. Benign hypertension	11/26/2013
19. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
21. Headache (SNOMED CT 25064002)	02/04/2016
22. Carcinoma, Prostate	11/26/2013
23. Arthralgias NOS	11/26/2013
24. Impotence	11/26/2013
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE
3) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
4) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
5) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE
6) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH	ACTIVE

DIHYDROERGOTAMINE

- 7) GALCANEZUMAB-GNLM 100MG/ML INJ, SYR, 1ML INJECT 300 MG ACTIVE
(3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.
- 8) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH
- 9) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR BLOOD PRESSURE (REPLACES LISINAPRIL)
- 10) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY
- 11) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY - FOR STOMACH ACID.
- 12) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
- 13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.
- 14) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE
EVERY EVENING FOR MIGRAINE PROPHYLAXIS

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A ACTIVE
DAY AS NEEDED
- 2) Non-VA DIHYDROERGOTAMINE INJ, SOLN 1ML INTRAMUSCULAR ACTIVE
ONCE DAILY AS NEEDED

16 Total Medications

Pertinent labs

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
02/04/2020 13:30	PLASMA			1.05			
12/03/2019 13:43	PLASMA	136 H	17	0.82	134 L	3.8	104

25

Collection DT	Spec	eGFR	CREAT
02/04/2020 13:30	PLASM	>60	1.05
12/03/2019 13:43	PLASM	>60	0.82

CrCl=81.96 (12/03/2019 12:34) (Actual Body Weight)

Assessment/recommendation:

Patient is a 69 year old male with diagnosis of cluster headaches. Patient was initiated on galcanezumab December of 2019. Patient endorses no headache

pain in the past two months since initiation of medication. Patient states

no ED visits has tapered off topiramate has not needed O2, DHE or frovatriptan.

NFDR approved: Patient has had marked improvement with medication and states

no ADRs.

The request is approved

- The patient previously responded to a non-formulary or non-preferred agent and serious risk is associated with a change the preferred formulary alternative(s)

Duration of Approval

Approved for: Indefinite

PADR is approved and expires as listed in the health factor.

Requesting provider may now enter order in CPRS for pharmacy processing via

Orders > Outpatient Medications.

/es/ NIKKI M BECK, PHARMD, BCPS, BC-ADM, CDE
PROGRAM MANAGER, PADR PROGRAM

Signed: 02/14/2020 16:19

Receipt Acknowledged By:

06/08/2020 15:36 /es/ DAVID
MCCRANEY

Staff

Neurologist

TCP Telephone Care Staff Note

Details

Date entered: February 11, 2020**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** NICOLE BRIANNA HAYDON**Signed by:** NICOLE BRIANNA HAYDON**Date signed:** February 11, 2020

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: FEB 11, 2020@14:04:26 ENTRY DATE: FEB 11,
2020@14:06:34
AUTHOR: HAYDON,NICOLE BRIAN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** TCP Telephone Care Staff Note Has ADDENDA ***

Type of call: INFORMATION.

**PATIENT called in for CAMPBELL,RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

Pt called in requesting to speak with PCP regarding about his ct scan
results

,pt did recieve them, set a phone appt with PCP 2-14-20@ 1530. Thank you

Caller Area: MATHER

Caller Response: *OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 2/11/2020 @ 2:04:26 PM

Ending at: 2/11/2020 @ 2:06:17 PM

Length: 1 minutes.

Author: HAYDON, NICOLE BRIAN

/es/ NICOLE BRIAN HAYDON

Signed: 02/11/2020 14:06

Receipt Acknowledged By:

02/11/2020 16:07 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

02/11/2020 ADDENDUM

STATUS: COMPLETED

see letter generated and mailed (2/10/2020)

/es/ ELDI K. HAN, MD

Staff Physician, Primary Care

Signed: 02/11/2020 16:07

Pharmacy Specialty Note

Details

Date entered: February 11, 2020

Location: MCCLELLAN VA CLINIC

Written by: CHARISSE MAY C VIVAR**Signed by:** CHARISSE MAY C VIVAR**Date signed:** February 13, 2020**Note**

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: FEB 11, 2020@10:11 ENTRY DATE: FEB 11,
2020@10:11:34

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant	12/31/2019
2. Obstructive sleep apnea syndrome	09/30/2019
3. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
4. Pulmonary embolism	06/20/2019
5. HTN - Hypertension (SCT 38341003)	09/30/2019
6. OA - Osteoarthritis (SCT 396275006)	09/30/2019
7. Prostate cancer (SNOMED CT 254900004)	12/03/2019
8. Chronic cluster headache	09/30/2019
9. Adjustment Disorder with Mixed Emotional Features (SCT 55668003)	09/30/2019
10. Polyp Colon (SCT 68496003)	09/30/2019
11. History of malignant neoplasm of prostate	11/05/2016
12. Dysthymia	02/08/2016
13. Chronic pain syndrome	12/08/2015
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014

15. Depressive Disorder NOS *	04/02/2014
16. Cluster headache (SNOMED CT 193031009)	02/07/2014
17. Chronic obstructive lung disease	06/24/2019
18. Benign hypertension	11/26/2013
19. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
21. Headache (SNOMED CT 25064002)	02/04/2016
22. Carcinoma, Prostate	11/26/2013
23. Arthralgias NOS	11/26/2013
24. Impotence	11/26/2013
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP Qty: 50 for 90 days Sig: USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
2)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Qty: 2 for 60 days Sig: INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE Refills: 5	Issu:12-03-19 Last:12-06-19 Expr:12-03-20
3)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH Qty: 2 for 60 days Sig: INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE Refills: 4	Issu:12-03-19 Last:01-25-20 Expr:12-03-20
4)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR	ACTIVE Refills: 2	Issu:07-19-19 Last:01-14-20 Expr:07-19-20

VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.

- 5) DABIGATRAN ETEXILATE 150MG ORAL CAP ACTIVE Issu:01-13-20
 Qty: 60 for 30 days Sig: TAKE ONE Refills: 3 Last:01-22-20
 CAPSULE BY MOUTH TWICE A DAY - TO HELP Expr:01-13-21
 PREVENT CLOTS. KEEP IN ORIGINAL
 BOTTLE, DO NOT PLACE IN MEDICATION
 BOXES. DO NOT OPEN OR CHEW CAPSULE.
- 6) FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for ACTIVE Issu:11-01-19
 30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 2 Last:11-01-19
 ONCE DAILY AS NEEDED : - TAKE 1ST Expr:11-01-20
 DOSE AT ONSET OF MIGRAINE, MAY TAKE
 ADDITIONAL DOSE AFTER 2 HOURS IF
 NEEDED. DO NOT TAKE MORE THAN 3
 TABLETS IN 24 HOURS SEVERE CLUSTER
 MIGRAINE HEADACHES DO NOT TAKE WITH
 DIHYDROERGOTAMINE
- not needed recently
- 7) GALCANESUMAB-GNLM 100MG/ML INJ,SYR,1ML ACTIVE Issu:11-27-19
 Qty: 3 for 30 days Sig: INJECT 300 MG Refills: 0 Last:01-31-20
 (3 ML) UNDER THE SKIN ONCE A MONTH - Expr:11-27-20
 TO PREVENT HEADACHES.
- 8) GLIPIZIDE 5MG TAB Qty: 90 for 90 days ACTIVE Issu:06-20-19
 Sig: TAKE ONE TABLET BY MOUTH ONCE Refills: 1 Last:02-10-20
 DAILY FOR DIABETES - TAKE 30 MINUTES Expr:06-20-20
 PRIOR TO XX TAKE WITH LUNCH
- 9) LANCET,SOFTCLIX Qty: 200 for 90 days ACTIVE Issu:06-20-19
 Sig: USE LANCET AS DIRECTED FOR FINGER Refills: 3 Last:06-20-19
 STICK. Expr:06-20-20
- 10) LOSARTAN 50MG TAB Qty: 90 for 90 days ACTIVE Issu:12-31-19
 Sig: TAKE ONE TABLET BY MOUTH ONCE Refills: 1 Last:01-02-20
 DAILY FOR BLOOD PRESSURE (REPLACES Expr:12-31-20
 LISINAPRIL)
- 11) MONTELUKAST NA 10MG TAB Qty: 90 for 90 ACTIVE Issu:06-20-19
 days Sig: TAKE ONE TABLET BY MOUTH Refills: 1 Last:02-10-20
 ONCE DAILY Expr:06-20-20
- 12) PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for ACTIVE Issu:06-20-19
 30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:06-20-19
 ONCE DAILY - FOR STOMACH ACID. Expr:06-20-20

--not needed recently

13) ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL. ACTIVE Refills: 1 Issu:06-20-19 Last:02-10-20 Expr:06-20-20

14) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL Qty: 2 for 60 days Sig: INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS. ACTIVE Refills: 5 Issu:12-03-19 Last:12-06-19 Expr:12-03-20

15) VERAPAMIL HCL 120MG SA TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING FOR MIGRAINE PROPHYLAXIS ACTIVE Refills: 3 Issu:01-23-20 Last:02-10-20 Expr:01-23-21

--decr dose, monitoring BP/HR and working with PCP

Active Non-VA Medications	Refills	Start Date	Expiration
1) Non-VA ACETAMINOPHEN 325MG TAB Sig: 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE		
2) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE		

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms are unchanged. Successfully tapered off TPM and has been working with PCP regarding verapamil.

Still NO headaches (no headache pain) in >2 month (0/60), but ongoing occasional shadows 3x/wk, especially when getting tired, later in the day, serves as a reminder that the medication is helping. No ED visits for headaches. 1wk ago had used some oxygen for the shadows but never progressed to headache pain or full blown attack. Has not needed O2 or DHE or frovatriptan.

Endorses the following side effects of current medication regimen: none new,

feels "way better" off TPM.

Endorses full adherence

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: working with PCP regarding breathing issues, attributed to COPD and PE; no other new complaints

O: Vitals - most recent BMI: 28.4

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Weight: 192 lb [87.3 kg] (12/03/2019 12:34)

Pulse: 76 (12/03/2019 12:41)

BP: 116/64 (12/03/2019 12:41)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	282	95.5	32.0
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
12/03/2019 13:43	PLASM	134 L	3.8	104	25	17	0.82
09/18/2019 11:45	PLASM	143	3.9	109 H	27	17	1.21 H

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN T.	BIL
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5

Calculated Creatinine Clearance: CrCl=85.0 mL/min (DEC 03, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

08/26/2019 LITHIUM 0.40 L

09/18/2019 LITHIUM

0.90

A/P: 69yo M with cluster HA, recently in remission but ongoing "shadows" currently on galcanezumab, and has successfully tapered off TPM. Continues verapamil but at lower dose per PCP (has afib and not on any other rate controlling medication), and has not needed abortive HA treatment aside from 02

x1 - still has DHE and frovatriptan PRN (aware not to use triptan and DHE together). Has also been using APAP daily but reportedly reducing use, and unable to take NSAIDS d/t anticoagulation. Pt has expressed preference to avoid

steroids in the future; h/o ADR with prednisone. SCr sl. elevated with Na/LFTs

wnl.

Recommendations and plan:

Medication therapy:

- ☒ No medication therapy changes. Continue current regimen
galcanezumab 300mg subq monthly -
NFDR for continuation of therapy entered for MD signature
- ☐ Counseled on medication changes:
- ☐ Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed today. Patient has excellent

knowledge of his medications and good adherence.

Reviewed all medications, including indication for use, possible adverse effects, and administration times.

Updated/provided medication list reflecting current regimen

Encouraged adherence

Encouraged to limit use of PRN meds to lower risk of MOH

Encouraged lifestyle modifications - exercise in moderation as tolerated, antiinflammatory nutrition

Follow up:

- ☒ 2mo clinical pharmacy phone appt (4/14@10)
- ☒ with Neurologist as ordered/scheduled (current appt 6/18)
- ☒ other/prn -can call sooner if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions. Interacted well through visit and opportunity provided for questions.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor and assess.

Address compliance/adherence

Care coordination

Medication reconciliation

No change made

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 02/13/2020 09:17

PRIMARY CARE LETTER (AUTO PRINT)**Details****Date entered:** February 10, 2020**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ELDI KYOUNG-OK HAN**Signed by:** ELDI KYOUNG-OK HAN**Date signed:** February 10, 2020**Note**

LOCAL TITLE: PRIMARY CARE LETTER (AUTO PRINT)

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: FEB 10, 2020@07:27 ENTRY DATE: FEB 10,
2020@07:27:50

AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

10535 Hospital Way, Mather, CA 95655-1200

FEB 10, 2020

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

BELOW ARE THE RESULTS OF YOUR RECENT CT SCAN :

* Several small lung nodules/lymph nodes but no clots or signs of infection.

* Changes consistent with emphysema.

* We will repeat the CT scan in 6 months to assess for changes in the nodules. ~ August 2020.

"Impression:

Pulmonary nodules measuring up to 6 mm some of which are likely intraparenchymal lymph nodes and stable compared to prior imaging. Consider 6 month follow-up.

Lung emphysematous changes. "

Sincerely,

/es/ Eldi K. Han, M.D.
Staff Physician, Primary Care

Patient Record Number 7468482

Primary Care Telephone Note

Details**Date entered:** January 23, 2020**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ELDI KYOUNG-OK HAN**Signed by:** ELDI KYOUNG-OK HAN**Date signed:** January 23, 2020**Note**

LOCAL TITLE: Primary Care Telephone Note

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JAN 23, 2020@16:10 ENTRY DATE: JAN 23,
2020@16:10:51

AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

TAP - hx of cluster headaches and HTN

on losartan 50mg qpm and verapamil SR 120mg BID

home BPs :

110/64 lowest, most often <120s, few 130s systolic, highest 137/77

Would like to decrease the verapamil - Primarily for migraine headache prevention, (which is well-managed with the emgality Rx from neurology)

Agreed to decrease the verapamil from BID --> qpm 120mg SR and continue to check

home BPs for goal < 138/88

cough better since change of lisinopril --> losartan but still more shortness of

breath and dry cough with exercise.

on doac for afib/PE hx

CT scan chest ordered

he will forward outside ECHO (sutter) completed in past year (?nml per patient)

for review as well.

/es/ ELDI K. HAN, MD

Staff Physician, Primary Care

Signed: 01/23/2020 16:34

Pharmacy Specialty Note

Details

Date entered: January 14, 2020

Location: MCCLELLAN VA CLINIC

Written by: CHARISSE MAY C VIVAR

Signed by: CHARISSE MAY C VIVAR

Date signed: January 14, 2020

Note

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: JAN 14, 2020@10:13 ENTRY DATE: JAN 14,
2020@10:13:39

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant	12/31/2019
2. Obstructive sleep apnea syndrome	09/30/2019
3. AF- Atrial Fibrillation (SCT 49436004)	06/20/2019
4. Pulmonary embolism	06/20/2019
5. HTN - Hypertension (SCT 38341003)	09/30/2019
6. OA - Osteoarthritis (SCT 396275006)	09/30/2019
7. Prostate cancer (SNOMED CT 254900004)	12/03/2019
8. Chronic cluster headache	09/30/2019
9. Adjustment Disorder with Mixed Emotional	09/30/2019

Features (SCT 55668003)

10. Polyp Colon (SCT 68496003)	09/30/2019
11. History of malignant neoplasm of prostate	11/05/2016
12. Dysthymia	02/08/2016
13. Chronic pain syndrome	12/08/2015
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
15. Depressive Disorder NOS *	04/02/2014
16. Cluster headache (SNOMED CT 193031009)	02/07/2014
17. Chronic obstructive lung disease	06/24/2019
18. Benign hypertension	11/26/2013
19. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
20. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
21. Headache (SNOMED CT 25064002)	02/04/2016
22. Carcinoma, Prostate	11/26/2013
23. Arthralgias NOS	11/26/2013
24. Impotence	11/26/2013
25. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP	ACTIVE	Issu:06-20-19
	Qty: 50 for 90 days Sig: USE 1 STRIP	Refills: 3	Last:06-20-19
	AS DIRECTED TWO TO THREE TIMES A WEEK		Expr:06-20-20
	- TO TEST BLOOD SUGAR.		
2)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL	ACTIVE	Issu:12-03-19
	Qty: 2 for 60 days Sig: INHALE 2	Refills: 5	Last:12-06-19
	PUFFS BY ORAL INHALATION FOUR TIMES A		Expr:12-03-20
	DAY AS NEEDED - FOR SHORTNESS OF		
	BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH		
	WATER AT LEAST ONCE WEEKLY.		
3)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH	ACTIVE (S)	Issu:12-03-19
	Qty: 2 for 60 days Sig: INHALE 2	Refills: 4	Last:01-25-20

PUFFS BY ORAL INHALATION TWICE A DAY -
FOR BREATHING. RINSE MOUTH OUT AFTER
USE.

Expr:12-03-20

4)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE Refills: 3	Issu:07-19-19 Last:07-19-19 Expr:07-19-20

--poor adherence

5)	DABIGATRAN ETEXILATE 150MG ORAL CAP Qty: 60 for 30 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION BOXES. DO NOT OPEN OR CHEW CAPSULE.	ACTIVE Refills: 0	Issu:12-31-19 Last:01-02-20 Expr:01-30-20

6)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE Refills: 2	Issu:11-01-19 Last:11-01-19 Expr:11-01-20

--not needed recently

7)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty: 3 for 30 days Sig: INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE Refills: 1	Issu:11-27-19 Last:12-27-19 Expr:11-27-20

8)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19 Expr:06-20-20

9)	LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20

10)	LOSARTAN 50MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE Refills: 1	Issu:12-31-19 Last:01-02-20 Expr:12-31-20

11)	MONTELUKAST NA 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19 Expr:06-20-20
12)	PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
--only prn, not needed recently			
13)	ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19 Expr:06-20-20
14)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL Qty: 2 for 60 days Sig: INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	ACTIVE Refills: 5	Issu:12-03-19 Last:12-06-19 Expr:12-03-20
15)	TOPIRAMATE 25MG TAB Qty: 120 for 30 days Sig: TAKE TWO TABLET(S) BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION **TAPERING**	ACTIVE Refills: 1	Issu:12-12-19 Last:12-12-19 Expr:12-12-20
--25mg BID currently for >2wks			
16)	VERAPAMIL HCL 120MG SA TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE Refills: 2	Issu:07-19-19 Last:11-01-19 Expr:07-19-20

Active Non-VA Medications		Refills	Start Date Expiration
=====			
1)	Non-VA ACETAMINOPHEN 325MG TAB Sig: 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE	
2)	Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: 150MG MOUTH TWICE A DAY	ACTIVE	--now from VA
3)	Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE	--not needed recently

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms are unchanged. NO headaches in >1 month (0/30), reporting a couple of "shadows" leading up to dose of Emgality on the 10th, but never became an actual headache. No ED visits for headaches. Tapering topiramate, same dose as from prior encounter as instructed. Has not needed O2 or DHE or frovatriptan.

Endorses the following side effects of current medication regimen: No adverse effects or changes with taper, no notable changes in weight. states wife says he's more pleasant without headaches; prev reported further improved/less weakness/fatigue and drowsiness (had not been attributed to any particular medication) after lowered dose of TPM

Missed dose x1 in AM, otherwise endorses full adherence with exception of vitD which he plans to restart
☒ Uses/☐ Does not use pill box; fills it ☐ weekly/☐ monthly.

Other info provided by pt: no new complaints

O: Vitals - most recent BMI: 28.4
 Height: 69 in [175.3 cm] (12/03/2019 12:34)
 Weight: 192 lb [87.3 kg] (12/03/2019 12:34)
 Pulse: 76 (12/03/2019 12:41)
 BP: 116/64 (12/03/2019 12:41)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	282	95.5	32.0
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
12/03/2019 13:43	PLASM	134 L	3.8	104	25	17	0.82
09/18/2019 11:45	PLASM	143	3.9	109 H	27	17	1.21 H

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5

Calculated Creatinine Clearance: CrCl=85.0 mL/min (DEC 03, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4	L	
05/19/2014 08:19	SERUM	71	< 4	71

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

08/26/2019	LITHIUM	0.40	L
09/18/2019	LITHIUM	0.90	

A/P: 69yo M with cluster HA, recently in remission, currently on galcanezumab, and has been successfully tapering TPM. Continues verapamil (has afib and not on any other rate controlling medication), and has not needed abortive HA treatment - has 02, DHE, and frovatriptan PRN (aware not to use triptan and DHE together). Has also been using APAP daily but unable to take NSAIDS d/t anticoagulation. Pt has expressed preference to avoid steroids in the future; h/o ADR with prednisone. SCr sl. elevated with Na/LFTs wnl.

Recommendations and plan:

Medication therapy:

- ☐ No medication therapy changes. Continue current regimen
- ☒ Counseled on medication changes:
 - decr TPM to 25mg/d to taper off after a week
- ☐ Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed today. Patient has excellent

knowledge of his medications and good adherence.

Reviewed all medications, including indication for use, possible adverse effects, and administration times.

Updated/provided medication list reflecting current regimen

Encouraged adherence

Encouraged to limit use of PRN meds to lower risk of MOH

Encouraged lifestyle modifications - exercise in moderation as tolerated, antiinflammatory nutrition

Follow up:

[X] 4wk clinical pharmacy phone appt (2/11@10)

[X] with Neurologist as ordered/scheduled (current appt 6/18)

[X] other/prn -can call sooner if needed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21-30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Medication Intervention(s)

Adjust dose or frequency of current medication

Discontinue and/or change to a different medication

Nonpharmacologic intervention made

Address compliance/adherence

Care coordination

Medication reconciliation

Adjust dose, frequency, duration and/or dosage form of medication

Discontinue medication

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 01/14/2020 15:58

Letter to Patient

Details

Date entered: January 3, 2020**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** JAMIE R LOPEZ**Signed by:** JAMIE R LOPEZ**Date signed:** January 3, 2020

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: JAN 03, 2020@09:12

ENTRY DATE: JAN 03,

2020@09:12:10

AUTHOR: LOPEZ, JAMIE R

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:

10535 Hospital Way, Mather, CA 95655-1200

JAN 03, 2020

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

The VA Northern California Anticoagulation clinic received notification from your primary care team that you were prescribed the blood thinning medication dabigatran (Pradaxa) through the VA. The VA recommends periodic monitoring of your blood counts, kidney, and liver function for this medication to ensure your safety. If possible, could you please have NON-fasting labs drawn for the recommended lab monitoring for your dabigatran therapy at your NEAREST VA LAB on the date listed below.

1) SAC ANTICOAGULATION LAB DRAW 04/01/2020 <---- ANY TIME during lab hours

Again these will be NON-fasting labs. If your labs are without problems, a letter will be mailed with results and the next expected safety lab draw date. If any labs are out of the recommended goal ranges, the clinic will contact you

within 1 business day. Also if you have the MyHealthyVet app or check your appointments online, do not worry about the time listed or name SAC anticoagulation lab/phone test, that time and listing is for computer purposes only. You DO NOT need to wait for a phone call. For questions or lab appointment reschedule please call the clinic directly at 916-843-7209.

Sincerely,

/es/ Jamie R. Lopez
Pharmacy Technician

Patient Record Number 7468482

Chart Review

Details

Date entered: January 2, 2020
Location: SACRAMENTO VA MEDICAL CENTER
Written by: KENDRA N MOROTTI
Signed by: KENDRA N MOROTTI
Date signed: January 2, 2020

Note

LOCAL TITLE: Chart Review
STANDARD TITLE: TEAM NOTE
DATE OF NOTE: JAN 02, 2020@17:00 ENTRY DATE: JAN 02,
2020@17:00:36
AUTHOR: MOROTTI, KENDRA N EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

DOAC QUICK ORDER REVIEW NOTE

Indication: atrial fibrillation, h/o CVA and PE

Drug and current dose: dabigatran 150mg BID

Approx start date: unknown, started non-VA, per problem list afib diagnosed

6/2019

S/O: Notified via quick order alert that patient has been newly prescribed

DOAC therapy from VA NCHCS. Chart review conducted in preparation for anticoagulation clinic enrollment for initial DOAC monitoring.

HPI: Per 12/31/19 PC note:

"Has last Rx for pradaxa filled recently and will need transferred to VA - labs updated and NF request placed."

PMH: Computerized Problem List is the source for the following:

1. Long-term current use of anticoagulant KYOUNG	12/31/19	HAN,ELDI
on pradaxa (afib/CVA risk reduction, and hx of PE)		
2. Obstructive sleep apnea syndrome PANOSSIAN,LORI	09/30/19	
3. AF- Atrial Fibrillation (SCT 49436004) KYOUNG	06/20/19	HAN,ELDI
Dx 6/2019		
4. Pulmonary embolism KYOUNG	06/20/19	HAN,ELDI
5. HTN - Hypertension (SCT 38341003) H	09/30/19	LWIN,HTWE
Added from station 654 as a result of CBOC move.		
6. OA - Osteoarthritis (SCT 396275006) H	09/30/19	LWIN,HTWE
Added from station 654 as a result of CBOC move.		
7. Prostate cancer (SNOMED CT 254900004) KYOUNG	12/03/19	HAN,ELDI
Added from station 654 as a result of CBOC move.		
8. Chronic cluster headache H	09/30/19	LWIN,HTWE
Added from station 654 as a result of CBOC move.		

9. Adjustment Disorder with Mixed Emotional H Features (SCT 55668003) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE
10. Polyp Colon (SCT 68496003) H 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE
11. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
12. Dysthymia BAHTEN, REGINA S	02/08/16	
13. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
14. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
15. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
16. Cluster headache (SNOMED CT 193031009) APPERSON, MICHEL	02/07/14	
17. Chronic obstructive lung disease FIECHTNER, BRIDG "severe" (nonVA)	06/24/19	
18. Benign hypertension S	11/26/13	CHANG, MYO
19. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
20. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	
21. Headache (SNOMED CT 25064002) REMLER, MICHAEL	02/04/16	
22. Carcinoma, Prostate S	11/26/13	CHANG, MYO
23. Arthralgias NOS S	11/26/13	CHANG, MYO
24. Impotence S	11/26/13	CHANG, MYO
25. Vitamin D deficiency (SNOMED CT 34713006) S	11/26/13	CHANG, MYO

Medications:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE
3)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
4)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
5)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
7)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
8)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE (REPLACES LISINOPRIL)	ACTIVE (S)
9)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
10)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
11)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
12)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2	ACTIVE

INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.

- 13) TOPIRAMATE 25MG TAB TAKE TWO TABLET(S) BY MOUTH TWICE ACTIVE
A DAY FOR HEADACHE PREVENTION **TAPERING**
- 14) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE
TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND
INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

Pending Outpatient Medications

Status

- 1) DABIGATRAN ETEXILATE 150MG ORAL CAP TAKE ONE CAPSULE PENDING
BY MOUTH TWICE A DAY - TO HELP PREVENT CLOTS. KEEP
IN ORIGINAL BOTTLE, DO NOT PLACE IN MEDICATION
BOXES. DO NOT OPEN OR CHEW CAPSULE.

Active Non-VA Medications

Status

- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A ACTIVE
DAY AS NEEDED
- 2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG ACTIVE
MOUTH TWICE A DAY
- 3) Non-VA DIHYDROERGOTAMINE INJ,SOLN 1ML INTRAMUSCULAR ACTIVE
ONCE DAILY AS NEEDED

18 Total Medications

Allergies: PENICILLIN, PREDNISONE, METFORMIN

0:

Vitals - most recent

Height: 69 in [175.3 cm] (12/03/2019 12:34)

Weight: 192 lb [87.3 kg] (12/03/2019 12:34)

SCL1 - CHEMISTRIES

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
12/03/2019 13:43	PLASM	134 L	3.8	104	25	17	0.82
09/18/2019 11:45	PLASM	143	3.9	109 H	27	17	1.21 H
09/18/2019 11:45	PLASM						1.01
08/26/2019 10:33	PLASM	143	3.9	110 H	27	19	1.07

07/11/2019 07:50	PLASM						0.99
06/20/2019 09:28	PLASM	141	4.0	108 H	25	19	0.80

CrCl=85.0 mL/min (DEC 03, 2019)

eGFR

Collection DT	Spec	eGFR
12/03/2019 13:43	PLASM	>60

ALT, AST, CPK

Collection DT	Spec	ALT	AST
12/03/2019 13:43	PLASM	25	28
06/20/2019 09:28	PLASM	37	25
07/24/2018 08:38	PLASM	23	28
03/13/2018 08:41	PLASM	25	27

Collection DT	Spec	HGB	HCT	PLT
12/03/2019 13:43	BLOOD	15.0	46.9	282
06/20/2019 09:28	BLOOD	15.5	47.1	219
03/13/2018 08:41	BLOOD	14.1	44.1	269
02/08/2016 10:02	BLOOD	14.8	46.0	212

No data available

No data available for OCCULT BLOOD (FIT) #1 OF 1; Occult Blood #1;
Occult Blood #2; Occult Blood #3

Echo done at Kaiser 6/2019 and available for review in JLV, excerpt below:
"Electronically signed by Singh, Harvinder MD(Interpreting
physician) on 06/15/2019 08:18 AM

Findings

Mitral Valve

Mildly thickened mitral leaflets.
Mild mitral annular calcification.
Mild mitral valve regurgitation.

Aortic Valve

Trileaflet aortic valve.

Aortic sclerosis without quantifiable stenosis or regurgitation.

Tricuspid Valve

Thickened leaflets with normal excursions.

No significant tricuspid regurgitation.

Pulmonic Valve

Pulmonic valve is not well visualized.

Left Atrium

Normal left atrial dimensions.

Inter-atrial septum (IAS) is intact.

Left Ventricle

Normal left ventricular dimensions.

Normal left ventricular wall thickness.

Sigmoid septum, which is likely a normal variant with aging with no evidence of outflow obstruction.

Left ventricular systolic function is normal with an ejection fraction of 65-70% measured by visual estimate.

Pseudonormalization of mitral inflow E/A ratio is indicative of advanced diastolic dysfunction.

Right Atrium

Normal right atrial dimensions.

IVC is normal in dimensions.

Right Ventricle

RV is not well visualized but grossly appears to be normal in dimensions and normokinetic.

Pericardial Effusion

No echocardiographic evidence of pericardial effusion.

Aorta

Aortic root is normal in dimensions.

Ascending aorta is not well visualized."

A/P: 1. Anticoagulation--Patient will be receiving dabigatran 150mg BID from

VA pharmacy for indication of atrial fibrillation. Started 6/2019 at Kaiser, patient has been on therapy since that date, new DOAC education not necessary.

Baseline labs reviewed and appropriate for agent, dose and indication.

Patient will require 3 month monitoring lab through anticoagulation clinic.

Will request CPT action, please schedule for DOAC lab monitoring appt in approx 3 months and mail appointment letter to patient.

Time spent: 20 min

Recheck: CBC/CMP

RTC: [] 3 months

/es/ Kendra N. Morotti, PharmD

Clinical Pharmacist

Signed: 01/02/2020 17:15

Receipt Acknowledged By:

01/03/2020 09:12 /es/ Jamie R.

Lopez

Pharmacy

Technician

Primary Care Secure Messaging

Details

Date entered: December 31, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: KIM INGRID BALLINGER

Signed by: KIM INGRID BALLINGER

Date signed: December 31, 2019

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 31, 2019@14:04:52 ENTRY DATE: DEC 31,
2019@11:04:53
AUTHOR: BALLINGER, KIM INGRI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/23/2019 08:48 PM
From: CAMPBELL, RONALD
To: **Han, E (Primary Care) - Mather
Subject: Inhaler Follow Up

Coughing spasms have subsided.

Chronic cough has continued with severity increasing in PM

Clear mucus production continues

Breathing difficulty when stressed

-----Original Message-----

Sent: 12/31/2019 02:04 PM
From: BALLINGER, KIM
To: CAMPBELL, RONALD
Subject: Inhaler Follow Up

Thanks for getting back to me. I will transfer this message to your chart and forward the information to Dr. Han. Wishing you a very Happy New Year!

Respectfully,
Kim Ballinger RN, BSN
RN Care Manager, Primary Care, Section D

/es/ Kim Ingrid Ballinger
RN Care Manager PACT
Signed: 12/31/2019 11:04

Receipt Acknowledged By:
12/31/2019 12:00 /es/ ELDI K. HAN,
MD
Staff Physician, Primary
Care

Primary Care Telephone Note

Details

Date entered: December 31, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ELDI KYOUNG-OK HAN
Signed by: ELDI KYOUNG-OK HAN
Date signed: December 31, 2019

Note

LOCAL TITLE: Primary Care Telephone Note
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: DEC 31, 2019@14:04 ENTRY DATE: DEC 31,
2019@14:04:38
AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Telephone Note Has ADDENDA ***

not clear from SM from patient and RN if his breathing symptoms are overall improving with the addition of symbicort and spiriva inhalers (I assume he is using both)

Called patient and spoke with him today to update on cough and breathing. Significant shortness of breath improvement but the cough is still present, clear sputum often later in the evenings, and the inhalers have made a significant improvement overall even past few days. as he is on lisinopril we will change to losartan 50mg/day (current BP 130s systolic, "which is good for me" he states.

Advised to check BP at least daily and f.u on phone in 1 month with medication changes. Discussed possibility in future decrease/taper the verapamil 120 BID (for headache prphlx) since tapering off discussed with neuro as long as BP and headache symptoms allow.

Has last Rx for pradaxa filled recently and will need transferred to VA - labs updated and NF request placed.

Thanked writer for phone call.

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 12/31/2019 14:06

12/31/2019 ADDENDUM STATUS: COMPLETED
alerting MSA to schedule TAP with MD in 1month - to f/u on medication changes
(HTN)

/es/ ELDI K. HAN, MD

Staff Physician, Primary Care

Signed: 12/31/2019 14:46

Receipt Acknowledged By:

01/09/2020 09:44 /es/ MARITES P

AJOLO

AMSA

01/09/2020 ADDENDUM

STATUS: COMPLETED

Contacted pt and scheduled TAP with PCP on 01/23/2020 at 3:45pm.

/es/ MARITES P AJOLO

AMSA

Signed: 01/09/2020 09:44

Pharmacy Specialty Note

Details

Date entered: December 31, 2019

Location: MCCLELLAN VA CLINIC

Written by: CHARISSE MAY C VIVAR

Signed by: CHARISSE MAY C VIVAR

Date signed: December 31, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: DEC 31, 2019@08:46 ENTRY DATE: DEC 31,
2019@08:46:18

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Pharmacy Specialty Note Has ADDENDA ***

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in Clinic
 by clinical pharmacist for []initial visit/review / [X]follow-up.
 The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
 with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status	Issue Date
	Refills	Last Fill
		Expiration
=====		
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP	ACTIVE	Issu:06-20-19
Qty: 50 for 90 days Sig: USE 1 STRIP	Refills: 3	Last:06-20-19
AS DIRECTED TWO TO THREE TIMES A WEEK		Expr:06-20-20
- TO TEST BLOOD SUGAR.		
2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL	ACTIVE	Issu:12-03-19

	Qty: 2 for 60 days Sig: INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	Refills: 5	Last:12-06-19 Expr:12-03-20
3)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH Qty: 2 for 60 days Sig: INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE Refills: 5	Issu:12-03-19 Last:12-06-19 Expr:12-03-20
4)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE Refills: 3	Issu:07-19-19 Last:07-19-19 Expr:07-19-20
5)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE Refills: 2	Issu:11-01-19 Last:11-01-19 Expr:11-01-20
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty: 3 for 30 days Sig: INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE Refills: 1	Issu:11-27-19 Last:12-27-19 Expr:11-27-20
7)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19 Expr:06-20-20
8)	LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
9)	LISINOPRIL 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE Refills: 1	Issu:06-20-19 Last:12-19-19 Expr:06-20-20
10)	MONTELUKAST NA 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19

ONCE DAILY Expr:06-20-20

11) PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for ACTIVE Issu:06-20-19
 30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:06-20-19
 ONCE DAILY - FOR STOMACH ACID. Expr:06-20-20
 --prn, none needed recently

12) ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 ACTIVE Issu:06-20-19
 days Sig: TAKE ONE-HALF TABLET BY Refills: 2 Last:11-01-19
 MOUTH ONCE DAILY - TO LOWER Expr:06-20-20
 CHOLESTEROL.

13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL ACTIVE Issu:12-03-19
 Qty: 2 for 60 days Sig: INHALE 2 Refills: 5 Last:12-06-19
 INHALATIONS (5MCG) BY ORAL INHALATION Expr:12-03-20
 ONCE DAILY - FOR BREATHING. DO NOT
 TAKE MORE THAN 2 INHALATIONS IN 24
 HOURS.

14) TOPIRAMATE 25MG TAB Qty: 120 for 30 ACTIVE Issu:12-12-19
 days Sig: TAKE TWO TABLET(S) BY MOUTH Refills: 1 Last:12-12-19
 TWICE A DAY FOR HEADACHE PREVENTION Expr:12-12-20
 TAPERING
 --currently 25mg BID for few days, had been cutting 100mg in half for 50mg
 BID
 for >1wk (now no longer using 100mg tabs)

15) VERAPAMIL HCL 120MG SA TAB Qty: 180 for ACTIVE Issu:07-19-19
 90 days Sig: TAKE ONE TABLET BY MOUTH Refills: 2 Last:11-01-19
 TWICE A DAY ---- NOTE CHANGE IN Expr:07-19-20
 FORMULATION AND INSTRUCTIONS --- FOR
 MIGRAINE PROPHYLAXIS

Active Non-VA Medications	Refills	Start Date Expiration
=====		
1) Non-VA ACETAMINOPHEN 325MG TAB Sig:	ACTIVE	
650MG MOUTH TWICE A DAY AS NEEDED		
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL	ACTIVE	
CAP Sig: 150MG MOUTH TWICE A DAY		
3) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig:	ACTIVE	
1ML INTRAMUSCULAR ONCE DAILY AS NEEDED		

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms are unchanged. NO headaches in >1 month (0/30). Due for second dose of Emgality on the 10th. No ED visits for headaches. Tapering topiramate, but mistakenly has decreased dose sooner than intended.

Endorses the following side effects of current medication regimen: No adverse effects or changes with taper, maybe some weight gain (confirms not abrupt/significant change) but maybe also r/t recent food intake with holidays -- in process of making lifestyle modifications, incl establishing exercise routine for the upcoming new year. thinks further improved/less weakness/fatigue and drowsiness (had not been attributed to any particular medication) after lowered dose of TPM

Endorses full adherence.

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: --states working with PCP in progress of transferring care to VA from Kaiser, incl. cardio

0: Vitals - most recent BMI: 28.4
Height: 69 in [175.3 cm] (12/03/2019 12:34)
Weight: 192 lb [87.3 kg] (12/03/2019 12:34)
Pulse: 76 (12/03/2019 12:41)
BP: 116/64 (12/03/2019 12:41)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	282	95.5	32.0
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
12/03/2019 13:43	PLASM	134 L	3.8	104	25	17	0.82

09/18/2019 11:45 PLASM 143 3.9 109 H 27 17 1.21 H
 No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN T.	BIL
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5

Calculated Creatinine Clearance: CrCl=85.0 mL/min (DEC 03, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

08/26/2019	LITHIUM	0.40 L
09/18/2019	LITHIUM	0.90

A/P: 69yo M with cluster HA, recently in remission, currently on galcanezumab, and has been successfully tapering TPM. Continues verapamil (has afib and not on any other rate controlling medication), and has not needed abortive HA treatment - has 02, DHE, and frovatriptan PRN (aware not to use triptan and DHE together). Has also been using APAP daily but unable to take NSAIDS d/t anticoagulation. Pt has expressed preference to avoid steroids in the future; h/o ADR with prednisone. SCr sl. elevated with Na/LFTs wnl.

Recommendations and plan:

Medication therapy:

- ☐ No medication therapy changes. Continue current regimen
- ☒ Counseled on medication changes:
 - adjust/continue TPM at dose pt has been taking - 25mg BID
 - reevaluate appropriateness to stop on follow up

[] Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed today. Patient has excellent

knowledge of his medications and good adherence.

Reviewed all medications, including indication for use, possible adverse effects, and administration times.

Updated/provided medication list reflecting current regimen

Encouraged adherence

Encouraged to limit use of PRN meds to lower risk of MOH

Encouraged lifestyle modifications - exercise in moderation as tolerated, antiinflammatory nutrition

Follow up:

[X] 2wk clinical pharmacy phone appt (1/14)

[X] with Neurologist as ordered/scheduled (current appt 6/18)

[X] other/prn -can call sooner prn

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21-30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

-Home meds compared with CPRS meds

-Medication allergies (local and remote) reviewed

-Discrepancies, if any, discussed with patient/caregiver

-Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list

-Patient/caregiver provided with an updated medication list (or

written instructions provided for minor med changes)
-Education provided regarding managing personal medication
information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Medication Intervention(s)

Adjust dose or frequency of current medication

Nonpharmacologic intervention made

Address compliance/adherence

Medication reconciliation

Adjust dose, frequency, duration and/or dosage form of medication

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 12/31/2019 13:53

01/14/2020 ADDENDUM

STATUS: COMPLETED

Attempted to contact patient at phone number(s) listed in CPRS for
scheduled

phone appt. LVM with generic message and clinic contact number.

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 01/14/2020 09:56

Primary Care Secure Messaging

Details

Date entered: December 30, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: KIM INGRID BALLINGER

Signed by: KIM INGRID BALLINGER

Date signed: December 30, 2019

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 30, 2019@11:21:36 ENTRY DATE: DEC 30,
2019@08:21:37
AUTHOR: BALLINGER, KIM INGRI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/20/2019 10:58 PM
From: CAMPBELL, RONALD
To: **Han, E (Primary Care) - Mather
Subject: Pneumonia

Please see the response I received from Kaiser.

So are you in agreement that I am finished with pneumonia immunization?

I am getting opinions that this may not apply to all persons.

Regards

Ron CAMPBELL

-----Original Message-----

Sent: 12/24/2019 06:43 PM
From: BALLINGER, KIM
To: CAMPBELL, RONALD
Subject: Pneumonia

Hello Mr. Campbell,

Dr. Han attempted to contact you yesterday, but was unable to reach you by telephone. She is requesting an update on your breathing symptoms. Please let

us know how you are doing currently. Looking forward to your reply and wishing you a very merry Christmas. If you should need further assistance before your next clinic appointment, you can reach an advice nurse at (800)382-8387.

Respectfully,
Kim Ballinger RN, BSN
RN Care Manager, Primary Care, Section D

-----Original Message-----

Sent: 12/25/2019 06:49 AM
From: CAMPBELL, RONALD
To: **Han, E (Primary Care) - Mather
Subject: Pneumonia

I sent this response 12/23/19 @ 20:23hrs

Coughing spasms have subsided.

Chronic cough has continued with severity increasing in PM

Clear mucus production continues

Breathing difficulty when stressed

Added info: Chronic wheezing continues

Additionally - I received or cannot locate the response no on a previous email regarding pneumonia immunization Status sent on 12/20. That email appears to have been used as the response basis on this contact.

Ron CAMPBELL

-----Original Message-----

Sent: 12/30/2019 11:21 AM

From: BALLINGER, KIM
To: CAMPBELL, RONALD
Subject: Pneumonia

Hello Mr. Campbell,

There is no attachment on this message. I see no response from Kaiser. Dr. Han is requesting an update on your breathing symptoms. Can you please let us know how things are going at your earliest convenience per Dr. Han's request? Thanks. Looking forward to your response.

Respectfully,
Kim Ballinger RN, BSN
RN Care Manager, Primary Care, Section D

/es/ Kim Ingrid Ballinger
RN Care Manager PACT
Signed: 12/30/2019 08:21

Primary Care Telephone Note

Details

Date entered: December 23, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ELDI KYOUNG-OK HAN
Signed by: ELDI KYOUNG-OK HAN
Date signed: December 23, 2019

Note

LOCAL TITLE: Primary Care Telephone Note
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: DEC 23, 2019@16:11 ENTRY DATE: DEC 23,
2019@16:11:14

AUTHOR: HAN, ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

TAP- was scheduled to f/u on breathing symptoms
severe obstruction on PFTs and was started on symbicort with spiriva.
unable to reach and went to VM directly. asked him to send secure message
at his
earliest convenience to update PACT on symptoms.

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 12/23/2019 16:13

Neurology 11000

Details

Date entered: December 19, 2019
Location: MCCLELLAN VA CLINIC
Written by: DAVID MCCRANEY
Signed by: DAVID MCCRANEY
Date signed: December 19, 2019

Note

LOCAL TITLE: Neurology 11000
STANDARD TITLE: NEUROLOGY E & M NOTE
DATE OF NOTE: DEC 19, 2019@08:17 ENTRY DATE: DEC 19,
2019@08:18:03
AUTHOR: MCCRANEY, DAVID EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

69m followup cluster headaches. I have him on a CGRP antagonist. No side
effects. No cluster headaches since Nov 23, previously his longest headache
free
interval (over the last year) was 10 days, so he's getting close to
certainty

regarding effectiveness.

Tapering off topamax. He would have to talk to cardiology before tapering off
the verapamil

Exam normal, no horner's

IMP

Cluster, most likely in remission. Continue present as per above, rtc six months

/es/ David P. McCraney, MD
Staff Neurologist
Signed: 12/19/2019 08:30

Primary Care Secure Messaging

Details

Date entered: December 17, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: PATSY E JONES
Signed by: PATSY E JONES
Date signed: December 17, 2019

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 17, 2019@17:00:51 ENTRY DATE: DEC 17,
2019@14:00:52
AUTHOR: JONES, PATSY E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/11/2019 10:05 PM
From: CAMPBELL, RONALD
To: **Han, E (Primary Care) - Mather
Subject: Asmanex

I received the Spiriva & Symbicort 1 day after it was finally mailed.

Am I to continue or discontinue the Asmanex?

/es/ Patsy Jones, LVN
Nursing Service, Primary Care
Signed: 12/17/2019 14:00

Receipt Acknowledged By:

12/17/2019 15:02 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

12/17/2019 ADDENDUM STATUS: COMPLETED
the symbicort is in place of asmanex (this has been discontinued)

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 12/17/2019 15:04

Receipt Acknowledged By:

12/18/2019 13:15 /es/ Patsy Jones,
LVN

Nursing Service, Primary

Care

12/18/2019 ADDENDUM

STATUS: COMPLETED

1315p - Veteran informed of Dr Han's addendum via secure messaging.

/es/ Patsy Jones, LVN

Nursing Service, Primary Care

Signed: 12/18/2019 13:17

Pharmacy Specialty Note

Details

Date entered: December 12, 2019**Location:** MCCLELLAN VA CLINIC**Written by:** CHARISSE MAY C VIVAR**Signed by:** CHARISSE MAY C VIVAR**Date signed:** December 16, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: DEC 12, 2019@09:14 ENTRY DATE: DEC 12,
2019@09:15:39

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate 11/05/2016

2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP Qty: 50 for 90 days Sig: USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
2)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Qty: 2 for 60 days Sig: INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE Refills: 5	Issu:12-03-19 Last:12-06-19 Expr:12-03-20
3)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH Qty: 2 for 60 days Sig: INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE Refills: 5	Issu:12-03-19 Last:12-06-19 Expr:12-03-20

4)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE Refills: 3	Issu:07-19-19 Last:07-19-19 Expr:07-19-20
5)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE Refills: 2	Issu:11-01-19 Last:11-01-19 Expr:11-01-20
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Qty: 3 for 30 days Sig: INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE Refills: 2	Issu:11-27-19 Last:11-27-19 Expr:11-27-20
7)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19 Expr:06-20-20
8)	LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
9)	LISINOPRIL 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE (S) Refills: 1	Issu:06-20-19 Last:12-19-19 Expr:06-20-20
10)	MONTELUKAST NA 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19 Expr:06-20-20
11)	PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
12)	ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19 Expr:06-20-20
13)	TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL Qty: 2 for 60 days Sig: INHALE 2	ACTIVE Refills: 5	Issu:12-03-19 Last:12-06-19

INHALATIONS (5MCG) BY ORAL INHALATION
ONCE DAILY - FOR BREATHING. DO NOT
TAKE MORE THAN 2 INHALATIONS IN 24
HOURS.

Expr:12-03-20

14) TOPIRAMATE 100MG TAB Qty: 97 for 30 days Sig: TAKE ONE AND ONE-HALF TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY EVENING FOR 2 WEEKS, THEN TAKE ONE AND ONE-HALF TABLETS TWICE A DAY FOR HEADACHE PREVENTION **TAPERING**

ACTIVE

Issu:10-31-19

Refills: 1

Last:11-01-19

Expr:10-31-20

--currently 100mg BID

15) VERAPAMIL HCL 120MG SA TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

ACTIVE

Issu:07-19-19

Refills: 2

Last:11-01-19

Expr:07-19-20

Active Non-VA Medications	Refills	Start Date	Expiration
=====			
1) Non-VA ACETAMINOPHEN 325MG TAB Sig: 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE		
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: 150MG MOUTH TWICE A DAY	ACTIVE		
3) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED	ACTIVE		

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms have improved. Started Emgality and tolerated fine, confirms did 3 separate subq injections, more favorable than IM injection. Although prior to that, had substantially decr need for oxygen, actually no oxygen needed for HA treatment, and DHE use only x1 since last encounter. Only 1 headache in past 23 days, occurred prior to Emgality start. No ED visits for headaches.

Tapering TPM as instructed, and has also been very active and more busy than prior with Emgality project.

Endorses the following side effects of current medication regimen: none, thinks further improved/less weakness/fatigue and drowsiness (had not been attributed to any particular medication) after lowered dose of TPM

Endorses full adherence.

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: n/a

O: Vitals - most recent BMI: 28.1

Height: 69 in [175.3 cm] (06/20/2019 07:56)

Weight: 190 lb [86.4 kg] (06/20/2019 07:56)

Pulse: 69 (06/20/2019 07:56)

BP: 138/75 (06/20/2019 07:56)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	269	95.7	32.0

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
09/18/2019 11:45	PLASM	143	3.9	109 H	27	17	1.21 H
09/18/2019 11:45	PLASM						1.01
08/26/2019 10:33	PLASM	143	3.9	110 H	27	19	1.07

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5
07/24/2018 08:38	PLASM	23	28	76	4.3	0.7

Calculated Creatinine Clearance: CrCl=57.6 mL/min (SEP 18, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3

03/13/2018 08:41 SERUM 20.4 L
05/19/2014 08:19 SERUM 71 < 4 71

Collection DT Spec B12
03/13/2018 08:41 SERUM 351
05/19/2014 08:19 SERUM 417

Drug Level Monitoring:

08/26/2019 LITHIUM 0.40 L
09/18/2019 LITHIUM 0.90

A/P: 69yo M with cluster HA, recently with improvement in sx suspect d/t improvement in mental health and focus on project as well as improvement in overall wellbeing with TPM taper. Has started galcanezumab (Emgality) and no intolerances. Continues verapamil, and has needed less O2 and prn injectable DHE, or frovatriptan. Has also been using APAP daily but unable to take NSAIDS d/t anticoagulation.

SCr sl. elevated with Na/LFTs wnl. Incr risk serotonin syndrome, although limiting use of frovatriptan. Pt has expressed preference to avoid steroids in the future; h/o ADR with prednisone. At this point, unlikely that verapamil and TPM are very effective for HA and pt wants to get off unnecessary meds if possible; may be best to leave verapamil unchanged d/t afib and not on any rate controlling medication.

Recommendations and plan:

Medication therapy:

- ☐ No medication therapy changes. Continue current regimen
- ☒ Counseled on medication changes:
 - further TPM taper 50mg BID
 - (issue 25mg tabs for further taper on follow up)
- ☐ Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:
Medication education/reconciliation - completed today. Patient has excellent

knowledge of his medications and good adherence.

Reviewed all medications, including indication for use, possible adverse effects, and administration times.

Updated/provided medication list reflecting current regimen

Encouraged adherence

Encouraged to limit use of PRN meds to lower risk of MOH

Follow up:

[X] 2wk clinical pharmacy phone appt (12/31)

[X] with Neurologist as ordered/scheduled (current appt 12/19)

[X] other/prn -can call sooner prn

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21-30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

-Home meds compared with CPRS meds

-Medication allergies (local and remote) reviewed

-Discrepancies, if any, discussed with patient/caregiver

-Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list

-Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)

-Education provided regarding managing personal medication

information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Medication Intervention(s)

Adjust dose or frequency of current medication

Nonpharmacologic intervention made

Address compliance/adherence

Care coordination

Medication reconciliation

Adjust dose, frequency, duration and/or dosage form of medication

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 12/16/2019 17:02

Care Management Telephone Encounter Note

Details

Date entered: December 4, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: LACHERYL LATHAM

Signed by: LACHERYL LATHAM

Date signed: December 4, 2019

Note

LOCAL TITLE: Care Management Telephone Encounter Note

STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: DEC 04, 2019@10:05 ENTRY DATE: DEC 04,
2019@10:05:33

AUTHOR: LATHAM, LACHERYL

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient notified us that his headaches stopped 10 days ago. He wanted to know if

he should start Emgality and procede with the nerve block procedure. Dr. McCraney advised that patient should start Emgality and he should not have the nerve block. Patient notified and voiced understanding.

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 12/04/2019 11:05

PRIMARY CARE LETTER (AUTO PRINT)

Details

Date entered: December 3, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ELDI KYOUNG-OK HAN
Signed by: ELDI KYOUNG-OK HAN
Date signed: December 9, 2019

Note

LOCAL TITLE: PRIMARY CARE LETTER (AUTO PRINT)
STANDARD TITLE: PRIMARY CARE LETTERS
DATE OF NOTE: DEC 03, 2019@16:30 ENTRY DATE: DEC 03,
2019@16:30:10
AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE LETTER (AUTO PRINT) Has ADDENDA ***

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

DEC 03, 2019

VA Northern California Healthcare System - Sacramento
10535 Hospital Way, Mather, CA 95655

CAMPBELL, RONALD CLARK
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear CAMPBELL, RONALD CLARK

Here are the results of your recent tests - normal range. The overall sugars are in the normal range - watch for low sugars (under 90) on the glipizide. I'll call you on : 12/23/2019 15:45 SAC PACT 4 PHONE to follow up on breathing. Hopefully you have had a chance to start inhalers by then.

The results of your complete blood count : OK

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
12/03/2019 13:43	BLOOD	7.5	15.0	46.9	95.5	32.0	282

The results of your kidney/chemistry tests : OK

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
12/03/2019 13:43	PLASM	134	3.8	104	25	17	0.82

Collection DT	Spec	GLUCOSE
12/03/2019 13:43	PLASM	136

The result of your HbA1c: Overall sugars normal range

Collection DT	Spec	HGBA1c
12/03/2019 13:43	BLOOD	5.6
06/20/2019 09:28	BLOOD	6.8 H

The results of your liver tests : OK

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL	PROTEIN
12/03/2019 13:43	PLASM	25	28	58	4.2	0.9	6.8

Your current medications according to our prescription records are:

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status
=====		
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	ACTIVE
3)	BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
4)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
5)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE
6)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
7)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
8)	LANCET,SOFTCLIX USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE
9)	LISINAPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE (S)
10)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
11)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
12)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE

- 13) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 ACTIVE
INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY -
FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS
IN 24 HOURS.
- 14) TOPIRAMATE 100MG TAB TAKE ONE AND ONE-HALF TABLETS BY ACTIVE
MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY
EVENING FOR 2 WEEKS, THEN TAKE ONE AND ONE-HALF
TABLETS TWICE A DAY FOR HEADACHE PREVENTION
TAPERING
- 15) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE
TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND
INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

If you have any questions, please call 1-800-382-8387.
Eldi Han, MD

12/09/2019 ADDENDUM STATUS: COMPLETED
submit request for pradaxa at that time

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 12/09/2019 14:00

Sincerely,

/es/ Eldi K. Han, M.D.
Staff Physician, Primary Care

Patient Record Number 7468482

Primary Care Note

Details

Date entered: December 3, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ELDI KYOUNG-OK HAN

Signed by: ELDI KYOUNG-OK HAN

Date signed: December 3, 2019

Note

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: DEC 03, 2019@12:46 ENTRY DATE: DEC 03,
2019@12:46:56

AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

CAMPBELL, RONALD CLARK

The patient was identified by : Name, DOB, and SSN.

The patient is a 69 year old MALE here for follow up.

CHIEF COMPLAINT/HPI: interval f/up for acute PE Dx/Tx from Kaiser june 2019
shares his frustration that Kaiser would not rescan chest or do additional
testing. shortness of breath is significantly better than initial
presentation

to ER in Sutter but not back to his normal 9+ months ago.

endorses progressively shortness of breath and discussed with Kaiser PCP
and no

plan for any interventions

* on pradaxa BID - no bleeding visible, intermittent bruises on forearms

* COPD - "severe" - remains on mometasone alone and uses alb several times/
day

with shortness of breath with walking briskly, O2 sat 96% at home he
relates

REVIEW OF SYSTEMS:

Denies fevers, chills

Denies chest pain or palpitations

+ minimally productive cough, increase in water intake ~5-7 days, no better
no
worse
Denies urinary symptoms

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
2. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
3. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
4. HTN - Hypertension (SCT 38341003)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
5. OA - Osteoarthritis (SCT 396275006)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
6. Prostate Cancer (SCT 254900004)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
7. Chronic cluster headache	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
8. Adjustment Disorder with Mixed Emotional	09/30/19	LWIN, HTWE
H		
Features (SCT 55668003)		
Added from station 654 as a result of CBOC move.		
9. Polyp Colon (SCT 68496003)	09/30/19	LWIN, HTWE
H		
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
10. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
11. Dysthymia	02/08/16	
BAHTEN, REGINA S		
12. Chronic pain syndrome	12/08/15	

BAHTEN, REGINA S

13. Cervical radiculitis (SNOMED CT 11049006)

07/23/14 LEE, JEAN

14. Depressive Disorder NOS *

04/02/14

BAHTEN, REGINA S

15. Cluster headache (SNOMED CT 193031009)

02/07/14

APPERSON, MICHEL

16. Chronic obstructive lung disease

06/24/19

FIECHTNER, BRIDG

"severe" (nonVA)

17. Benign hypertension

11/26/13 CHANG, MYO

S

18. Hyperlipidemia (SNOMED CT 55822004)

11/05/16

FIECHTNER, BRIDG

19. Type 2 diabetes mellitus (SNOMED CT 44054006)

11/05/16

FIECHTNER, BRIDG

20. Headache (SNOMED CT 25064002)

02/04/16

REMLER, MICHAEL

21. Carcinoma, Prostate

11/26/13 CHANG, MYO

S

22. Arthralgias NOS

11/26/13 CHANG, MYO

S

23. Impotence

11/26/13 CHANG, MYO

S

24. Vitamin D deficiency (SNOMED CT 34713006)

11/26/13 CHANG, MYO

S

Patient Age: 69

Patient Sex: M

Total Cholesterol: 150 mg/dL (7/11/2019)

HDL Cholesterol: 49 mg/dL (7/11/2019)

Blood Pressure: 116/64

Smoking status evaluates as: Non-Smoker

Blood pressure treatment evaluates as: Treated SBP

Diabetes evaluates as: Diabetic

10-year CV risk: 26.0%

MEDICATIONS:

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

LISINOPRIL 10MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML Sig: INJECT 300 MG (3 ML) UNDER THE

SKIN ONCE A MONTH - TO PREVENT HEADACHES.

GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES

-

TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH

MONTELUKAST NA 10MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY

ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO

LOWER CHOLESTEROL.

VERAPAMIL HCL 120MG SA TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY

NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

TOPIRAMATE 100MG TAB Sig: TAKE ONE AND ONE-HALF TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY EVENING FOR 2 WEEKS, THEN TAKE ONE AND ONE-HALF TABLETS TWICE A DAY FOR HEADACHE PREVENTION **TAPERING**

FROVATRIPTAN 2.5MG TAB PKG 9 Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER

2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER

MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE

CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Sig: TAKE ONE TABLET BY MOUTH ONCE

DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.

LANCET,SOFTCLIX Sig: USE LANCET AS DIRECTED FOR FINGER STICK.

MOMETASONE 200MCG/ACTUAT 120D ORAL INHL Sig: INHALE 1 PUFF BY ORAL INHALATION

TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.

ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP Sig: USE 1 STRIP AS DIRECTED TWO TO

THREE TIMES A WEEK - TO TEST BLOOD SUGAR.

PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR

STOMACH ACID.

Active Non-VA Meds

=====

===

- 1) DIHYDROERGOTAMINE 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED
- 2) ACETAMINOPHEN 650MG MOUTH TWICE A DAY AS NEEDED
- 3) DABIGATRAN 150MG MOUTH TWICE A DAY

Comments: Kaiser

OVER THE COUNTER/SUPPLEMENTS:

UPDATED LIST GIVEN TO PATIENT AT END OF VISIT

ALLERGIES:

PENICILLIN, PREDNISONE, METFORMIN

PHYSICAL EXAMINATION:

Vitals - most recent

BMI: 28.4
Height: 69 in [175.3 cm] (12/03/2019 12:34)
Weight: 192 lb [87.3 kg] (12/03/2019 12:34)
Temp: 97.5 F [36.4 C] (12/03/2019 12:34)
Pulse: 76 (12/03/2019 12:41)
Respirations: 20 (12/03/2019 12:34)
BP: 116/64 (12/03/2019 12:41)
Pain: 3 (12/03/2019 12:34)

General - alert, no acute distress, well nourished/developed

HEENT - Face symmetric, anicteric sclera

Neck - no jvd

CV - Regular rate on exam, no murmurs appreciated

Lungs - unlabored, but significant decrease in air movement throughout, no wheezing on exam

Abdomen - non-tender, non-distended

Musculoskeletal - nml gait

ALL RECENT LABS WERE REVIEWED WITH THE PATIENT

PERTINENT LAB RESULTS:

SCL1 - Partial CBC

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	96.7	32.9	219

SCL1 - Lab Cum Selected 1

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
09/18/2019 11:45	PLASM	143	3.9	109 H	27	9.5

SCL2 - Lab Cum Selected 2

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR
09/18/2019 11:45	PLASM	62 L	17	1.21 H	59.5 L
09/18/2019 11:45	PLASM			1.01	>60

SCL3 - Lab Cum Selected 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST
06/20/2019 09:28	PLASM	6.6	4.0	0.5		59	25

ALT
37

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
07/11/2019 07:48	PLASM	150	82	49	85	
06/20/2019 09:28	PLASM	216 H		61		139

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
06/20/2019 09:28	BLOOD	HGBA1c	6.8 H	%	4.1 - 5.7
02/13/2018 08:14	BLOOD	HGBA1c	6.6 H	%	4.1 - 5.7

IMAGING:

ASSESSMENT/PLAN: The patient is a 69 year old MALE with:

#. acute PE dx in June 2019 and due to prostate CA hx and ongoing risk for CVA

2/2 afib- plan is to continue anticoagulation lifelong.

has 2 month supply of pradaxa - but will additional refills approved through VA

before Feb 2020.

given ongoing dyspnea symptoms will repeat CBC today, last Hct wnl from June

labs, unknown what studies were done in Kaiser and he prefers most of care through VA at this time.

COPD "severe"- with ongoing dyspnea not back to his normal from ~ year ago but signif better than on presentation of PE in june. change inhaler regimen to symbicort BID with spriva daily, with prn alb

T2D - good control with last A1C 6.8 on oral meds
hx of prostate CA- PSA < 0.01 earlier this year

TAP in 2 weeks- re-eval resp symptoms, consider CT scan at that time

FOLLOW UP: RTC in 6 months

MAS CLINIC VISITS FUTURE

12/11/2019 15:30 SAC PM&R PAIN MA EST

12/12/2019 09:00 NSAC NEURO PHARM PHONE

12/19/2019 08:00 NSAC NEURO MCCRANEY

09/29/2020 09:20 SAC THSF CPAP DATA PRO-X

Letter Reminders

RECALL DATE CLINIC

Feb 05, 2021 RECALL () SAC EYE CORBETT 2

EDUCATION: The patient acknowledges and endorses the care plan delineated above. Medications benefits and risks were discussed with patient/family today

and answered questions during this visit.

**See clinical reminders below for additional educational efforts:

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver

- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Follow Up Colonoscopy:

Colonoscopy is due based on information available to this reminder.

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or caregiver state the patient is taking (including non-VA prescriptions, over the counter medications, vitamins and herbal supplements)?

Yes

Allergies:

PENICILLIN, PREDNISONE, METFORMIN

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
===		
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE
4)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
5)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE	ACTIVE

WITH LUNCH

6)	LISINOPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE (S)
7)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
8)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
9)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
10)	TOPIRAMATE 100MG TAB TAKE ONE AND ONE-HALF TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY EVENING FOR 2 WEEKS, THEN TAKE ONE AND ONE-HALF TABLETS TWICE A DAY FOR HEADACHE PREVENTION **TAPERING**	ACTIVE
11)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE

Pending Outpatient Medications	Status
=====	=====
===	
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION FOUR TIMES A DAY AS NEEDED - FOR SHORTNESS OF BREATH. CLEAN ACTUATOR/MOUTHPIECE WITH WATER AT LEAST ONCE WEEKLY.	PENDING
2) BUDESONIDE 160/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	PENDING
3) TIOTROPIUM 2.5MCG/ACTUAT 60D ORAL INHL INHALE 2 INHALATIONS (5MCG) BY ORAL INHALATION ONCE DAILY - FOR BREATHING. DO NOT TAKE MORE THAN 2 INHALATIONS IN 24 HOURS.	PENDING

Active Non-VA Medications	Status
=====	=====
===	
1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG MOUTH TWICE A DAY	ACTIVE

3) Non-VA DIHYDROERGOTAMINE INJ, SOLN 1ML INTRAMUSCULAR ACTIVE
ONCE DAILY AS NEEDED

17 Total Medications No Active Remote Medications for this patient

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 12/03/2019 13:49

Preventive Health Screen 11514

Details

Date entered: December 3, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: PATSY E JONES
Signed by: PATSY E JONES
Date signed: December 3, 2019

Note

LOCAL TITLE: Preventive Health Screen 11514
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: DEC 03, 2019@12:38 ENTRY DATE: DEC 03,
2019@12:38:05
AUTHOR: JONES, PATSY E EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:

Vitals:

Most recent VS: Wt. 192 lb [87.3 kg] (12/03/2019 12:34)
BP 146/79 (12/03/2019 12:34)
HR 73 (12/03/2019 12:34)
Temp 97.5 F [36.4 C] (12/03/2019 12:34)
BMI 28.4

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:
SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

Patient had a negative AUDC score and does not require a follow-up

Patient Education:

The "Healthy Living" pamphlet was reviewed with the patient.

HTN Lifestyle Education:

The patient was counseled on the importance of regular exercise and/or physical activity in the control of blood pressure.

The patient was instructed to try to exercise at least 30 minutes 3 times per week if possible and that any increase in physical activity may be useful in controlling BP.

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or caregiver state the patient is taking (including non-VA prescriptions, over the counter medications, vitamins and herbal supplements)?

Yes

Allergies:

PENICILLIN, PREDNISONE, METFORMIN

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
===	
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE

2)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE
4)	GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML INJECT 300 MG (3 ML) UNDER THE SKIN ONCE A MONTH - TO PREVENT HEADACHES.	ACTIVE
5)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
6)	LISINOPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE (S)
7)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
8)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
9)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
10)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
11)	TOPIRAMATE 100MG TAB TAKE ONE AND ONE-HALF TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY EVENING FOR 2 WEEKS, THEN TAKE ONE AND ONE-HALF TABLETS TWICE A DAY FOR HEADACHE PREVENTION **TAPERING**	ACTIVE
12)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE

Active Non-VA Medications

Status

=====

===

1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE

- 2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG ACTIVE
MOUTH TWICE A DAY
- 3) Non-VA DIHYDROERGOTAMINE INJ, SOLN 1ML INTRAMUSCULAR ACTIVE
ONCE DAILY AS NEEDED

15 Total Medications No Active Remote Medications for this patient

/es/ Patsy Jones, LVN
Nursing Service, Primary Care
Signed: 12/03/2019 12:42

Telephone Care VISN 21 Note

Details

Date entered: December 3, 2019
Location: MARTINEZ VA MEDICAL CENTER
Written by: MICHAEL SINGH
Signed by: MICHAEL SINGH
Date signed: December 3, 2019

Note

LOCAL TITLE: Telephone Care VISN 21 Note
STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE
DATE OF NOTE: DEC 03, 2019@09:48:30 ENTRY DATE: DEC 03,
2019@09:56:29
AUTHOR: SINGH, MICHAEL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Type of call: INFORMATION.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

pt talked to pharm out of nsac last week in regards to new medication
Emgality.
adv labs were suppose to be done, and medication will ship out tomorrow.
pt
would like to be contacted asap in regards to this, ph num verified on file
206-
295-2554. TANS declined. ms

Caller Area: MCCLELLAN

Caller Response: *OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 12/3/2019 @ 9:48:30 AM

Ending at: 12/3/2019 @ 9:54:31 AM

Length: 6 minutes.

Author: SINGH, MICHAEL

/es/ MICHAEL SINGH

Medical Support Assistant

Signed: 12/03/2019 09:56

Telephone Care VISN 21 Note

Details

Date entered: December 3, 2019

Location: MARTINEZ VA MEDICAL CENTER

Written by: PRISCILLA TY

Signed by: PRISCILLA TY

Date signed: December 3, 2019

Note

LOCAL TITLE: Telephone Care VISN 21 Note
STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE
DATE OF NOTE: DEC 03, 2019@08:36:11 ENTRY DATE: DEC 03,
2019@08:47:59
AUTHOR: TY, PRISCILLA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Telephone Care VISN 21 Note Has ADDENDA ***

Type of call: *SCHEDULING.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: SSN.

Contact Phone Number: (206)295-2554

Comments:

fyi, Dr Han, Per pt has phone appt today, (1203@12:30PM) to discuss
pulmonary
illness and etc, (rq f2f but not due) (need to note enter in the cprs
approval
for f2f appt) HAN-E) TY

Caller Area: MATHER

Caller Response: MESSAGE LEFT

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Starting at: 12/03/2019 @ 8:36:11 AM
Ending at: 12/03/2019 @ 8:44:35 AM

Length: 8 minutes.

Author: TY, PRISCILLA

/es/ Priscilla Ty
MSA, Martinez Call Center
Signed: 12/03/2019 08:47

Receipt Acknowledged By:

12/03/2019 08:52 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

12/03/2019 ADDENDUM

STATUS: COMPLETED

This is scheduled as FACE TO FACE appt as I do NOT have TAP at 12:30
please remind patient that this appt is here in MATHER

Appt was requested by this WRITER - refer to my note from 11/27

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 12/03/2019 09:07

Receipt Acknowledged By:

12/03/2019 11:58 /es/ MARITES P
AJOLO

Advanced Medical Support

Assistant

12/03/2019 12:37 /es/ Patsy Jones,
LVN

Nursing Service, Primary

Care

Primary Care Secure Messaging

Details

Date entered: November 27, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ELDI KYOUNG-OK HAN

Signed by: ELDI KYOUNG-OK HAN

Date signed: November 27, 2019

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: NOV 27, 2019@18:45 ENTRY DATE: NOV 27,
2019@15:45:58

AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 11/27/2019 11:20 AM

From: CAMPBELL, RONALD

To: **Han, E (Primary Care) - Mather

Subject: Pulmonary Embolism

On June 2 2019 I was treated initially at

Sutter in Auburn ER and then Kaiser Cardio in Roseville and diagnosed via
CAT

SCAN with multiple PE's and placed on PRADAXA

My wife was advised by Kaiser they were going to complete a follow up
evaluation on the progress of clearing the PE's in 6 months.

At this time they advised me they are not going to complete that
evaluation

citing a number of reasons without having touched base with me on my
progress

during the 6 months. They advised me to just stay on the Pradaxa I do
still

have breathing, sweating and occasional issues with dizziness all of which
can

be attributed to other medical conditions and medications I am currently taking.

My plan was to switch my care to the VA on the PE issue following the initial treatment period and evaluation by Kaiser.

It seems it's time to make that change now.

Please advise what is the best process to be taken at this time.

Regards

Ron CAMPBELL

Happy Thanksgiving!

-----Original Message-----

Sent: 11/27/2019 06:44 PM

From: HAN, ELDI

To: CAMPBELL, RONALD

Subject: Pulmonary Embolism

Hello Mr.Campbell.

I will ask the team to contact you to schedule another visit in the next few weeks.

We can transferring the medication(s) to VA at that time.

Do you have enough of the pradaxa until then?

Any additional labs can be completed after appt.

Please bring in any new studies from Kaiser related to the PE if you have anything.

See you then.

Happy Thanksgiving.

Eldi Han, MD
Primary Care Physician

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 11/27/2019 15:45

11/27/2019 ADDENDUM STATUS: COMPLETED
please offer next available appt with me - to follow up on PE.

/es/ ELDI K. HAN, MD
Staff Physician, Primary Care
Signed: 11/27/2019 15:46

Receipt Acknowledged By:
11/27/2019 16:07 /es/ MARITES P
AJOLO

Advanced Medical Support

Assistant

11/27/2019 ADDENDUM STATUS: COMPLETED
Contacted pt per PCP and left vm to call scheduling center to schedule a f/
u
appt with Dr Han for Pulmonary Embolism.

/es/ MARITES P AJOLO
Advanced Medical Support Assistant
Signed: 11/27/2019 16:08

Pharmacy Specialty Note

Details

Date entered: November 27, 2019

Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: December 2, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: NOV 27, 2019@09:26 ENTRY DATE: NOV 27,
2019@09:26:37
AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic
by clinical pharmacist for []initial visit/review / [X]follow-up.
The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013

15. Vitamin D deficiency (SNOMED CT 34713006)

11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP Qty: 50 for 90 days Sig: USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
2)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE Refills: 3	Issu:07-19-19 Last:07-19-19 Expr:07-19-20
3)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE Refills: 2	Issu:11-01-19 Last:11-01-19 Expr:11-01-20
--2x in past 2wks, hx 1x/wk			
4)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE Refills: 2	Issu:06-20-19 Last:11-01-19 Expr:06-20-20
5)	LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
6)	LISINAPRIL 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE	ACTIVE (S) Refills: 1	Issu:06-20-19 Last:12-19-19

	DAILY FOR BLOOD PRESSURE		Expr:06-20-20
7)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL	ACTIVE	Issu:06-20-19
	Qty: 1 for 60 days Sig: INHALE 1 PUFF	Refills: 3	Last:06-20-19
	BY ORAL INHALATION TWICE A DAY - FOR		Expr:06-20-20
	BREATHING. RINSE MOUTH OUT AFTER USE.		
8)	MONTELUKAST NA 10MG TAB Qty: 90 for 90	ACTIVE	Issu:06-20-19
	days Sig: TAKE ONE TABLET BY MOUTH	Refills: 2	Last:11-01-19
	ONCE DAILY		Expr:06-20-20
9)	PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for	ACTIVE	Issu:06-20-19
	30 days Sig: TAKE ONE TABLET BY MOUTH	Refills: 3	Last:06-20-19
	ONCE DAILY - FOR STOMACH ACID.		Expr:06-20-20
10)	ROSUVASTATIN CA 40MG TAB Qty: 45 for 90	ACTIVE	Issu:06-20-19
	days Sig: TAKE ONE-HALF TABLET BY	Refills: 2	Last:11-01-19
	MOUTH ONCE DAILY - TO LOWER		Expr:06-20-20
	CHOLESTEROL.		
11)	TOPIRAMATE 100MG TAB Qty: 97 for 30	ACTIVE	Issu:10-31-19
	days Sig: TAKE ONE AND ONE-HALF	Refills: 1	Last:11-01-19
	TABLETS BY MOUTH EVERY MORNING AND		Expr:10-31-20
	TAKE TWO TABLETS EVERY EVENING FOR 2		
	WEEKS, THEN TAKE ONE AND ONE-HALF		
	TABLETS TWICE A DAY FOR HEADACHE		
	PREVENTION **TAPERING**		
--currently 150mg BID			
12)	VERAPAMIL HCL 120MG SA TAB Qty: 180 for	ACTIVE	Issu:07-19-19
	90 days Sig: TAKE ONE TABLET BY MOUTH	Refills: 2	Last:11-01-19
	TWICE A DAY ---- NOTE CHANGE IN		Expr:07-19-20
	FORMULATION AND INSTRUCTIONS --- FOR		
	MIGRAINE PROPHYLAXIS		

	Active Non-VA Medications	Refills	Start Date Expiration
=====			
1)	Non-VA ACETAMINOPHEN 325MG TAB Sig:	ACTIVE	
	650MG MOUTH TWICE A DAY AS NEEDED		
2)	Non-VA DABIGATRAN ETEXILATE 150MG ORAL	ACTIVE	
	CAP Sig: 150MG MOUTH TWICE A DAY		
3)	Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig:	ACTIVE	
	1ML INTRAMUSCULAR ONCE DAILY AS NEEDED		
--3x in past 2wks (prev 3-4x/wk)			

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms have improved. Substantially decr need for oxygen and DHE use in past 2wks. 5 headaches in past 2wks (prev daily, multiple times a day). No ED visits for headaches.

Tapering TPM as instructed, and has also been very active and more busy than prior with Emgality project, reportedly staying focused, not depressed

Endorses the following side effects of current medication regimen: upon prompting thinks improved/less weakness/fatigue and drowsiness (had not been attributed to any particular medication) after lowered dose of TPM

Endorses full adherence.

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: belongs to cluster HA blocks/social media, has gotten feedback from various patients on Emgality who have had favorable results. Reportedly has also been working directly with manufacturer and considers self well-informed regarding the medication.

O: Vitals - most recent BMI: 28.1
Height: 69 in [175.3 cm] (06/20/2019 07:56)
Weight: 190 lb [86.4 kg] (06/20/2019 07:56)
Pulse: 69 (06/20/2019 07:56)
BP: 138/75 (06/20/2019 07:56)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	269	95.7	32.0

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT

09/18/2019 11:45	PLASM	143	3.9	109 H	27	17	1.21 H
09/18/2019 11:45	PLASM						1.01
08/26/2019 10:33	PLASM	143	3.9	110 H	27	19	1.07

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN T.	BIL
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5
07/24/2018 08:38	PLASM	23	28	76	4.3	0.7

Calculated Creatinine Clearance: CrCl=57.6 mL/min (SEP 18, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

08/26/2019	LITHIUM	0.40 L
09/18/2019	LITHIUM	0.90

A/P: 69yo M with cluster HA, recently with improvement in sx suspect d/t improvement in mental health and focus on project as well as improvement in

overall wellbeing with TPM taper. Has been approved for galcanezumab (Emgality)

pending start. Continues verapamil, and has needed less O2 and prn injectable

DHE, frovatriptan with no significant intolerances. Has also been using APAP

daily but unable to take NSAIDS d/t anticoagulation. Pending eval by PM&R for

potential occipital nerve blocks, botulinum toxin.

SCr sl. elevated with Na/LFTs wnl. Incr risk serotonin syndrome, although limiting use of frovatriptan. Pt has expressed preference to avoid steroids in

the future; h/o ADR with prednisone. At this point, unlikely that verapamil and

TPM are very effective for HA and pt wants to get off unnecessary meds if possible; may be best to leave verapamil unchanged d/t afib and not on any rate controlling medication.

Recommendations and plan:

Medication therapy:

- ☐ No medication therapy changes. Continue current regimen
- ☒ Counseled on medication changes:
 - further TPM taper 100mg BID x2wk, then 50mg x2wk
- ☒ Counseled on NEW medication(s):
 - galcanezumab 300mg (100mg x3) subq monthly
 - (NFDR approved, d/w outpt pharmacy to order)

Patient education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed today. Patient has excellent

knowledge of his medications and good adherence.

Reviewed all medications, including indication for use, possible adverse effects, and administration times.

Updated/provided medication list reflecting current regimen

Encouraged adherence

Encouraged to limit use of PRN meds to lower risk of MOH

Follow up:

- ☒ 2wk clinical pharmacy phone appt (12/12@9)
- ☒ with Neurologist as ordered/scheduled (current appt 12/19)
- ☒ other/prn -can call sooner prn

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21-30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:**NEUROLOGIC CONDITION(S)**

Medication Intervention(s)

Adjust dose or frequency of current medication

Initiate new medication

Nonpharmacologic intervention made

Address compliance/adherence

Care coordination

Medication reconciliation

Adjust dose, frequency, duration and/or dosage form of medication

Initiate medication

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 12/02/2019 08:56

Neurology Secure Messaging**Details**

Date entered: November 22, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: LACHERYL LATHAM**Signed by:** LACHERYL LATHAM**Date signed:** November 22, 2019**Note**

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: NOV 22, 2019@18:18:56 ENTRY DATE: NOV 22,
2019@15:18:57

AUTHOR: LATHAM, LACHERYL

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 11/22/2019 06:18 PM

From: LATHAM, LACHERYL

To: CAMPBELL, RONALD

Subject: General Inquiry

Hi,

Your NFDR was approved. I called Pharmacy and it may take 7-10 days to receive it.

Take care.

/es/ LaCheryl Latham, RN

STAFF NURSE

Signed: 11/22/2019 15:18

Neurology Secure Messaging**Details**

Date entered: November 18, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: LACHERYL LATHAM

Signed by: LACHERYL LATHAM

Date signed: November 18, 2019

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: NOV 18, 2019@13:47:08 ENTRY DATE: NOV 18,
2019@10:47:09

AUTHOR: LATHAM, LACHERYL

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 11/18/2019 01:45 PM

From: LATHAM, LACHERYL

To: CAMPBELL, RONALD

Subject: Emgality

Hi,

I let Dr. McCraney know that you are interested in speaking to him about this.

-----Original Message-----

Sent: 11/18/2019 12:58 PM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: Emgality

Dr McCraney

I have contacted 22 patients

14 respondents indicate a 75 - 100% reduction in headache event/frequency after initial - 2 months of use with only one stopping use due to hair loss.

300Mg initial dose and 300Mg/mo dose following.

Patients histories run Jan '19 - Oct '19 with more responding each day not yet entered into the data base.

I am also in touch with the medical and marketing department of Eli Lilly regarding updates and support they can provide with an upcoming Neurology panel

presentation I am being required to give at Kaiser. (In my efforts to try and

secure a prescription there as well)

If you might have a few minutes to call and discuss? 206-295-2554

Regards

Ron Campbell 2701

/es/ LaCheryl Latham, RN

STAFF NURSE

Signed: 11/18/2019 10:47

Neurology Secure Messaging

Details

Date entered: November 18, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: LACHERYL LATHAM

Signed by: LACHERYL LATHAM

Date signed: November 18, 2019

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: NOV 18, 2019@12:33:44 ENTRY DATE: NOV 18,
2019@09:33:45
AUTHOR: LATHAM, LACHERYL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 11/18/2019 11:45 AM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: URGENT -'EMGALITY

EMGALITY is being prescribed at other VA locations

Thanks for sending in the request
I found two other vets so far getting it in two different VA regions.

So if your request is refused please let me know ASAP.

I have everything set up to take action on getting it the way they did

Thanks

Ron Campbell

/es/ LaCheryl Latham, RN
STAFF NURSE
Signed: 11/18/2019 09:33

NFDR Consult

Details

Date entered: November 15, 2019

Location: OAKLAND VA CLINIC

Written by: ALYSA FENG KUBOTA

Signed by: ALYSA FENG KUBOTA

Date signed: November 15, 2019

Note

LOCAL TITLE: NFDR Consult
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT
DATE OF NOTE: NOV 15, 2019@10:29 ENTRY DATE: NOV 15,
2019@10:29:44
AUTHOR: KUBOTA,ALYSA FENG EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** NFDR Consult Has ADDENDA ***

Calcitonin Gene-Related Peptide (CGRP) Antibodies (Erenumab-aooe, Fremanezumab-vfrm, Galcanezumab-gnlm) NFDR Consult Criteria for Use prepared March 2019.

RONALD CLARK CAMPBELL is a 69 year old MALE referred by Neurologist for:

Drug Name: galcanezumab-gnlm
Dose: 300mg now, then 100mg monthly
Route: SQ
Schedule monthly
Quantity (outpt only): 3
of Refills (outpt only): 5
Instructions to Patient:

PMH is significant for;
Computerized Problem List is the source for the following:

1. Obstructive sleep apnea syndrome PANOSSIAN, LORI	09/30/19	
2. AF- Atrial Fibrillation (SCT 49436004) KYOUNG Dx 6/2019	06/20/19	HAN, ELDI
3. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
4. HTN - Hypertension (SCT 38341003) H Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE
5. OA - Osteoarthritis (SCT 396275006) H Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE
6. Prostate Cancer (SCT 254900004) H Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE
7. Chronic cluster headache H Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE
8. Adjustment Disorder with Mixed Emotional H Features (SCT 55668003) Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE
9. Polyp Colon (SCT 68496003) H 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019 Added from station 654 as a result of CBOC move.	09/30/19	LWIN, HTWE
10. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
11. Dysthymia BAHTEN, REGINA S	02/08/16	
12. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
13. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
14. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
15. Cluster headache (SNOMED CT 193031009) APPERSON, MICHEL	02/07/14	
16. Chronic obstructive lung disease FIECHTNER, BRIDG	06/24/19	

"severe" (nonVA)

17. Benign hypertension S	11/26/13	CHANG, MYO
18. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
19. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	
20. Headache (SNOMED CT 25064002) REMLER, MICHAEL	02/04/16	
21. Carcinoma, Prostate S	11/26/13	CHANG, MYO
22. Arthralgias NOS S	11/26/13	CHANG, MYO
23. Impotence S	11/26/13	CHANG, MYO
24. Vitamin D deficiency (SNOMED CT 34713006) S	11/26/13	CHANG, MYO

Allergies/ADRs: PENICILLIN, PREDNISONE, METFORMIN

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE
4) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
5) LISINOPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE	ACTIVE (S)

DAILY FOR BLOOD PRESSURE

- 6) MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF ACTIVE
BY ORAL INHALATION TWICE A DAY - FOR BREATHING.
RINSE MOUTH OUT AFTER USE.
- 7) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY
- 8) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY - FOR STOMACH ACID.
- 9) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
- 10) TOPIRAMATE 100MG TAB TAKE ONE AND ONE-HALF TABLETS BY ACTIVE
MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY
EVENING FOR 2 WEEKS, THEN TAKE ONE AND ONE-HALF
TABLETS TWICE A DAY FOR HEADACHE PREVENTION
TAPERING
- 11) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE
TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND
INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A ACTIVE
DAY AS NEEDED
- 2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG ACTIVE
MOUTH TWICE A DAY
- 3) Non-VA DIHYDROERGOTAMINE INJ,SOLN 1ML INTRAMUSCULAR ACTIVE
ONCE DAILY AS NEEDED

14 Total Medications

American Family Physician Cluster Headache Guidelines (2013), recommend the

following prophylactic therapies:

[X] Verapamil 240 mg daily

[X] Prednisone 50-80 mg daily (useful for short term/bridging therapy)

[] Valproic acid 600 - 2,000 mg/day

[X] Topiramate 25 mg daily (max 400 mg daily)

[] Ergotamine 3-4 mg daily (max 6 mg daily or 10 mg weekly)

[X] Melatonin 10 mg at bedtime - non-VA med

[] Capsaicin intranasal 3-4 times daily ---> not available in VA

American Headache Society Guideline (2016) Treatment of Cluster Headache, stated

the following treatments with positive evidence:

- [] Suboccipital steroid injection
- [] Civamide (nasal spray) ---> not available in VA
- [X] Lithium 900 mg
- [X] Verapamil 360 mg daily
- [] Warfarin (INR goal 1.5 - 1.9)
- [X] Melatonin 10 mg

Practical Neurology Managing Cluster Headache (2019) recommend the following

oral preventative treatments:

- [X] Verapamil
- [X] Topiramate
- [X] Lithium
- [X] Melatonin

Issues for Consideration

- The most common adverse effects for the CGRP antibodies were injection-site reactions, upper respiratory tract infections, fatigue and back pain. Constipation has been reported in 1-3% of patients on erenumab.
- In clinical trials, anti-erenumab antibodies developed in 6.2% of patients who received the 70-mg dose and in 2.6% of those who received the 140-mg dose.
- CGRP is present in nerve fibers that innervate blood vessels and the heart and participates in the regulation of blood pressure. The long-term effect of CGRP antibodies on these receptors has not been investigated.
- There is not sufficient evidence to support the use of the currently available CGRP antibodies as an abortive therapy for chronic or episodic migraine.

A/P:

69 year old MALE with cluster HAs has trialed and failed majority of

preventative treatments as mentioned by the above guidelines: verapamil, prednisone, topiramate, lithium, and melatonin. Galcanezumab is currently the only CGRP antagonist indicated for episodic cluster HAs. NFDR is approved. However, the medication is currently not available in the drug file and therefore RX cannot be entered. NFDR reviewer will inquire with pharmacy team on ordering galcanezumab.

Dosing recommendation for episodic cluster HA (per UpToDate and Micromedex):

300 mg subQ (3 consecutive subQ injections of 100 mg each) at the onset of the cluster period, and then monthly until the end of the cluster period.
***Please verify dosing in NFDR consult.

[X] NFDR is APPROVED for 3 months. However, reviewer will first need to inquire on adding galcanezumab into the drug file before ordering the RX.

Renewal Criteria

- Patients should be reviewed after 12 weeks on therapy with a CGRP antibody.
- Improvement in migraine control, as evidenced from objective outcome measures (e.g. reduced monthly migraine days, reduced migraine frequency, and/or reduced use of acute abortive migraine medication), with CGRP antibody must be documented in the medical record.

/es/ Alysa Feng, PharmD
PHARMACIST(CLINICAL)
Signed: 11/15/2019 11:49

11/21/2019 ADDENDUM

STATUS: COMPLETED

GALCANEZUMAB-GNLM 100MG/ML INJ,SYR,1ML has now been added to the Drug File and Rx can be ordered and mailed to patient. Prior to mailing, please verify the

dosing as the recommended for cluster HA prevention is 300mg at onset of cluster period and then once monthly until end of cluster period.

/es/ Alysa Feng, PharmD
PHARMACIST(CLINICAL)
Signed: 11/21/2019 11:03

Receipt Acknowledged By:

11/22/2019 12:52 /es/ David P. McCraney,
MD

Staff

Neurologist

11/22/2019 07:44 /es/ LaCheryl
Latham, RN

STAFF

NURSE

11/21/2019 15:09 /es/ Charisse May C. Vivar,
Pharm.D.

Clinical Pharmacy

Specialist

PM&R Physical Medicine Clinic Consult

Details

Date entered: November 13, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: FAJIE MA

Signed by: FAJIE MA

Date signed: November 13, 2019

Note

LOCAL TITLE: PM&R Physical Medicine Clinic Consult

STANDARD TITLE: PHYSICAL MEDICINE REHAB CONSULT

DATE OF NOTE: NOV 13, 2019@13:03 ENTRY DATE: NOV 13,
2019@13:03:29

AUTHOR: MA, FAJIE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

CHIEF COMPLAINT: headache

HPI: Patient is a 69 yr. old MALE who presents today with headache for the past 29 years. he was diagnosed with cluster headache.

the pain is located on right face. the pain is sharp radiation pain. the pain

happens every day.

it last for 20 - 90 mininutes. the oxygen 15 liter/minutes or dihydroertomine

IM injection helps his headache. he tried

lithium/gabapentin/dexamethasone/topiramate/methylprednisolne/indomethacine/ve

aapamil/sumatriptan/frovotriptan/prednasone/depakote/lidocane/amitriptyline/ac

cupuncture with no help. he had occipital nerve block with temporary pain relief. he is referred here for occipital nerve block.

PMH: Computerized Problem List is the source for the following:

1. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
2. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
3. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
4. HTN - Hypertension (SCT 38341003)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
5. OA - Osteoarthritis (SCT 396275006)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
6. Prostate Cancer (SCT 254900004)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		

7. Chronic cluster headache H	09/30/19	LWIN, HTWE
Added from station 654 as a result of CBOC move.		
8. Adjustment Disorder with Mixed Emotional H	09/30/19	LWIN, HTWE
Features (SCT 55668003)		
Added from station 654 as a result of CBOC move.		
9. Polyp Colon (SCT 68496003) H	09/30/19	LWIN, HTWE
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
10. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
11. Dysthymia BAHTEN, REGINA S	02/08/16	
12. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
13. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
14. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
15. Cluster headache (SNOMED CT 193031009) APPERSON, MICHEL	02/07/14	
16. Chronic obstructive lung disease FIECHTNER, BRIDG	06/24/19	
"severe" (nonVA)		
17. Benign hypertension S	11/26/13	CHANG, MYO
18. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
19. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	
20. Headache (SNOMED CT 25064002) REMLER, MICHAEL	02/04/16	
21. Carcinoma, Prostate S	11/26/13	CHANG, MYO
22. Arthralgias NOS S	11/26/13	CHANG, MYO

23. Impotence	11/26/13	CHANG, MYO
S		
24. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO
S		

PSH: No surgeries on file.

Other:

MEDS: Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES DO NOT TAKE WITH DIHYDROERGOTAMINE	ACTIVE
4) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
5) LISINAPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE (S)
6) MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
7) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
8) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
9) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY	ACTIVE

MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.

- 10) TOPIRAMATE 100MG TAB TAKE ONE AND ONE-HALF TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY EVENING FOR 2 WEEKS, THEN TAKE ONE AND ONE-HALF TABLETS TWICE A DAY FOR HEADACHE PREVENTION

****TAPERING****

- 11) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

Active Non-VA Medications

Status

- =====
- 1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED ACTIVE
- 2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG MOUTH TWICE A DAY ACTIVE
- 3) Non-VA DIHYDROERGOTAMINE INJ,SOLN 1ML INTRAMUSCULAR ONCE DAILY AS NEEDED ACTIVE

14 Total Medications

Other:

ALLERGIES: PENICILLIN, PREDNISONE, METFORMIN

SOCIAL HX:

SMOKING: Packs/Day:

Yrs. Smoked:

ETOH: How much:

How long:

Living Arrangements:

Regular sports, hobbies, activities:

Current Employer:

Job Title:

Date	Procedure	CPT	Status	Case #
01/22/2018	MRI SHOULDER W/O	73221	Verified	184

1. Disruption of the long head of biceps tendon with distal retraction is consistent with provided clinical history.

2. Short segment delamination of the upper fibers of the subscapularis at the myotendinous junction.
3. Mild supraspinatus and infraspinatus tendinosis.
4. Mild to moderate acromioclavicular joint degenerative changes.
5. Mild rotator interval edema; please correlate with symptoms of adhesive capsulitis.

No data available

Physical Exam:

AAO x 3

NAD

HEENT: NC, AT

Neck: supple

Chest: rise symmetrically, no SOB

Card: extremities are warm. pedal pulse palpable

Abd: soft, ND, NT

Cervical Spine: no deformity, ambulate with normal gait, no rashes, no swelling. mild decreased ROM of Cervical spine, sensation intact to light touch. MMT: 5/5 through. DTR 3+. Spurling test neg, Hoffman's test negative bilaterally.

Diagnosis:

Cluster headache.

PLAN:

69 yo M with right front headache 2/2 cluster headache. he has tried a lot of medications with no help. the headache interrupted his daily activity and quality of life. he had occipital nerve block x 3 at UCD with short time pain

relief. he is referred here for occipital nerve block. he is on

/es/ Fajie Ma, MD

Staff Physician, PM&R

Signed: 11/13/2019 13:51

Neurology Secure Messaging

Details

Date entered: November 10, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CHRISTINE NATALIE BATTISTELLA

Signed by: CHRISTINE NATALIE BATTISTELLA

Date signed: November 10, 2019

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: NOV 11, 2019@00:10:49 ENTRY DATE: NOV 10,
2019@21:10:51

AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 11/07/2019 06:28 PM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: EMGALITY

Dr McCraney

Further investigation shows it has been FDA approved for migraines prior to 7/19. The new FDA approval this year dealt with the inclusion of clusters.

My Kaisers provider has it on their 2019 formulary for Migraines

And on the 2020 formulary for Migraines and Clusters.

The drug for Migraines is prescribed to be preventative to be taken monthly.

The drug for clusters is prescribed as abortive hence the reference episodic.

Can we see if ANYTHING is available on this drug and get the ball rolling on this NOW?

Whether available on a preventive or abortive or trial basis you know I have no preference. I would like to get the ball rolling now.

I'm working in the same direction with Kaiser but I think I'm at least 60 days away with them.

Thanks

Ron Campbell

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 11/10/2019 21:10

Receipt Acknowledged By:
06/08/2020 13:45 /es/ DAVID
MCCRANEY

Staff

Neurologist

Neurology Secure Messaging

Details

Date entered: November 10, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CHRISTINE NATALIE BATTISTELLA

Signed by: CHRISTINE NATALIE BATTISTELLA

Date signed: November 10, 2019

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: NOV 11, 2019@00:04:27 ENTRY DATE: NOV 10,
2019@21:04:31

AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 11/06/2019 07:13 AM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: Medication Inquiry

Dr McCraney

Emgality - For Cluster Headaches - New 2019.

I found Emgality possibly available immediately here. It is already on Kaisers drug formulary for 2019 although none of their physicians seem to know about it yet.

Medicare insurance outside Kaiser quoted \$1,750 for the first dosage of Emgality and \$650/month following which may kill VA approval. Kaiser's quoted

cost for 2020 was far less but doable but worth it.

FYI.

RON CAMPBELL

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 11/10/2019 21:04

Receipt Acknowledged By:
06/08/2020 13:46 /es/ DAVID
MCCRANEY
Staff
Neurologist

Neurology Secure Messaging

Details

Date entered: November 5, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: KRISTI J MORALES-SCOTT
Signed by: KRISTI J MORALES-SCOTT
Date signed: November 5, 2019

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: NOV 05, 2019@14:19:25 ENTRY DATE: NOV 05,
2019@11:19:26

AUTHOR: MORALES-SCOTT, KRIST EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 11/03/2019 06:39 PM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: EMGALITY NEW FDA APPROVAL

Dr McCraney

2019 New Cluster Headache FDA approval

Unlike Amovig, Eli Lilly did us justice with their new Migraine competitor
to

Aimovig by INCLUDING Cluster Headaches in the FDA approvals

Approved as a Migraine/Cluster Headache 1/mo subcutaneous injection 120 mg
for

episodic cluster headaches following 3-100mg injections at the onset,

EMALITY

is here.

These are the kinds of things I need to find and get on board with to get
me

out of bed.

I heard I've been rejected so far for UC Davis headache specialist. What
action

should I take. Does whoever approves these things know that I've gone from
a

fairly vibrant life to homebound 75% of the time in just 8 months? This
can't

be acceptable care results to the VA. I know you are my advocate. Let me
know

how I can help.

Ron Campbell

/es/ KRISTI J MORALES-SCOTT
Communications Specialist
Signed: 11/05/2019 11:19

Receipt Acknowledged By:
06/08/2020 13:48 /es/ DAVID
MCCRANEY
Staff
Neurologist

Neurology Secure Messaging

Details

Date entered: November 5, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: KRISTI J MORALES-SCOTT
Signed by: KRISTI J MORALES-SCOTT
Date signed: November 5, 2019

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: NOV 05, 2019@14:15:33 ENTRY DATE: NOV 05,
2019@11:15:33
AUTHOR: MORALES-SCOTT, KRIST EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 10/31/2019 03:47 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: UC Davis Action Plan

Dr McCranney

UC Davis. Rejected

I heard my referral to UC Davis is rejected. Is this correct?

I have to decide my 2020 medicare plans this month.

I don't see anything specific hopeful from the VA coming up.

Right now I can only leave the house if I inject DHE-45 (not made available from my VA) for 12 hrs. (Only available to me from Kaiser)

In home 5 - 10 clusters every day aborted 80% with 02.

Amovig - I'm not approved
Botox- Not approved
SPG Stimulator - Unobtainium

I'm considering making a loan for a big out-of-pocket insurance cost change for consultation/treatment at Stanford, Mayo Clinic, Cleveland Clinic and more in 2020.

Do we have a new plan?

Ron Campbell

/es/ KRISTI J MORALES-SCOTT
Communications Specialist
Signed: 11/05/2019 11:15

Receipt Acknowledged By:
06/08/2020 13:48 /es/ DAVID
MCCRANEY
Staff
Neurologist

Pharmacy Specialty Note

Details

Date entered: October 31, 2019
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: November 1, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: OCT 31, 2019@09:45 ENTRY DATE: OCT 31,
2019@09:45:34
AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic
by clinical pharmacist for []initial visit/review / [X]follow-up.
The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN (swelling), PREDNISONE (oral swelling)--no reaction
with dexamethasone, METFORMIN

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP	ACTIVE	Issu:06-20-19
	Qty: 50 for 90 days Sig: USE 1 STRIP	Refills: 3	Last:06-20-19
	AS DIRECTED TWO TO THREE TIMES A WEEK		Expr:06-20-20
	- TO TEST BLOOD SUGAR.		
2)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB	ACTIVE	Issu:07-19-19
	Qty: 100 for 90 days Sig: TAKE ONE	Refills: 3	Last:07-19-19
	TABLET BY MOUTH ONCE DAILY - FOR		Expr:07-19-20
	VITAMIN D SUPPLEMENT TO IMPROVE BONE		
	STRENGTH.		
3)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days	ACTIVE	Issu:06-20-19
	Sig: TAKE ONE TABLET BY MOUTH ONCE	Refills: 3	Last:06-20-19
	DAILY FOR DIABETES - TAKE 30 MINUTES		Expr:06-20-20

PRIOR TO XX TAKE WITH LUNCH

4)	LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
5)	LISINOPRIL 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE Refills: 2	Issu:06-20-19 Last:09-30-19 Expr:06-20-20
6)	LITHIUM CARBONATE 450MG SA TAB Qty: 60 for 30 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR CLUSTER HEADACHE	ACTIVE Refills: 0	Issu:08-30-19 Last:09-25-19 Expr:08-30-20
7)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL Qty: 1 for 60 days Sig: INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
8)	MONTELUKAST NA 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
9)	PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
10)	ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
11)	TOPIRAMATE 200MG TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE Refills: 3	Issu:07-05-19 Last:09-21-19 Expr:07-05-20
12)	VERAPAMIL HCL 120MG SA TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE Refills: 3	Issu:07-19-19 Last:07-19-19 Expr:07-19-20

Inactive Outpatient Medications

Status
Refills

Issue Date
Last Fill
Expiration

1)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST	EXPIRED Refills: 1	Issu:12-27-17 Last:12-18-18 Expr:12-28-18

DOSE AT ONSET OF MIGRAINE, MAY TAKE
ADDITIONAL DOSE AFTER 2 HOURS IF
NEEDED. DO NOT TAKE MORE THAN 3
TABLETS IN 24 HOURS SEVERE CLUSTER
MIGRAINE HEADACHES

--none recent, hx 1x/wk, was avoiding d/t DDI with lithium but wants
renewal as
intermittent use prevents him from too much use of DHE

Active Non-VA Medications	Refills	Start Date Expiration
=====		
1) Non-VA ACETAMINOPHEN 500MG TAB Sig: 1000MG MOUTH TWICE A DAY AS NEEDED 650mg 2 BID	ACTIVE	
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: 150MG MOUTH TWICE A DAY	ACTIVE	
3) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: INTRAMUSCULAR AS NEEDED	ACTIVE	

Patient in NAD today. Since last encounter, patient reports associated
signs/symptoms are mostly unchanged. Stopped lithium as per neurologist
visit,
tapered off over a week.

Similarly daily headaches, only able to function with the DHE and O2. Gets
DHE
for \$18/mo at Kaiser, which is affordable for him right now. Has had
rebound
headache with taking DHE qday, historically prevented with intermittent use
of
frovatriptan. Thinks DHE maybe recently less effective than prior - Only
lasts
12 hrs, less than it had been, closer to all day. wants renewal of
frovatriptan
(aware to separate from DHE, usually waits 48hrs between medications). No
ED
visits for headaches.

Endorses the following side effects of current medication regimen: no longer
 with tremor, attributed to lithium; baseline weakness/fatigue not attributed to
 any particular medication and too many variables to determine whether drowsiness
 attributed to any particular medication as well.

Endorses full adherence.

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: still wants appt with Dr. Lenaerts at UCD if possible

O: Vitals - most recent BMI: 28.1

Height: 69 in [175.3 cm] (06/20/2019 07:56)

Weight: 190 lb [86.4 kg] (06/20/2019 07:56)

Pulse: 69 (06/20/2019 07:56)

BP: 138/75 (06/20/2019 07:56)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	269	95.7	32.0

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
09/18/2019 11:45	PLASM	143	3.9	109 H	27	17	1.21 H
09/18/2019 11:45	PLASM						1.01
08/26/2019 10:33	PLASM	143	3.9	110 H	27	19	1.07

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5
07/24/2018 08:38	PLASM	23	28	76	4.3	0.7

Calculated Creatinine Clearance: CrCl=57.6 mL/min (SEP 18, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4	L	

05/19/2014 08:19 SERUM 71 < 4 71

Collection DT Spec B12

03/13/2018 08:41 SERUM 351

05/19/2014 08:19 SERUM 417

Drug Level Monitoring:

08/26/2019 LITHIUM 0.40 L

09/18/2019 LITHIUM 0.90

A/P: 69yo M with cluster HA, recently off lithium after s/b neurologist d/t lack

of efficacy and mild ADR, which has now resolved with stopping the medication.

Currently HAs fairly stable and pt in good spirits during call despite daily

painful headaches. Continues verapamil, topiramate, also with O2 and prn injectable DHE, frovatriptan with no significant intolerances. Has also been

using APAP daily but unable to take NSAIDS d/t anticoagulation. Pending eval by

PM&R for potential occipital nerve blocks, botulinum toxin. Wants second opinion

from HA center, reportedly has d/w neurologist -will add comment to consult for

clarification

SCr sl. elevated with Na/LFTs wnl. Incr risk serotonin syndrome, although limiting use of frovatriptan. Pt has expressed preference to avoid steroids in

the future; h/o ADR with prednisone. At this point, unlikely that verapamil and

TPM are very effective for HA and pt wants to get off unnecessary meds if possible; may be best to leave verapamil unchanged d/t afib and not on any rate

controlling medication.

Recommendations and plan:

Medication therapy:

[] No medication therapy changes. Continue current regimen for

now

[X] Counseled on medication changes:

trial TPM taper, will issue 100mg for more conservative dosing
initially 150mg AM/200mg PM x2wk, then 150mg BID
formally d/c lithium
renew frovatriptan --counseled on limiting use and DDI w/
DHE

[] Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:

Medication education/reconciliation - completed today. Patient has excellent

knowledge of his medications and good adherence.

Reviewed all medications, including indication for use, possible adverse effects, and administration times.

Updated/provided medication list reflecting current regimen

Encouraged adherence

Encouraged to limit use of PRN meds to lower risk of MOH

Follow up:

[X] 3wk clinical pharmacy phone appt (11/27@930)

[X] with Neurologist as ordered/scheduled (current appt 12/19)

[X] other/prn -can call sooner prn

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21-30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

-Home meds compared with CPRS meds

- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Medication Intervention(s)

Adjust dose or frequency of current medication

Discontinue and/or change to a different medication

Nonpharmacologic intervention made

Address compliance/adherence

Care coordination

Identify drug-drug interaction

Medication reconciliation

Adjust dose, frequency, duration and/or dosage form of medication

Discontinue medication

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 11/01/2019 09:08

PACT Telephone Note

Details

Date entered: October 18, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: THRAYA FAYEQ RASHID

Signed by: THRAYA FAYEQ RASHID

Date signed: October 18, 2019

Note

LOCAL TITLE: PACT Telephone Note
 STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: OCT 18, 2019@11:54 ENTRY DATE: OCT 18,
 2019@11:54:27
 AUTHOR: RASHID, THRAYA FAYEQ EXP COSIGNER:
 URGENCY: STATUS:
 COMPLETED

PACT Pharmacy Note - Medication Reconciliation

PMH:

1. Obstructive sleep apnea syndrome 09/30/19
 PANOSSIAN, LORI
2. AF- Atrial Fibrillation (SCT 49436004) 06/20/19 HAN, ELDI
 KYOUNG
 Dx 6/2019
3. Pulmonary embolism 06/20/19 HAN, ELDI
 KYOUNG
4. HTN - Hypertension (SCT 38341003) 09/30/19 LWIN, HTWE
 H
 Added from station 654 as a result of CBOC move.
5. OA - Osteoarthritis (SCT 396275006) 09/30/19 LWIN, HTWE
 H
 Added from station 654 as a result of CBOC move.
6. Prostate Cancer (SCT 254900004) 09/30/19 LWIN, HTWE
 H
 Added from station 654 as a result of CBOC move.
7. Chronic cluster headache 09/30/19 LWIN, HTWE
 H
 Added from station 654 as a result of CBOC move.
8. Adjustment Disorder with Mixed Emotional 09/30/19 LWIN, HTWE
 H
 Features (SCT 55668003)
 Added from station 654 as a result of CBOC move.
9. Polyp Colon (SCT 68496003) 09/30/19 LWIN, HTWE
 H
 2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019

Added from station 654 as a result of CBOC move.

10. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
11. Dysthymia	02/08/16	
BAHTEN, REGINA S		
12. Chronic pain syndrome	12/08/15	
BAHTEN, REGINA S		
13. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
14. Depressive Disorder NOS *	04/02/14	
BAHTEN, REGINA S		
15. Cluster headache (SNOMED CT 193031009)	02/07/14	
APPERSON, MICHEL		
16. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
17. Benign hypertension	11/26/13	CHANG, MYO
S		
18. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
19. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
20. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
21. Carcinoma, Prostate	11/26/13	CHANG, MYO
S		
22. Arthralgias NOS	11/26/13	CHANG, MYO
S		
23. Impotence	11/26/13	CHANG, MYO
S		
24. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO
S		

Allergies: PENICILLIN, PREDNISONE

S: 69 yo WHITE MALE contacted remotely to complete medication reconciliation per PACT team request. ID x2.

Today, pt denies any CV related health complaints. Daughter is an RN who checks

his meds to ensure no errors. Endorses compliance to med regimen w/ discrepancies noted as below.

Active Outpatient Medications		Status
=====		
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
4)	IBUPROFEN 800MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN IF YOU ARE TAKING THIS)	*not using
5)	LISINOPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6)	LITHIUM CARBONATE 450MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR CLUSTER HEADACHE	ACTIVE
7)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH A MEAL FOR DIABETES	*not using (intolerance)
8)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - FOR BREATHING RINSE MOUTH OUT AFTER USE.	ACTIVE
9)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
10)	ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	*not using
11)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	*using PRN
12)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
13)	TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE
14)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND	ACTIVE

INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

Active Non-VA Medications	Status
1) Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE *OTC
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG MOUTH TWICE A DAY	ACTIVE *KAISER
3) Non-VA DIHYDROERGOTAMINE INJ,SOLN INTRAMUSCULAR AS PRN NEEDED	ACTIVE *1ML

Kaiser Med list (reflective of VA records):

Name	RF	Srt Date	Status
=====			
=====			

Frovatriptan (FROVA) 2.5 mg Oral Tab using	0	12/26/2017	*not

Take 2.5 mg by mouth once as needed for Headache

SUMATriptan (IMITREX) 50 mg Oral Tab using	3	12/26/2017	*not

TAKE 1 TABLET ORALLY AT ONSET OF MIGRAINE HEADACHE.
MAY REPEAT EVERY 2 HOURS IF MIGRAINE IS NOT RELIEVED.
DO NOT EXCEED 4 TABLETS IN 24 HOURS

Lisinopril-hydroCHLOROthiazide 10-12.5 mg Oral Tab using	3	11/29/2018	*not

TAKE 1 TABLET ORALLY DAILY

***HCTZ d/c'd 02/28/19 PER VA

Topiramate (TOPAMAX) 200 mg Oral Tab Active	0	01/09/2019	

Take ONE TABLET 2 TIMES DAILY FOR CLUSTER HEADACHES

Verapamil (CALAN SR/ISOPTIN SR) 120 mg Oral SR Tab Active	3	01/09/2019	

TAKE 1 TABLET ORALLY 2 TIMES A DAY

Cholecalciferol (VITAMIN D3) 2,000 unit Oral Tab 0 01/09/2019
Active

TAKE 1 TABLET ORALLY DAILY

Pantoprazole (PROTONIX) 40 mg Oral TBEC DR Tab 0 01/09/2019
Active

TAKE 1 TABLET DAILY

Rosuvastatin (CRESTOR) 40 mg Oral Tab 0 01/09/2019
Active

TAKE 1/2 TABLET ORALLY DAILY TO PREVENT HEART ATTACKS AND STROKES

Albuterol 90 mcg/actuation Inhal HFAA 0 01/09/2019
Active

INHALE 2 PUFFS ORALLY EVERY 4 HOURS AS NEEDED FOR QUICK RELIEF OF
ASTHMA

SYMPTOMS. 100 DAYS SUPPLY FOR ASTHMA IS 1 CANISTER

=====

0: Vitals - most recent

BP: 138/75 (06/20/2019 07:56)

Pulse: 69 (06/20/2019 07:56)

Height: 69 in [175.3 cm] (06/20/2019 07:56)

Weight: 190 lb [86.4 kg] (06/20/2019 07:56) BMI: 28.1

Collection DT	Spec	HGBA1c	Tsh
06/20/2019 09:28	SERUM		1.44
06/20/2019 09:28	BLOOD	6.8 H	
03/13/2018 08:41	SERUM		1.57
02/13/2018 08:14	BLOOD	6.6 H	
02/08/2016 10:02	BLOOD	5.9	

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL	Dir
07/11/2019 07:48	PLASM	150	82	49	85		
06/20/2019 09:28	PLASM	216 H		61		139	

03/13/2018 08:42	PLASM	168	81	51	101
02/08/2016 10:02	PLASM	153	61	47	94

Collection DT	Spec	ALT	AST
06/20/2019 09:28	PLASM	37	25
07/24/2018 08:38	PLASM	23	28
03/13/2018 08:41	PLASM	25	27

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
09/18/2019 11:45	PLASMA	62 L	17	1.21 H	143	3.9	109 H
09/18/2019 11:45	PLASMA			1.01			

A/P: Medication reconciliation/education- Performed today via phone, taking reconciled vs electronic med list. Daughter is an RN who assists w/ checking med list. No duplication of therapy identified. Discrepancies noted: not using metformin d/t intolerance (removed from med list and entered ADR), not using ondansetron (not needed) or ibuprofen (d/t bleeding risk w/ Pradaxa), both flagged for PCP to d/c.

Overall, patient has good understanding of medication regimen. Reviewed medications with patient, including indication, adverse effects and administration. Updated patient's non-VA medication list.

Pt verbalized good understanding of the above information. Medications reconciled. Pharmacy follow up as needed.

Follow up: prn

Duration (telephone appt): 15min

Upcoming Appointments:

10/21/2019 09:20	SAC DERM S LESION SOOD
10/30/2019 07:00	SAC PM&R PAIN MA NEW
10/31/2019 09:30	NSAC NEURO PHARM PHONE
12/19/2019 08:00	NSAC NEURO MCCRANEY
09/29/2020 09:20	SAC THSF CPAP DATA PRO-X

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Thraya F. Rashid, PharmD

Clinical Pharmacist

Signed: 10/18/2019 11:55

Chart Review

Details

Date entered: October 18, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** THRAYA FAYEQ RASHID**Signed by:** THRAYA FAYEQ RASHID**Date signed:** October 18, 2019

Note

LOCAL TITLE: Chart Review

STANDARD TITLE: TEAM NOTE

DATE OF NOTE: OCT 18, 2019@10:12 ENTRY DATE: OCT 18,
2019@10:13

AUTHOR: RASHID, THRAYA FAYEQ EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PACT Pharmacy Note - Medication Reconciliation

PMH:

Computerized Problem List is the source for the following:

1. Obstructive sleep apnea syndrome	09/30/19	
PANOSSIAN, LORI		
2. AF- Atrial Fibrillation (SCT 49436004)	06/20/19	HAN, ELDI
KYOUNG		
Dx 6/2019		
3. Pulmonary embolism	06/20/19	HAN, ELDI
KYOUNG		
4. HTN - Hypertension (SCT 38341003)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
5. OA - Osteoarthritis (SCT 396275006)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
6. Prostate Cancer (SCT 254900004)	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
7. Chronic cluster headache	09/30/19	LWIN, HTWE
H		
Added from station 654 as a result of CBOC move.		
8. Adjustment Disorder with Mixed Emotional	09/30/19	LWIN, HTWE
H		
Features (SCT 55668003)		
Added from station 654 as a result of CBOC move.		
9. Polyp Colon (SCT 68496003)	09/30/19	LWIN, HTWE
H		
2/18/14 - 3 polyps, TA x 1. f/up 5 yrs 2/2019		
Added from station 654 as a result of CBOC move.		
10. History of malignant neoplasm of prostate	11/05/16	
FIECHTNER, BRIDG		
11. Dysthymia	02/08/16	
BAHTEN, REGINA S		
12. Chronic pain syndrome	12/08/15	
BAHTEN, REGINA S		
13. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN

14. Depressive Disorder NOS *	04/02/14	
BAHTEN, REGINA S		
15. Cluster headache (SNOMED CT 193031009)	02/07/14	
APPERSON, MICHEL		
16. Chronic obstructive lung disease	06/24/19	
FIECHTNER, BRIDG		
"severe" (nonVA)		
17. Benign hypertension	11/26/13	CHANG, MYO
S		
18. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
19. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
20. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
21. Carcinoma, Prostate	11/26/13	CHANG, MYO
S		
22. Arthralgias NOS	11/26/13	CHANG, MYO
S		
23. Impotence	11/26/13	CHANG, MYO
S		
24. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO
S		

Allergies: PENICILLIN, PREDNISONE

S: 69 yo WHITE MALE contacted remotely to complete medication reconciliation per PACT team request. Unable to reach veteran, chart review completed only.

Active Outpatient Medications	Status
=====	
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE

3)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
4)	IBUPROFEN 800MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN IF YOU ARE TAKING THIS)	ACTIVE
5)	LISINAPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6)	LITHIUM CARBONATE 450MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR CLUSTER HEADACHE	ACTIVE
7)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH A MEAL FOR DIABETES	HOLD
8)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
9)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
10)	ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE
11)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
12)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
13)	TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE
14)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE

Active Non-VA Medications

Status

=====		
1)	Non-VA ACETAMINOPHEN 325MG TAB 650MG MOUTH TWICE A DAY AS NEEDED	ACTIVE
2)	Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG MOUTH TWICE A DAY	ACTIVE
3)	Non-VA DIHYDROERGOTAMINE INJ,SOLN INTRAMUSCULAR AS NEEDED	ACTIVE

Kaiser Med list: obtained from JLV

Name	RF	Srt Date
Status		
=====		
====		
Frovatriptan (FROVA) 2.5 mg Oral Tab	0	12/26/2017
Active		
Take 2.5 mg by mouth once as needed for Headache		
SUMatriptan (IMITREX) 50 mg Oral Tab	3	12/26/2017
Active		
TAKE 1 TABLET ORALLY AT ONSET OF MIGRAINE HEADACHE.		
MAY REPEAT EVERY 2 HOURS IF MIGRAINE IS NOT RELIEVED.		
DO NOT EXCEED 4 TABLETS IN 24 HOURS		
Lisinopril-hydroCHLORothiazide 10-12.5 mg Oral Tab	3	11/29/2018
Active		
TAKE 1 TABLET ORALLY DAILY		
****		***HCTZ d/c'd 02/28/19 PER VA
Topiramate (TOPAMAX) 200 mg Oral Tab	0	01/09/2019
Active		
Take ONE TABLET 2 TIMES DAILY FOR CLUSTER HEADACHES		
Verapamil (CALAN SR/ISOPTIN SR) 120 mg Oral SR Tab	3	01/09/2019
Active		
TAKE 1 TABLET ORALLY 2 TIMES A DAY		
Cholecalciferol (VITAMIN D3) 2,000 unit Oral Tab	0	01/09/2019
Active		
TAKE 1 TABLET ORALLY DAILY		
Pantoprazole (PROTONIX) 40 mg Oral TBEC DR Tab	0	01/09/2019
Active		
TAKE 1 TABLET DAILY		
Rosuvastatin (CRESTOR) 40 mg Oral Tab	0	01/09/2019
Active		
TAKE 1/2 TABLET ORALLY DAILY TO PREVENT HEART ATTACKS AND STROKES		

Albuterol 90 mcg/actuation Inh1 HFAA

0 01/09/2019

Active

INHALE 2 PUFFS ORALLY EVERY 4 HOURS AS NEEDED FOR QUICK RELIEF OF
ASTHMA

SYMPTOMS. 100 DAYS SUPPLY FOR ASTHMA IS 1 CANISTER

=====

=====

0: Vitals - most recent

BP: 138/75 (06/20/2019 07:56)

Pulse: 69 (06/20/2019 07:56)

Height: 69 in [175.3 cm] (06/20/2019 07:56)

Weight: 190 lb [86.4 kg] (06/20/2019 07:56) BMI: 28.1

Collection DT	Spec	HGBA1c	Tsh
06/20/2019 09:28	SERUM		1.44
06/20/2019 09:28	BLOOD	6.8 H	
03/13/2018 08:41	SERUM		1.57
02/13/2018 08:14	BLOOD	6.6 H	
02/08/2016 10:02	BLOOD	5.9	

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL	Dir
07/11/2019 07:48	PLASM	150	82	49	85		
06/20/2019 09:28	PLASM	216 H		61		139	
03/13/2018 08:42	PLASM	168	81	51	101		
02/08/2016 10:02	PLASM	153	61	47	94		

Collection DT	Spec	ALT	AST
06/20/2019 09:28	PLASM	37	25
07/24/2018 08:38	PLASM	23	28
03/13/2018 08:41	PLASM	25	27

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL
09/18/2019 11:45	PLASMA	62 L	17	1.21 H	143	3.9	109 H
09/18/2019 11:45	PLASMA			1.01			

A/P: Medication reconciliation/education- unable to reach veteran via telephone, chart review completed only. Appears to have duplicate regimens at the VA and Kaiser. If able to reach veteran, would confirm receiving med supply from only one facility. Discrepancy noted w/ HCTZ, d/c'd per VA provider 02/2019; however, order appears to still be active at Kaiser. Need to verify taking all meds as prescribed (per current med list).

Upcoming Appointments:

10/21/2019 09:20 SAC DERM S LESION SOOD
10/30/2019 07:00 SAC PM&R PAIN MA NEW
10/31/2019 09:30 NSAC NEURO PHARM PHONE
12/19/2019 08:00 NSAC NEURO MCCRANEY
09/29/2020 09:20 SAC THSF CPAP DATA PRO-X

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V11:

Nonpharmacologic intervention made for other disease state not listed

/es/ Thraya F. Rashid, PharmD

Clinical Pharmacist

Signed: 10/18/2019 10:14

Neurology 11000

Details

Date entered: October 17, 2019

Location: MCCLELLAN VA CLINIC

Written by: DAVID MCCRANEY

Signed by: DAVID MCCRANEY

Date signed: October 17, 2019

Note

LOCAL TITLE: Neurology 11000
STANDARD TITLE: NEUROLOGY E & M NOTE
DATE OF NOTE: OCT 17, 2019@09:31 ENTRY DATE: OCT 17,
2019@09:31:56
AUTHOR: MCCRANEY, DAVID EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

69m followup chronic cluster. Has headaches all day, using almost constant oxygen and DHE. Lithium did nothing for him.

Exam shows subtle right Horner's syndrome.

PLAN

1. Stop lithium
2. I feel referral to a headache center of excellence is indicated. I am not able to locate a VA COE nearby. Patient has previously seen Dr. Lanaerts at UCD, that's probably our best option right now.

Today we discussed pulse dose steroids, which is working for another of my cluster patients, however steroids have never worked for this patient and there is little interest in pursuing that. In the past there has been discussion of occipital nerve block, I can set that up.

Interestingly he might be evolving into a SUNCT type picture, which would open up some treatment options, but does not quite meet diagnostic criteria for that just yet

Excluding CGRP inhibitors -- which I still feel is worth a try -- I think

we are
looking at procedural management here.

-- occipital nerve block
-- botox. Several ways to do this. This is one way to do an occipital
nerve
block. There have been isolated reports that the PREEMPT protocol works for
some
cluster patients. Most interest at this time seems to be in the area of
botox
injections into the SPG. All, with the exception of a simple occipital
block,
would require him to be off anticoagulants, which increases the risk of
the
procedure a bit

Will refer to pain management and also seek second opinion from headache
specialist. Orders in, RTC two months

/es/ David P. McCraney, MD
Staff Neurologist
Signed: 10/17/2019 10:05

Neurology Secure Messaging

Details

Date entered: October 9, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: CHRISTINE NATALIE BATTISTELLA
Signed by: CHRISTINE NATALIE BATTISTELLA
Date signed: October 9, 2019

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: OCT 09, 2019@18:09:36 ENTRY DATE: OCT 09,
2019@16:09:36

AUTHOR: BATTISTELLA, CHRISTI EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 10/03/2019 04:55 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Appointment Cancellation Error

Dr McCraney

Scheduled appointment 2 months out Monday Oct 7 10:30 AM Cancelled In
Error
with no reason given

1. Lithium ramp up in progress - problems. - Cherise needs evaluation on
how
to procede

2. Veterans Choice Referral needed ASAP for 2 two procedures provided by
UC
Davis

Please approve overbooking requests already in for this day and time
Requests
are in.

Ron Campbell

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 10/09/2019 16:09

Receipt Acknowledged By:
10/17/2019 09:30 /es/ David P. McCraney,
MD

Staff

Neurologist

Pharmacy Note

Details

Date entered: October 8, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** NIKKI MARIE BECK**Signed by:** NIKKI MARIE BECK**Date signed:** October 8, 2019

Note

LOCAL TITLE: Pharmacy Note
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: OCT 08, 2019@12:20 ENTRY DATE: OCT 08,
2019@12:21:07
AUTHOR: BECK, NIKKI MARIE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Pharmacy Note Has ADDENDA ***

Patient is part of the Auburn transition. As prescriptions were transferred from Reno to NorCal, it was noted patient has several duplicate medications.

Glipizide 10 mg in Reno and Glipizide 5 mg at NorCal

Ibuprofen 800 mg which was transferred from Reno - patient is on NON-VA dabigatran at NorCal. Ibuprofen should be discontinued

There are other duplicates that were open at Reno VA as well which were identical to NorCal. They include:

Montelukast

Lisinopril

Mometasone furoate
Rosuvastatin
Pantoprazole

Patient had a prescription on hold for metformin at Reno

Please have patient see PACT pharmacist for medication reconciliation.

/es/ NIKKI M BECK, PHARMD, BCPS, BC-ADM, CDE
PROGRAM MANAGER, PADR PROGRAM
Signed: 10/08/2019 12:27

Receipt Acknowledged By:

10/08/2019 13:41 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

10/09/2019 11:00 /es/ ZHINUS
RAHMANIAN

CLINICAL

PHARMACIST

for THRAYA FAYEQ

RASHID

10/09/2019 10:56 /es/ ALFRED MANUEL
OLIVEIRA

10/08/2019 ADDENDUM

STATUS: COMPLETED

Attempted to contact veteran schedule a PHARMD Phone appt with his
Pharmacist.

Left message that I will call back tomorrow and try to reach him then to
schedule a PHARMD Phone appt. with his pharmacist Sac Pact Pharm 6 Phone.

/es/ ALFRED MANUEL OLIVEIRA

Signed: 10/08/2019 15:23

Injections, Immunizations, Skin Tests

Details

Date entered: October 7, 2019

Location: MCCLELLAN VA CLINIC

Written by: SALLY ESTRELLADO

Signed by: SALLY ESTRELLADO

Date signed: October 7, 2019

Note

LOCAL TITLE: Injections, Immunizations, Skin Tests

STANDARD TITLE: IMMUNIZATION NOTE

DATE OF NOTE: OCT 07, 2019@10:41 ENTRY DATE: OCT 07,
2019@10:41:58

AUTHOR: ESTRELLADO, SALLY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

The patient received trivalent adjuvanted seasonal influenza immunization for ages 65 and older

0.5ml IM today in Left Deltoid.

Lot #: 260389, exp. 5/31/2020

Ordered by: per policy

Indication: prophylaxis for influenza

Complications: Patient tolerated well. No signs or symptoms of adverse reaction noted.

The inactivated seasonal influenza vaccine VIS dated Aug 15, 2019 was given to the patient.

/es/ Sally Estrellado, LVN

Nursing Service, Primary Care

Signed: 10/07/2019 10:47

Neurology Secure Messaging

Details

Date entered: October 4, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CHRISTINE NATALIE BATTISTELLA

Signed by: CHRISTINE NATALIE BATTISTELLA

Date signed: October 4, 2019

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: OCT 04, 2019@16:01:19 ENTRY DATE: OCT 04,
2019@14:01:20

AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 10/02/2019 05:13 PM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: Dr McCraney Overbook Oct 7 10:30 2019

In middle of Lithium ramp up with massive chronic clusters

Appointment was cancelled via mail

HELP HELP

PLEASE APPROVE OVERBOOK APPOINTMENT.

I HAVE SOME INFO

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 10/04/2019 14:01

Receipt Acknowledged By:
10/07/2019 11:39 /es/ David P. McCraney,
MD

Staff

Neurologist

CPAP/BiPAP Sleep Follow-up

Details

Date entered: September 27, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: LORI A PANOSSIAN
Signed by: LORI A PANOSSIAN
Date signed: September 30, 2019

Note

LOCAL TITLE: CPAP/BiPAP Sleep Follow-up
STANDARD TITLE: SLEEP MEDICINE NOTE
DATE OF NOTE: SEP 27, 2019@22:39 ENTRY DATE: SEP 30,
2019@22:39:36
AUTHOR: PANOSSIAN, LORI A EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

CPAP/BIPAP CHART REVIEW REMOTE DATA DOWNLOAD NOTE

I reviewed PAP download via wireless modem.

DIAGNOSIS: SLEEP APNEA

SETTINGS:

AirSense 10 AutoSet

Serial number 23192185375

Mode CPAP

Set pressure 8 cmH2O

EPR Fulltime

EPR level 2

RESULTS:

08/31/2019 - 09/29/2019

Usage days 15/30 days (50%)

>= 4 hours 13 days (43%)

Average usage (days used) 6 hours 6 minutes

Leaks - L/min Median: 2.2 95th percentile: 14.2 Maximum: 69.4

Events per hour AI: 0.8 HI: 0.3 AHI: 1.1

Apnea Index Central: 0.2 Obstructive: 0.2 Unknown: 0.3

IMPRESSION: Fair compliance and effective treatment at current settings.

PLAN: Continue CPAP at unchanged pressure settings. Encourage increased use,

goal is 100% use during sleep for a minimum of 4 hrs/night.

FOLLOW-UP: Repeat download in 12 months; I placed rtc order for modem download

*For re-ordering new filters, tubing, and a replacement of the same style of mask that patient already has, patient should call Prosthetics directly at(916) 843-9172.

Standing order for techs, during follow-up CPAP downloads:

1. If AHI > 5 and leak is high, make mask adjustments
2. If AHI > 5 and minimal leak, check AHI breakdown
 - a. If elevated obstructive and/or hypopneas mainly, increase pressure by 1-2 cm H2O.
 - b. If elevated central apneas >5 or periodic breathing > 15%, inform sleep

MD/NP

3. If low useage, schedule for phone appointment with tech to discuss and address barriers to PAP compliance.

/es/ Lori A. Panossian, MD
Section Chief Sleep Medicine, Neurologist
Signed: 09/30/2019 22:51

Pharmacy Specialty Note

Details

Date entered: September 25, 2019

Location: MCCLELLAN VA CLINIC

Written by: CHARISSE MAY C VIVAR

Signed by: CHARISSE MAY C VIVAR

Date signed: September 30, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: SEP 25, 2019@09:33 ENTRY DATE: SEP 25,
2019@09:33:45

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP Qty: 50 for 90 days Sig: USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
2)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE Refills: 3	Issu:07-19-19 Last:07-19-19 Expr:07-19-20
3)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
4)	LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19

	STICK.		Expr:06-20-20
5)	LISINAPRIL 10MG TAB Qty: 90 for 90 days	ACTIVE	Issu:06-20-19
	Sig: TAKE ONE TABLET BY MOUTH ONCE	Refills: 3	Last:06-20-19
	DAILY FOR BLOOD PRESSURE		Expr:06-20-20
6)	LITHIUM CARBONATE 450MG SA TAB Qty: 60	ACTIVE	Issu:08-30-19
	for 30 days Sig: TAKE ONE TABLET BY	Refills: 1	Last:08-30-19
	MOUTH TWICE A DAY FOR CLUSTER		Expr:08-30-20
	HEADACHE		
7)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL	ACTIVE	Issu:06-20-19
	Qty: 1 for 60 days Sig: INHALE 1 PUFF	Refills: 3	Last:06-20-19
	BY ORAL INHALATION TWICE A DAY - FOR		Expr:06-20-20
	BREATHING. RINSE MOUTH OUT AFTER USE.		
8)	MONTELUKAST NA 10MG TAB Qty: 90 for 90	ACTIVE	Issu:06-20-19
	days Sig: TAKE ONE TABLET BY MOUTH	Refills: 3	Last:06-20-19
	ONCE DAILY		Expr:06-20-20
9)	ONDANSETRON HCL 4MG TAB Qty: 60 for 30	ACTIVE	Issu:12-28-18
	days Sig: TAKE ONE TABLET BY MOUTH	Refills: 4	Last:12-29-18
	TWICE A DAY AS NEEDED FOR NAUSEA AND		Expr:12-29-19
	VOMITING.		
--takes with DHE			
10)	PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for	ACTIVE	Issu:06-20-19
	30 days Sig: TAKE ONE TABLET BY MOUTH	Refills: 3	Last:06-20-19
	ONCE DAILY - FOR STOMACH ACID.		Expr:06-20-20
11)	ROSUVASTATIN CA 40MG TAB Qty: 45 for 90	ACTIVE	Issu:06-20-19
	days Sig: TAKE ONE-HALF TABLET BY	Refills: 3	Last:06-20-19
	MOUTH ONCE DAILY - TO LOWER		Expr:06-20-20
	CHOLESTEROL.		
12)	TOPIRAMATE 200MG TAB Qty: 180 for 90	ACTIVE	Issu:07-05-19
	days Sig: TAKE ONE TABLET BY MOUTH	Refills: 3	Last:09-21-19
	TWICE A DAY FOR HEADACHE PREVENTION		Expr:07-05-20
13)	VERAPAMIL HCL 120MG SA TAB Qty: 180 for	ACTIVE	Issu:07-19-19
	90 days Sig: TAKE ONE TABLET BY MOUTH	Refills: 3	Last:07-19-19
	TWICE A DAY ---- NOTE CHANGE IN		Expr:07-19-20
	FORMULATION AND INSTRUCTIONS --- FOR		
	MIGRAINE PROPHYLAXIS		

Inactive Outpatient Medications

Status	Issue Date
Refills	Last Fill
	Expiration

=====			
1)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for	EXPIRED	Issu:12-27-17

30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 1 Last:12-18-18
 ONCE DAILY AS NEEDED : - TAKE 1ST Expr:12-28-18
 DOSE AT ONSET OF MIGRAINE, MAY TAKE
 ADDITIONAL DOSE AFTER 2 HOURS IF
 NEEDED. DO NOT TAKE MORE THAN 3
 TABLETS IN 24 HOURS SEVERE CLUSTER
 MIGRAINE HEADACHES

--none recent, avoiding d/t DDI, hx 1x/wk

Active Non-VA Medications	Refills	Start Date Expiration
=====		
1) Non-VA ACETAMINOPHEN 500MG TAB Sig: 1000MG MOUTH TWICE A DAY AS NEEDED 650mg 2 BID	ACTIVE	
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: 150MG MOUTH TWICE A DAY	ACTIVE	
3) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: INTRAMUSCULAR AS NEEDED	ACTIVE	

Active Medications from Remote Data

LISINOPRIL 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30

5 refills remaining until 02/29/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
 PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN
 IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30

3 refills remaining until 11/27/19

Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

GLIPIZIDE 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR
 DIABETES ;

Quantity: 30 Days Supply: 30

11 refills remaining until 03/29/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING FOR HIGH CHOLESTEROL

Quantity: 45 Days Supply: 90

3 refills remaining until 04/08/20

Last filled 04/09/19 at IOANNIS A. LOUGARIS VAMC (Active)

MOMETASONE FUROATE 200MCG/ACTUAT INHL, ORAL, 120D, 13GM

Sig: INHALE 1 PUFF BY MOUTH TWICE A DAY TO PREVENT BREATHING
DIFFICULTY, RINSE MOUTH AFTER USING [REPLACES TWISTHALER]

Quantity: 1 Days Supply: 60

5 refills remaining until 03/25/20

Last filled 03/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

PANTOPRAZOLE NA 40MG TAB, EC

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY BEFORE A MEAL FOR STOMACH
MEDICATION GUIDE

Quantity: 90 Days Supply: 90

3 refills remaining until 06/04/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30

5 refills remaining until 01/16/20

Last filled 06/25/19 at IOANNIS A. LOUGARIS VAMC (Active)

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms have worsened. Back to daily headaches, described as "horrible" --again has been unable to leave the house without 02 and DHE, but limits use to 4x/wk. Also reporting Sleep with 2-3 interruptions but able to go back to sleep with concentrator. Often wakes up with headache. No ED visits for

headaches.

Prev had been more hopeful with frequency 5/7 (although hx 3-6 HA qnight).

Endorses the following side effects of current medication regimen:

"slight..minor" tremor, starting to be more noticable when texting, reportedly

tolerable, not bothersome at this point. F/w therapist, music (-plays guitar/ukelele is #1 outlet so very cognisant of tremor (hx tremor from Lithium

affecting job, marriage, needed to be on primidone for tx). too many variables

to determine whether drowsiness attributed to any particular medication.

Endorses full adherence with lithium but 2 missed doses of other meds, was out

and did not bring the medication with him, otherwise endorses full adherence.

[X]Uses/[]Does not use pill box; fills it[]weekly/[]monthly.

Other info provided by pt: n/a

Past pertinent medication/treatment/pain modality trials:

(per document provided by pt at prior encounter)

Medication	date	dosage	directions	note
lithium	3/12	300mg	one tab @ PM	
lithium	4/12	300mg	one tab 2x per day	dosage change
lithium	5/12	500mg	2 tabs 2x per day	dosage change
06/03/12 HEADACHES in REMISSION				
lithium	6/12	300mg	3 tabs 2x per day	dosage change
primidone	8/12	50mg	1/2 tab @ PM	
primidone	11/12	50mg	2 tabs @ PM	dosage change
lithium	11/12	300mg	2 tab 2x per day	dosage change
lithium	12/12	300mg	3 tabs 2x per day	dosage change
lithium	06/13	300mg	2 tabs AM 2 @ PM	dosage change
primidone	06/13	50mg	3 tabs @ PM	dosage change
07/05/13 HEADACHES RETURNED				

0: Vitals - most recent BMI: 28.1

Height: 69 in [175.3 cm] (06/20/2019 07:56)

Weight: 190 lb [86.4 kg] (06/20/2019 07:56)

Pulse: 69 (06/20/2019 07:56)

BP: 138/75 (06/20/2019 07:56)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	269	95.7	32.0
02/08/2016 10:02	BLOOD	5.7	14.8	46.0	212	93.2	32.1

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
09/18/2019 11:45	PLASM	143	3.9	109 H	27	17	1.21 H
09/18/2019 11:45	PLASM						1.01
08/26/2019 10:33	PLASM	143	3.9	110 H	27	19	1.07

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5
07/24/2018 08:38	PLASM	23	28	76	4.3	0.7

Calculated Creatinine Clearance: CrCl=57.6 mL/min (SEP 18, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

No VALPROIC ACID results in last 99Y

No TEGRETOL results in last 99Y

08/26/2019 LITHIUM 0.40 L

09/18/2019 LITHIUM 0.90

A/P: 69yo M with cluster HA, currently on lithium 900mg/d with continued verapamil, topiramate, also with O2 and prn injectable DHE. Recent worsening of headache, but did not specifically correspond with lithium dose increase.

Has also been using APAP daily but unable to take NSAIDS d/t anticoagulation. Pt has expressed preference to avoid steroids in the future. No current intolerances to regimen, minimal tremor to date, although h/o tremor on higher doses of lithium. SCr sl. elevated with Na/LFTs wnl, and recent lithium level nl, reasonable to consider longer trial of current dose for now prior to escalating. Incr risk serotonin syndrome, although limiting use of frovatriptan. If lithium able to be effective (to target dose 1200mg/d per neuro), consider taper verapamil and topiramate.

Recommendations and plan:

Medication therapy:

☒ No medication therapy changes. Continue current regimen for now

lithium 450mg BID

☐ Counseled on medication changes:

☐ Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:

Reviewed medications, dosing, side effects

Limit use of PRN meds to lower risk of MOH

Follow up:

☒ 1mo clinical pharmacy phone appt(after sees neuro, 1031@930)

☒ with Neurologist as ordered/scheduled

☒ other/prn -can call sooner prn

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21-30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor and assess.

Address compliance/adherence

Care coordination

Medication reconciliation

No change made

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 09/30/2019 13:57

Zzambulatory Care Notification Of Test Results

Details

Date entered: September 24, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: HTWE H LWIN

Signed by: HTWE H LWIN

Date signed: September 24, 2019

Note

LOCAL TITLE: Zzambulatory Care Notification Of Test Results

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: SEP 24, 2019@08:00 ENTRY DATE: SEP 24,
2019@08:00:57

AUTHOR: LWIN, HTWE H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Sierra Nevada Health Care System
975 Kirman Avenue
Reno, NV 89502

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

SEP 24, 2019

Dear Veteran:

I wanted to update you on your recent test results:

CT scan on 9/20/19 report:

1. Minimally increased size of an exophytic left midpole renal cystic lesion, favored to represent a complex or septated cyst, with other etiologies difficult to entirely exclude on a single contrast phase CT. Further characterization is recommended with ultrasound.
2. Small bilateral lung nodules now seen, follow-up chest CT is recommended at 3-6 months, then consider CT at 18-24 months especially if the patient is at high risk.
3. Otherwise stable CT appearance of the abdomen and pelvis, with unchanged left common iliac artery aneurysm , and diffuse chronic atherosclerotic changes.
No aortic aneurysm.

I noticed that you transfer primary care to Mather/Mcclellan VA clinic. Please contact your primary care provider dr. Eldi Han for further follow up regrading above result.

Please contact me if you have any questions or concerns by leaving a message through the Call Center at 775-829-5685, toll free 888-838-6256, or send a secure email message if you have My HealtheVet Premium account.

It is our honor to serve you.

Thank you for choosing VA Sierra Nevada Health Care System for your health care.

/es/ HTWE H. LWIN, MD
PHYSICIAN

Patient Record Number 169073

* Don't have a My HealtheVet Premium account yet? Phone 775-784-3908
and we will sign you up.

You can obtain more information about your health, including any
testing or health concerns noted above; in the Veterans Health
Library.

TCP Telephone Care Staff Note

Details

Date entered: September 5, 2019

Location: MARTINEZ VA MEDICAL CENTER

Written by: YAN WU

Signed by: YAN WU

Date signed: September 5, 2019

Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: SEP 05, 2019@09:21:08 ENTRY DATE: SEP 05,
2019@09:23:53

AUTHOR: WU, YAN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of call: CALL BACK.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

pt called in requesting call back for regarding medication; pt states pt
already received Lithium; pt was wondering Dr. call back to pt. thank you -
yw

Caller Area: MATHER

Caller Response: *OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 09/05/2019 @ 9:21:08 AM

Ending at: 09/05/2019 @ 9:23:23 AM

Length: 2 minutes.

Author: WU, YAN

Patient's Email Addresss: RONTHEBUILDERGUY@YAHOO.COM

/es/ YAN WU

CALL CENTER MSA

Signed: 09/05/2019 09:23

Receipt Acknowledged By:

09/05/2019 11:18 /es/ Charisse May C. Vivar,
Pharm.D.

Clinical Pharmacy

Specialist

Pharmacy Specialty Note**Details****Date entered:** August 30, 2019**Location:** MCCLELLAN VA CLINIC**Written by:** CHARISSE MAY C VIVAR**Signed by:** CHARISSE MAY C VIVAR**Date signed:** August 30, 2019**Note**

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: AUG 30, 2019@09:44 ENTRY DATE: AUG 30,
2019@09:44:53

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Pharmacy Specialty Note Has ADDENDA ***

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014

5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP Qty: 50 for 90 days Sig: USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
2)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE Refills: 3	Issu:07-19-19 Last:07-19-19 Expr:07-19-20
3)	GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
4)	LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
5)	LISINAPRIL 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
6)	LITHIUM CARBONATE 300MG SA TAB Qty: 56	ACTIVE	Issu:08-05-19

for 30 days Sig: TAKE ONE TABLET BY
MOUTH ONCE DAILY FOR 4 DAYS, THEN TAKE
ONE TABLET TWICE A DAY FOR CLUSTER
HEADACHE

Refills: 5

Last:08-05-19

Expr:08-05-20

--started 8/12, has been 2/d since Sat 8/14

7) MOMETASONE 200MCG/ACTUAT 120D ORAL INHL ACTIVE Issu:06-20-19
Qty: 1 for 60 days Sig: INHALE 1 PUFF Refills: 3 Last:06-20-19
BY ORAL INHALATION TWICE A DAY - FOR Expr:06-20-20
BREATHING. RINSE MOUTH OUT AFTER USE.

8) MONTELUKAST NA 10MG TAB Qty: 90 for 90 ACTIVE Issu:06-20-19
days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:06-20-19
ONCE DAILY Expr:06-20-20

9) ONDANSETRON HCL 4MG TAB Qty: 60 for 30 ACTIVE Issu:12-28-18
days Sig: TAKE ONE TABLET BY MOUTH Refills: 4 Last:12-29-18
TWICE A DAY AS NEEDED FOR NAUSEA AND Expr:12-29-19
VOMITING.

--not taking

10) PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for ACTIVE Issu:06-20-19
30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:06-20-19
ONCE DAILY - FOR STOMACH ACID. Expr:06-20-20

11) ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 ACTIVE Issu:06-20-19
days Sig: TAKE ONE-HALF TABLET BY Refills: 3 Last:06-20-19
MOUTH ONCE DAILY - TO LOWER Expr:06-20-20
CHOLESTEROL.

12) TOPIRAMATE 200MG TAB Qty: 180 for 90 ACTIVE (S) Issu:07-05-19
days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:09-21-19
TWICE A DAY FOR HEADACHE PREVENTION Expr:07-05-20

13) VERAPAMIL HCL 120MG SA TAB Qty: 180 for ACTIVE Issu:07-19-19
90 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:07-19-19
TWICE A DAY ---- NOTE CHANGE IN Expr:07-19-20
FORMULATION AND INSTRUCTIONS --- FOR
MIGRAINE PROPHYLAXIS

Inactive Outpatient Medications

Status
Refills

Issue Date
Last Fill
Expiration

=====

1) FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for EXPIRED Issu:12-27-17
30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 1 Last:12-18-18
ONCE DAILY AS NEEDED : - TAKE 1ST Expr:12-28-18

DOSE AT ONSET OF MIGRAINE, MAY TAKE
 ADDITIONAL DOSE AFTER 2 HOURS IF
 NEEDED. DO NOT TAKE MORE THAN 3
 TABLETS IN 24 HOURS SEVERE CLUSTER
 MIGRAINE HEADACHES

--has not needed, stopped d/t DDI with lithium, hx 1x/wk

Active Non-VA Medications	Refills	Start Date Expiration
=====		
1) Non-VA ACETAMINOPHEN 500MG TAB Sig: 1000MG MOUTH TWICE A DAY AS NEEDED 650mg 2 BID	ACTIVE	
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: 150MG MOUTH TWICE A DAY	ACTIVE	
3) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: INTRAMUSCULAR AS NEEDED	ACTIVE	

Active Medications from Remote Data

LISINOPRIL 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30

5 refills remaining until 02/29/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
 PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN
 IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30

3 refills remaining until 11/27/19

Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

GLIPIZIDE 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR
 DIABETES ;

Quantity: 30 Days Supply: 30

11 refills remaining until 03/29/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING FOR HIGH CHOLESTEROL

Quantity: 45 Days Supply: 90

3 refills remaining until 04/08/20

Last filled 04/09/19 at IOANNIS A. LOUGARIS VAMC (Active)

MOMETASONE FUROATE 200MCG/ACTUAT INHL, ORAL, 120D, 13GM

Sig: INHALE 1 PUFF BY MOUTH TWICE A DAY TO PREVENT BREATHING
DIFFICULTY, RINSE MOUTH AFTER USING [REPLACES TWISTHALER]

Quantity: 1 Days Supply: 60

5 refills remaining until 03/25/20

Last filled 03/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

PANTOPRAZOLE NA 40MG TAB, EC

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY BEFORE A MEAL FOR STOMACH

****MEDICATION GUIDE****

Quantity: 90 Days Supply: 90

3 refills remaining until 06/04/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30

5 refills remaining until 01/16/20

Last filled 06/25/19 at IOANNIS A. LOUGARIS VAMC (Active)

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms improved - continued reduction in headaches, less DHE, less 02.

no longer daily headaches, 5/7 (prev visit was getting HA at night but not all

night, only 1 headache last night vs. 3-6 HA qnight prior). DHE only 3-4d/wk,

uses 02 when at home but always brings 02 with him, had needed to sleep with

concentrator of 02 but no longer needed up until 4-5 nights ago. Still not

confident that he wont have a headache come on. intensity unchanged.

Endorses the following side effects of current medication regimen: none,
no
tremor, f/w therapist, music (-plays guitar/ukelele is #1 outlet so very
cognisant of tremor (hx tremor from Lithium affecting job, marriage, needed
to
be on primidone for tx). too many variables to determine whether
drowsiness
attributed to any particular medication.

Endorses full adherence.

[]Uses/[]Does not use pill box; fills it[]weekly/[]monthly. --Not
assessed

Other info provided by pt: n/a

Past pertinent medication/treatment/pain modality trials:
(per document provided by pt at prior encounter)

Medication	date	dosage	directions	note
lithium	3/12	300mg	one tab @ PM	
lithium	4/12	300mg	one tab 2x per day	dosage change
lithium	5/12	500mg	2 tabs 2x per day	dosage change
	06/03/12		HEADACHES in REMISSION	
lithium	6/12	300mg	3 tabs 2x per day	dosage change
primidone	8/12	50mg	1/2 tab @ PM	
primidone	11/12	50mg	2 tabs @ PM	dosage change
lithium	11/12	300mg	2 tab 2x per day	dosage change
lithium	12/12	300mg	3 tabs 2x per day	dosage change
lithium	06/13	300mg	2 tabs AM 2 @ PM	dosage change
primidone	06/13	50mg	3 tabs @ PM	dosage change
	07/05/13		HEADACHES RETURNED	

O: Vitals - most recent BMI: 28.1
Height: 69 in [175.3 cm] (06/20/2019 07:56)
Weight: 190 lb [86.4 kg] (06/20/2019 07:56)
Pulse: 69 (06/20/2019 07:56)
BP: 138/75 (06/20/2019 07:56)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	269	95.7	32.0
02/08/2016 10:02	BLOOD	5.7	14.8	46.0	212	93.2	32.1

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
08/26/2019 10:33	PLASM	143	3.9	110 H	27	19	1.07
07/11/2019 07:50	PLASM						0.99
06/20/2019 09:28	PLASM	141	4.0	108 H	25	19	0.80

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN T.	BIL
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5
07/24/2018 08:38	PLASM	23	28	76	4.3	0.7

Calculated Creatinine Clearance: CrCl=65.2 mL/min (AUG 26, 2019)

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

No VALPROIC ACID results in last 99Y

No TEGRETOL results in last 99Y

08/26/2019 LITHIUM 0.40 L

A/P: Cluster HA - recent further improvement currently on lithium 600mg/d with continued verapamil, topiramate. Has needed less prn injectable DHE and no recent frovatriptan. Also on 02. Has been using APAP daily but unable to take NSAIDS d/t anticoagulation. Pt has expressed preference to avoid steroids in the future. No current intolerances to regimen although h/o tremor on higher doses of lithium. Na/SCR/LFTs wnl, and recent lithium level low, reasonable to

consider dose increase which pt requests to do today. Incr risk serotonin syndrome, although limiting use of frovatriptan. If lithium able to be effective

(to target dose 1200mg/d per neuro), consider taper verapamil and topiramate.

Recommendations and plan:

Medication therapy:

- ☐ No medication therapy changes. Continue current regimen for now
- ☒ Counseled on medication changes:
lithium 450mg BID - can further titrate on f/u after repeat labs
(target labs 1-2wks after dose incr, no sooner than 5d after)
--can continue 300mg BID for now, has ~10ds, pt to call when
receive new RX to coordinate timing of lab with initiation of
higher dose
- ☐ Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:

Reviewed medications, dosing, side effects

Limit use of PRN meds to lower risk of MOH

Follow up:

- ☒ 3-4wk clinical pharmacy phone appt after labs (RTC order 9/25@930)
- ☒ with Neurologist as ordered/scheduled
- ☒ other/prn --can adjust f/u and labs based on receipt of RX as above

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 21-30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Medication Intervention(s)

Adjust dose or frequency of current medication

Nonpharmacologic intervention made

Address compliance/adherence

Care coordination

Identify drug-drug interaction

Medication reconciliation

Adjust dose, frequency, duration and/or dosage form of medication

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 08/30/2019 11:01

09/05/2019 ADDENDUM

STATUS: COMPLETED

spoke with patient, advised to start taking higher dose lithium this weekend to

time the labs for about 7-10days after start, can keep same f/u appt as scheduled.

/es/ Charisse May C. Vivar, Pharm.D.
Clinical Pharmacy Specialist
Signed: 09/05/2019 11:21

09/20/2019 ADDENDUM STATUS: COMPLETED
Reviewed recent labs: lithium/BMP

BMP noted as stable when compared to previous levels - slight increase in Scr/eGFR. Lithium level WNL (based on suggested range, unclear of expected range for pts dx). Will alert Neuro Pharmacist - pt has f/u scheduled 9/25

/es/ Vanessa J. Vaupel, PharmD, BCPS
Pharmacist
Signed: 09/20/2019 15:12

Receipt Acknowledged By:
09/24/2019 08:35 /es/ Charisse May C. Vivar,
Pharm.D.
Clinical Pharmacy
Specialist

Diagnostic Oxygen Testing

Details

Date entered: August 29, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: DIANNE E WILLIAMS
Signed by: DIANNE E WILLIAMS
Date signed: August 29, 2019

Note

LOCAL TITLE: Diagnostic Oxygen Testing
STANDARD TITLE: RESPIRATORY THERAPY PROCEDURE NOTE
DATE OF NOTE: AUG 29, 2019@10:23 ENTRY DATE: AUG 29,
2019@10:23:23

AUTHOR: WILLIAMS, DIANNE E EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

This is the annual telephone home O2 f/u for this 69 year old male who has a history of cluster headaches and uses high liter flow O2 10-15L PRN for pain.

He was identified via dob and ss.

He states he is O2 dependent for the pain due to the constant cluster headaches.

He uses both a concentrator and E tanks and states that he has a very good relationship with Apria for service and equipment maintenance. He sees neurology

yearly for f/u for the headaches and his latest visit was 8/5/2019.

O2 will be renewed based on this f/u.

/es/ Dianne E. Williams, RRT-NPS, CPFT
Respiratory Therapist, Pulmonary Function Lab
Signed: 08/29/2019 10:27

Receipt Acknowledged By:

08/29/2019 14:54 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

04/22/2020 15:18 /es/ DAVID
MCCRANEY

Staff

Neurologist

Pharmacy Specialty Note

Details

Date entered: August 20, 2019

Location: MCCLELLAN VA CLINIC

Written by: CHARISSE MAY C VIVAR**Signed by:** CHARISSE MAY C VIVAR**Date signed:** August 22, 2019**Note**

LOCAL TITLE: Pharmacy Specialty Note

STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: AUG 20, 2019@10:09 ENTRY DATE: AUG 20,
2019@10:10:15

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic

by clinical pharmacist for []initial visit/review / [X]follow-up.

The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status	Issue Date
	Refills	Last Fill
		Expiration
=====		
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP Qty: 50 for 90 days Sig: USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
2) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE Refills: 3	Issu:07-19-19 Last:07-19-19 Expr:07-19-20
3) DEXAMETHASONE 4MG TAB Qty: 120 for 90 days Sig: TAKE TEN TABLETS BY MOUTH ONCE DAILY FOR 4 DAYS PER MONTH, REPEAT CYCLE AT THE BEGINNING OF THE NEXT MONTH	ACTIVE Refills: 3	Issu:05-20-19 Last:05-20-19 Expr:05-20-20
--none needed, wants to be d/c'd, does not want to take steroids again**		
4) GLIPIZIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
5) LANCET,SOFTCLIX Qty: 200 for 90 days Sig: USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20
6) LIDOCAINE HCL 4% TOP SOLN Qty: 120 for 30 days Sig: INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE Refills: 5	Issu:11-26-18 Last:11-27-18 Expr:11-27-19
--not used, does not help, want to be d/c'd		
7) LISINOPRIL 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE Refills: 3	Issu:06-20-19 Last:06-20-19 Expr:06-20-20

8) LITHIUM CARBONATE 300MG SA TAB Qty: 56 ACTIVE Issu:08-05-19
 for 30 days Sig: TAKE ONE TABLET BY Refills: 5 Last:08-05-19
 MOUTH ONCE DAILY FOR 4 DAYS, THEN TAKE Expr:08-05-20
 ONE TABLET TWICE A DAY FOR CLUSTER
 HEADACHE

--started 8/12, has been 2/d since Sat 8/14

9) MOMETASONE 200MCG/ACTUAT 120D ORAL INHL ACTIVE Issu:06-20-19
 Qty: 1 for 60 days Sig: INHALE 1 PUFF Refills: 3 Last:06-20-19
 BY ORAL INHALATION TWICE A DAY - FOR Expr:06-20-20
 BREATHING. RINSE MOUTH OUT AFTER USE.

10) MONTELUKAST NA 10MG TAB Qty: 90 for 90 ACTIVE Issu:06-20-19
 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:06-20-19
 ONCE DAILY Expr:06-20-20

11) ONDANSETRON HCL 4MG TAB Qty: 60 for 30 ACTIVE Issu:12-28-18
 days Sig: TAKE ONE TABLET BY MOUTH Refills: 4 Last:12-29-18
 TWICE A DAY AS NEEDED FOR NAUSEA AND Expr:12-29-19
 VOMITING.

--not taking

12) PANTOPRAZOLE NA 40MG EC TAB Qty: 30 for ACTIVE Issu:06-20-19
 30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:06-20-19
 ONCE DAILY - FOR STOMACH ACID. Expr:06-20-20

13) ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 ACTIVE Issu:06-20-19
 days Sig: TAKE ONE-HALF TABLET BY Refills: 3 Last:06-20-19
 MOUTH ONCE DAILY - TO LOWER Expr:06-20-20
 CHOLESTEROL.

14) TOPIRAMATE 200MG TAB Qty: 180 for 90 ACTIVE (S) Issu:07-05-19
 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:09-21-19
 TWICE A DAY FOR HEADACHE PREVENTION Expr:07-05-20

15) VERAPAMIL HCL 120MG SA TAB Qty: 180 for ACTIVE Issu:07-19-19
 90 days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:07-19-19
 TWICE A DAY ---- NOTE CHANGE IN Expr:07-19-20
 FORMULATION AND INSTRUCTIONS --- FOR
 MIGRAINE PROPHYLAXIS

Inactive Outpatient Medications	Status	Issue Date
	Refills	Last Fill
		Expiration

=====

1) DIVALPROEX 500MG EC(DELAYED RELEASE) TAB	EXPIRED	Issu:05-08-19
Qty: 30 for 30 days Sig: TAKE ONE	Refills: 0	Last:05-08-19

TABLET BY MOUTH ONCE DAILY FOR
HEADACHE

Expr:06-07-19

--confirmed not taking

2) FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for EXPIRED Issu:12-27-17
30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 1 Last:12-18-18
ONCE DAILY AS NEEDED : - TAKE 1ST Expr:12-28-18
DOSE AT ONSET OF MIGRAINE, MAY TAKE
ADDITIONAL DOSE AFTER 2 HOURS IF
NEEDED. DO NOT TAKE MORE THAN 3
TABLETS IN 24 HOURS SEVERE CLUSTER
MIGRAINE HEADACHES

--currently 1x/wk

Active Non-VA Medications	Refills	Start Date Expiration
=====		
1) Non-VA ASPIRIN 81MG EC TAB Sig: 81MG MOUTH ONCE DAILY	ACTIVE -not taking	
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP Sig: 150MG MOUTH TWICE A DAY	ACTIVE	
3) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: INTRAMUSCULAR AS NEEDED	ACTIVE	
4) Non-VA FISH OIL 1000MG (500MG DHA/EPA) CAP Sig: 1000MG MOUTH ONCE DAILY	ACTIVE -not taking	
5) Non-VA GLUCOSAMINE/CHONDROITIN 1500/1200MG TAB Sig: 1 CAP/TAB MOUTH ONCE DAILY	ACTIVE -not taking	
6) Non-VA MELATONIN CAP/TAB Sig: 10MG MOUTH AT BEDTIME	ACTIVE -not taking	
7) Non-VA MULTIVITAMIN CAP/TAB Sig: 1 TABLET MOUTH ONCE DAILY	ACTIVE -not taking	
OTC APAP 500mg 2 BID		

Active Medications from Remote Data

LISINOPRIL 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30

5 refills remaining until 02/29/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN
IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30

3 refills remaining until 11/27/19

Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

GLIPIZIDE 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR
DIABETES ;

Quantity: 30 Days Supply: 30

11 refills remaining until 03/29/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING FOR HIGH CHOLESTEROL

Quantity: 45 Days Supply: 90

3 refills remaining until 04/08/20

Last filled 04/09/19 at IOANNIS A. LOUGARIS VAMC (Active)

MOMETASONE FUROATE 200MCG/ACTUAT INHL, ORAL, 120D, 13GM

Sig: INHALE 1 PUFF BY MOUTH TWICE A DAY TO PREVENT BREATHING
DIFFICULTY, RINSE MOUTH AFTER USING [REPLACES TWISTHALER]

Quantity: 1 Days Supply: 60

5 refills remaining until 03/25/20

Last filled 03/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

PANTOPRAZOLE NA 40MG TAB, EC

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY BEFORE A MEAL FOR STOMACH
MEDICATION GUIDE

Quantity: 90 Days Supply: 90

3 refills remaining until 06/04/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30

5 refills remaining until 01/16/20

Last filled 06/25/19 at IOANNIS A. LOUGARIS VAMC (Active)

Patient in NAD today. Since last encounter, patient reports associated signs/symptoms improved - "Slight improvement but marked difference" after started lithium, didnt need 02 while out yesterday but still on DHE and 02 in evening. Prior to lithium usual headache free period with 02 therapy is between 7am -2pm, and otherwise "homebound" Currently still getting HA at night but not all night, only 1 headache last night vs. 3-6 HA qnight previously.

DHE injectable is the only thing that works, but he tries to use frovatriptan intermittently 1x/wk to prevent rebound headaches from using DHE too frequently. Has expressed frustrations with needing to tug around oxygen for quick use. planning to go out of town, hopeful to be able to leave the home with out being tied to 02. Hx problems with intranasal lidocaine and administration, d/t timing of headache

Endorses the following side effects of current medication regimen: none, no tremor, f/w therapist, music (-plays guitar/ukelele is #1 outlet so very cognisant of tremor (hx tremor from Lithium affecting job, marriage, needed to be on primidone for tx)

Endorses full adherence.

[]Uses/[]Does not use pill box; fills it[]weekly/[]monthly. --Not assessed

Other info provided by pt: Using APAP daily for difficulties with generalized pain, but cannot be on NSAIDS/indomethacin d/t blood thinner. has not had

prednisone or dexamethasone. States does not ever want to take steroids, and he wants it notated so he can be reminded if he forgets in the future.

Past pertinent medication/treatment/pain modality trials:
(per document provided by pt at prior encounter)

Medication	date	dosage	directions	note
lithium	3/12	300mg	one tab @ PM	
lithium	4/12	300mg	one tab 2x per day	dosage change
lithium	5/12	500mg	2 tabs 2x per day	dosage change
	06/03/12	HEADACHES in REMISSION		
lithium	6/12	300mg	3 tabs 2x per day	dosage change
primidone	8/12	50mg	1/2 tab @ PM	
primidone	11/12	50mg	2 tabs @ PM	dosage change
lithium	11/12	300mg	2 tab 2x per day	dosage change
lithium	12/12	300mg	3 tabs 2x per day	dosage change
lithium	06/13	300mg	2 tabs AM 2 @ PM	dosage change
primidone	06/13	50mg	3 tabs @ PM	dosage change
	07/05/13	HEADACHES RETURNED		

0: Vitals - most recent BMI: 28.1
 Height: 69 in [175.3 cm] (06/20/2019 07:56)
 Weight: 190 lb [86.4 kg] (06/20/2019 07:56)
 Pulse: 69 (06/20/2019 07:56)
 BP: 138/75 (06/20/2019 07:56)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	269	95.7	32.0
02/08/2016 10:02	BLOOD	5.7	14.8	46.0	212	93.2	32.1

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
07/11/2019 07:50	PLASM						0.99
06/20/2019 09:28	PLASM	141	4.0	108 H	25	19	0.80
03/13/2018 08:41	PLASM	142	4.2	109 H	27	26	0.91

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5

07/24/2018	08:38	PLASM	23	28	76	4.3	0.7
03/13/2018	08:41	PLASM	25	27	64	4.1	0.7
02/08/2016	10:02	PLASM	25	24			

Calculated Creatinine Clearance: CrCl=70.4 mL/min (JUL 11, 2019)

Collection DT	Spec	HGBA1c	Tsh
06/20/2019 09:28	SERUM		1.44
06/20/2019 09:28	BLOOD	6.8 H	

Drug Level Monitoring:

No VALPROIC ACID results in last 99Y

No TEGRETOL results in last 99Y

No LITHIUM results in last 1Y

A: Cluster HA - recent improvement currently on lithium trial with continued

verapamil, topiramate, injectable DHE and intermittent frovatriptan. Also on 02.

Has been using APAP daily but unable to take NSAIDS d/t anticoagulation. Pt

prefers to avoid steroids in the future. No current intolerances to regimen

although h/o tremor on lithium. Na/SCR/LFTs wnl, and no lithium level for review

- no dose adjustment necessary at this time. Incr risk serotonin syndrome, although limiting use of frovatriptan. If lithium able to be effective (to target dose 1200mg/d per neuro), consider taper verapamil and topiramate.

Recommendations and plan:

Medication therapy:

[X] No medication therapy changes. Continue current regimen for now

lithium 300mg BID - can further titrate on f/u after repeat labs

[X] Counseled on medication changes:

formally d/c dexamethasone, divalproex, lidocaine orders

[] Counseled on NEW medication(s):

Patient education and non-pharmacologic interventions provided:

Reviewed medications, dosing, side effects
Limit use of PRN meds to lower risk of MOH

Follow up:

- ☒ 1wk clinical pharmacy phone appt after labs
- ☒ with Neurologist as ordered/scheduled
- ☐ other/prn

Future Appts:

08/28/2019 09:00 SAC BEHAV HLTH GMH 4 INT
08/30/2019 10:00 NSAC NEURO PHARM PHONE
09/27/2019 08:40 SAC THSF CPAP DATA PRO-X
10/07/2019 10:30 NSAC NEURO MCCRANEY
10/21/2019 09:20 SAC DERM S LESION SOOD

Future Reminder Letters

RECALL DATE	CLINIC
Feb 05, 2021	RECALL () SAC EYE CORBETT 2

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for questions.

Time spent with patient: 38 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)

-Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V11:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Medication Intervention(s)

Discontinue and/or change to a different medication

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor and assess.

Address compliance/adherence

Care coordination

Medication reconciliation

Discontinue medication

Prevent or manage an adverse drug reaction or event

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 08/22/2019 16:50

Letter to Patient

Details

Date entered: August 16, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ELIZABETH JANE QUILL

Signed by: ELIZABETH JANE QUILL

Date signed: August 16, 2019

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: AUG 16, 2019@11:50
2019@11:50:21

ENTRY DATE: AUG 16,

AUTHOR: QUILL, ELIZABETH JAN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:
10535 Hospital Way, Mather, CA 95655-1200

AUG 16, 2019

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Veteran,

You have been referred to one of our evidence-based group interventions called Acceptance and Commitment Therapy, or ACT. ACT is a type of therapy used throughout the VA that challenges the typical ways we respond to our own experiences. ACT uses mindfulness and other techniques to examine our decisions and values, helping people set aside habits that are no longer helping in order to create meaningful change.

ACT group meets once a week for 10-12 weeks. Unlike other groups which are walk-in or drop-in, it is important for you to be able to attend all or nearly all of the group sessions.

Here is the next available group opportunity:

Fridays from 8:30-10:00am

* Group will meet every Friday from 9/6/19-11/22/19

Group will NOT meet on 10/4/19 or 10/11/19

* This group will be facilitated by Beth Quill, LCSW.

* Please call Beth at (916) 843-9121 to confirm your space in the group or to ask any questions.

The first meeting is a great opportunity to ask questions and find out if this group is a good fit for you. The group will meet on the 1st floor of the MH building (651) at the Mather VA, please check in on the first floor when you arrive.

This group will fill quickly, so please contact me to confirm your space. Look forward to hearing from you.

Sincerely,

Beth Quill, LCSW
General Mental Health Social Worker
(916) 843-9121

Sincerely,

/es/ Elizabeth Jane Quill, LCSW
JANE QUILL
Clinical Social Worker, Mental Health

Patient Record Number 7468482

SLEEP DISORDER EQUIPMENT CONSULT**Details****Date entered:** August 13, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SKYE M LAUGHRIDGE**Signed by:** SKYE M LAUGHRIDGE**Date signed:** August 13, 2019**Note**

LOCAL TITLE: SLEEP DISORDER EQUIPMENT CONSULT

STANDARD TITLE: SLEEP MEDICINE CONSULT

DATE OF NOTE: AUG 13, 2019@16:33 ENTRY DATE: AUG 13,
2019@16:33:48

AUTHOR: LAUGHRIDGE, SKYE M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Sleep apnea appt

Patient presented on time for appt.

Length of appt: 45 Minutes

Pt brought in prior machine that was run over in car accident smashed up not working.

New CPAP set up and training completed with pressure set @ 8cmH2O per prescription for obstructive sleep apnea. Veteran was enrolled in Airview & REVAMP for remote access compliance. RTC was placed for 45 days for download review. Veteran instructed not to come in for this download as this not an in clinic appt.

Veteran was given instructions on the following.

1) Proper use and care of equipment.

- 2)Printed cleaning instructions were given to the patient.
- 3)Written Instructions for ordering new supplies

Veteran understands purpose of Modem.
Veteran accepts for modem to be registered.

Patient was issued:

1 Resmed Airsense 10 Autoset
Model # 37208 SN# 23192185375 DN# 390

1 Resmed Humidair standard tub# 37299

1 Resmed climate line air tubing# 37296

This includes the following accessories:

User manuals

Data Card

Power cord

Carrying Case

1 Hypoallergenic filter# 36855

We are out of stock of mask and filters needed, i will place order with
prosthetics for items to be delivered to pts. home.

3 2pack hypoallergenic filters#36851
1 respironics amara view ffm#1090670.

G47.33	Obstructive Sleep Apnea
94660	CPAP Initiation and Management
99211	CPAP Mask Dispensing
99070	SPECIAL SUPPLIES PHYS/QHP
99212	OFFICE/OUTPATIENT VISIT EST
V53.99	MASK FITTING

/es/ Skye Laughridge
Health Tech - Sleep Lab
Signed: 08/13/2019 16:41

Dermatology Clinic Note 10300

Details

Date entered: August 12, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: APRA SOOD
Signed by: APRA SOOD
Date signed: August 12, 2019

Note

LOCAL TITLE: Dermatology Clinic Note 10300
STANDARD TITLE: DERMATOLOGY OUTPATIENT NOTE
DATE OF NOTE: AUG 12, 2019@10:27 ENTRY DATE: AUG 12,
2019@10:27:25
AUTHOR: SOOD, APRA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

DERMATOLOGY CLINIC NOTE
AUG 12, 2019

Age: 69 Sex: MALE Race: WHITE
Patient identified with name, SSN and DOB

CC: skin check

HISTORY:

Patient with h/o NMSC and recently diagnosed BCC on the left occipital
scalp

hairline s/p excision June 2019 here for follow up
Scalp healed very well.
He has noted a rough spot on the trunk, otherwise doing well .

PAST HISTORY:

History of skin cancer:

History of skin cancer: History of skin cancer: NMSCs, BCCs x 2 on the back

when he was in college,

and SCC on the right flank 2011, treated at VA in Seattle. History of numerous sunburns in childhood.

PHYSICAL EXAMINATION:

General: Alert & in no distress.

Examination of the scalp, face, neck, chest, back, abdomen, upper extremities

was done as preferred by patient:

Left occipital scalp no recurrence

Right cheek with a small white scar with an adjacent 2 mm pink papule (he does not

recall that this was an area biopsied in the past

No other concerning areas on exam

DIAGNOSIS/RECOMMENDATION(S):

NUB right cheek--BCC vs seb hyperplasia

He has 2 family functions coming up and deferred bx to October

h/o BCC scalp--no recurrence

FOLLOW UP: October for bx, q 6 months skin check

/es/ Apra Sood, MD

Staff Physician-Dermatology

Signed: 08/12/2019 11:41

Pharmacy Telephone Encounter Note

Details

Date entered: August 12, 2019**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** JEANENE K NEHIRA**Signed by:** JEANENE K NEHIRA**Date signed:** August 12, 2019

Note

LOCAL TITLE: Pharmacy Telephone Encounter Note

STANDARD TITLE: PHARMACY OUTPATIENT COUNSELING NOTE

DATE OF NOTE: AUG 12, 2019@09:24 ENTRY DATE: AUG 12,
2019@09:24

AUTHOR: NEHIRA, JEANENE K EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Who is calling: Veteran

SUBJECTIVE

=====

69 yo WHITE MALE contacted by telephone and identified by full name, SSN and
DOB.

Chief Complaint:

[X]Consultation - inquiring about drug interaction between frovatriptan and
lithium; he uses frovatriptan rarely for abortive treatment for migraine
headache and is to start lithium carbonate for migraine prevention.

Pertinent PMH: headache

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status
=====		
1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3)	DEXAMETHASONE 4MG TAB TAKE TEN TABLETS BY MOUTH ONCE DAILY FOR 4 DAYS PER MONTH, REPEAT CYCLE AT THE BEGINNING OF THE NEXT MONTH	ACTIVE
4)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
5)	LANCET,SOFTCLIX USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE
6)	LIDOCAINE HCL 4% TOP SOLN INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE
7)	LISINOPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
8)	LITHIUM CARBONATE 300MG SA TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR 4 DAYS, THEN TAKE ONE TABLET TWICE A DAY FOR CLUSTER HEADACHE	ACTIVE
9)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
10)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
11)	ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE
12)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
13)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
14)	TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE (S)
15)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH	ACTIVE

TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND
INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

Active Non-VA Medications	Status
1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE
2) Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG MOUTH TWICE A DAY	ACTIVE
3) Non-VA DIHYDROERGOTAMINE INJ,SOLN INTRAMUSCULAR AS NEEDED	ACTIVE
4) Non-VA FISH OIL 1000MG (500MG DHA/EPA) CAP 1000MG MOUTH ONCE DAILY	ACTIVE
5) Non-VA GLUCOSAMINE/CHONDROITIN 1500/1200MG TAB 1 CAP/TAB MOUTH ONCE DAILY	ACTIVE
6) Non-VA MELATONIN CAP/TAB 10MG MOUTH AT BEDTIME	ACTIVE
7) Non-VA MULTIVITAMIN CAP/TAB 1 TABLET MOUTH ONCE DAILY	ACTIVE

22 Total Medications

Pertinent Expired medication:

25329009 FROVATRIPTAN 2.5MG TAB PKG 9 E 1 12-27-17
12-18-18

QTY: 3 SIG: TAKE ONE TABLET BY MOUTH ONCE DAILY AS
NEEDED : -

TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE
ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO
NOT

TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE
CLUSTER MIGRAINE HEADACHES

OBJECTIVE:

VITALS: 06/20/2019 07:56 BP:138/75 HR:69 Wt:190 lb [86.4 kg]

Collection DT Spec GLUCOSE BUN CREAT NA K CL
C02

07/11/2019 07:50 PLASMA 0.99

06/20/2019 09:28 PLASMA 74 19 0.80 141 4.0 108 H

25

**** Additional Results available outside occurrence limit ****

ASSESSMENT & PLAN:

=====

Medication Review:

Prescription(s) reviewed with patient:

☒ Drug and/or food interaction(s)

- Writer informed there is a significant drug interaction with frovatriptan and lithium carbonate for possible increased risk of serotonin syndrome with concurrent use. However, starting dose of lithium is low and has yet to start and therefore possible but unlikely. Veteran informed he may hold off starting lithium carbonate until acute headache aborted with frovatriptan; also reasonable to start given low dose and risk low. Veteran will discuss and verify use of frovotriptan with neurologist for with continued use and dose escalation of lithium. Symptoms for serotonin syndrome reviewed.

Current plan was reviewed with:

☒ Patient

- Verbalized understanding of information/plan

/es/ Jeanene K. Nehira, Pharm.D.

Clinical Pharmacist

Signed: 08/12/2019 09:35

Receipt Acknowledged By:

04/22/2020 13:41 /es/ DAVID

MCCRANEY

Staff

Neurologist

MH General

Details

Date entered: August 7, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: REGINA S BAHTEN

Signed by: REGINA S BAHTEN

Date signed: August 8, 2019

Note

LOCAL TITLE: MH General

STANDARD TITLE: MENTAL HEALTH NOTE

DATE OF NOTE: AUG 07, 2019@16:48 ENTRY DATE: AUG 08,
2019@16:48:36

AUTHOR: BAHTEN,REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

/es/ Regina S. Bahten, MD

Staff Psychiatrist

Signed: 08/08/2019 16:48

MH Initial Medication Assessment

Details

Date entered: August 7, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: REGINA S BAHTEN

Signed by: REGINA S BAHTEN

Date signed: August 8, 2019

Note

LOCAL TITLE: MH Initial Medication Assessment

STANDARD TITLE: MENTAL HEALTH MEDICATION MGT NOTE

DATE OF NOTE: AUG 07, 2019@09:13 ENTRY DATE: AUG 07, 2019@09:13:48

AUTHOR: BAHTEN, REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** MH Initial Medication Assessment Has ADDENDA ***

PHYSICIAN INITIAL MEDICATION ASSESSMENT

See also LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: FEB 08, 2016@11:39 ENTRY DATE: FEB 08, 2016@11:40:01

AUTHOR: BAHTEN, REGINA S

RONALD CLARK CAMPBELL is a 69 year old WHITE MALE.

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

LOWER LEG CONDITION 20%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

KNEE CONDITION 10%

S/C

KNEE CONDITION 10%

S/C

BACK STRAIN 20%

S/C

Other Mental Health Providers, including Vet Center Staff:

CHIEF COMPLAINT:

Last seen FEB 08, 2016 in PCMHI.

Pt lost insurance, lost his cluster med coverage and h/a came back intensely

and took over his life. Marriage is also in trouble. "I have a hard time with

my guilt and I'm blaming other people, I'm ready to cut ties and walk away." Is

anxious and distractible, but predicts that Li will also cause shakes, as it did 5 years ago.

Will be started on Li for his cluster HA's. He wants to take as few as possible.

HISTORY OF PRESENT ILLNESS: As above. Has been re-reading Feeling Good. Initial impression, "Impression: 63 y/o WM with anxiety sx in the context of unremitting cluster ha/ causing loss of jobs, money, marriage, friendships, health. Biologically, he is complicated as above.. Psychologically, his trauma hx was not discussed. Socially he just moved to Sacramento, is unemployed and separated from his wife which has also cost him friendships. Spiritual issues were not discussed."

Since then, pt has remarried and remains retired. His new marriage is also a source of stress.

REVIEW OF SYSTEMS:

Resp: Denies SOB, dyspnea

GI: Denies appetite changes

Musculoskeletal: Denies rigidity

Neuro: Denies weakness, numbness, tingling

Psych: Denies decreased need for or excessive sleep, insomnia

PAST PSYCHIATRIC HISTORY:

Has been in PCMH previously, has been in therapy at Kaiser indiv and couples.

No IP, no SI or SA.

SUICIDAL IDEATION/ATTEMPT HISTORY: Denied.

SUBSTANCE USE HISTORY:

Tobacco: Denied, quit age 40.

Alcohol: Denied, triggers headaches.

Drugs of abuse: Denied.

FAMILY PSYCH HISTORY: Denied.

ACTIVE PROBLEM LIST FOR CPRS:

Computerized Problem List is the source for the following:

1. AF- Atrial Fibrillation (SCT 49436004) KYOUNG Dx 6/2019	06/20/19	HAN, ELDI
2. Pulmonary embolism KYOUNG	06/20/19	HAN, ELDI
3. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
4. Dysthymia BAHTEN, REGINA S	02/08/16	
5. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
6. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
7. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
8. Cluster headache (SNOMED CT 193031009) APPERSON, MICHEL	02/07/14	
9. Chronic obstructive lung disease FIECHTNER, BRIDG "severe" (nonVA)	06/24/19	
10. Benign hypertension S	11/26/13	CHANG, MYO
11. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
12. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	
13. Headache (SNOMED CT 25064002) REMLER, MICHAEL	02/04/16	
14. Carcinoma, Prostate S	11/26/13	CHANG, MYO
15. Arthralgias NOS S	11/26/13	CHANG, MYO
16. Impotence	11/26/13	CHANG, MYO

S

17. Vitamin D deficiency (SNOMED CT 34713006) 11/26/13 CHANG, MYO

S

OTHER PAST MEDICAL HISTORY:

ACTIVE MEDICATIONS FROM CPRS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3) DEXAMETHASONE 4MG TAB TAKE TEN TABLETS BY MOUTH ONCE DAILY FOR 4 DAYS PER MONTH, REPEAT CYCLE AT THE BEGINNING OF THE NEXT MONTH	ACTIVE
4) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
5) LIDOCAINE HCL 4% TOP SOLN INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE
6) LISINAPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
7) LITHIUM CARBONATE 300MG SA TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR 4 DAYS, THEN TAKE ONE TABLET TWICE A DAY FOR CLUSTER HEADACHE	ACTIVE
8) MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
9) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
10) ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE
11) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE

12)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
13)	TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE (S)
14)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE

Active Non-VA Medications		Status
=====		
1)	Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE
2)	Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG MOUTH TWICE A DAY	ACTIVE
3)	Non-VA DIHYDROERGOTAMINE INJ,SOLN INTRAMUSCULAR AS NEEDED	ACTIVE
4)	Non-VA FISH OIL 1000MG (500MG DHA/EPA) CAP 1000MG MOUTH ONCE DAILY	ACTIVE
5)	Non-VA GLUCOSAMINE/CHONDROITIN 1500/1200MG TAB 1 CAP/TAB MOUTH ONCE DAILY	ACTIVE
6)	Non-VA MELATONIN CAP/TAB 10MG MOUTH AT BEDTIME	ACTIVE
7)	Non-VA MULTIVITAMIN CAP/TAB 1 TABLET MOUTH ONCE DAILY	ACTIVE

21 Total Medications

Any non-VA or over-the-counter medications:

ALLERGIES (From CPRS Allergies/ADR): PENICILLIN, PREDNISONE

CURRENT SOCIAL HX: Married, lives in the forest, retired from sales mgmt.

Medication Compliance: n/a

Medication Side Effects:

Effect on Target Symptoms:

Mental Status Exam:

Psychotic symptoms: No

Cognitive deficits/Memory Impairment: No

Judgment/Insight

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational, very talkative and lively.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I just don't know, but you can see I have a sense of humor, still...."

Affect: appropriate to content, warm

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

External locus of control.

PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Yes

If pain is an ongoing issue, is there a plan to seek care? Yes

LAB RESULTS: Pending.

ASSESSMENT: 69 y/o MWM with anxiety sx in the context of loss of control of

unremitting cluster ha/ causing loss of jobs, money, marriage, friendships,

health. Biologically, he is complicated as above. Psychologically, his trauma hx

was not discussed. Socially, he moved to Sacramento, is retired and remarried; it

appears that his relationship with his children is damaged. Spiritual issues

were not discussed.

DIAGNOSES:

Chronic pain syndrome.

Anxiety

Level of Care: ___ Acute ___Subacute ___Maintenance

TREATMENT PLAN:

Al-anon

Refer to ACT and Comp intake and chronic pain syndrome.

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications.

If No, explain:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

*

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

/es/ Regina S. Bahten, MD

Staff Psychiatrist

Signed: 08/08/2019 16:47

08/08/2019 ADDENDUM

STATUS: COMPLETED

Pt has to live with chronic pain, I am thinking of ACT for many of his issues. I

would also ask that he be offered Chronic pain class.

/es/ Regina S. Bahten, MD
Staff Psychiatrist
Signed: 08/08/2019 16:49

Receipt Acknowledged By:

08/09/2019 14:58 /es/ Donald E. Koelpin,
PhD

Clinical

Psychologist

08/22/2019 12:45 /es/ Themis A. Yiaslas,
Psy.D.

Clinical Psychologist, Behavioral

Medicine

Primary Care Secure Messaging

Details

Date entered: August 6, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: KIM INGRID BALLINGER

Signed by: KIM INGRID BALLINGER

Date signed: August 6, 2019

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 06, 2019@15:41:45 ENTRY DATE: AUG 06,
2019@13:41:45
AUTHOR: BALLINGER,KIM INGRI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/02/2019 12:28 PM

From: CAMPBELL, RONALD

To: **Han, E (Primary Care) - Mather

Subject: AFIB/Sleep Apnea

Thank you

One issue is I am a cardio patient (At Kaiser) with AFIB. I have been advised that sleep apnea can lead directly to an aneurysm event which can be fatal. I am, therefore, always to always be on a CPAP

I have to believe there are provisions for patients that require this equipment on a continuous basis?

One contact in the sleep lab told me 'no'. A supervisor is to be calling me back.

Ron.

-----Original Message-----

Sent: 08/06/2019 04:41 PM
From: BALLINGER, KIM
To: CAMPBELL, RONALD
Subject: AFIB/Sleep Apnea

Hello Mr. Campbell,

It shows that the consult for the CPAP was received yesterday. Someone should be contacting you soon. Please let me know if I can be of further assistance.

Respectfully,
Kim Ballinger RN Care Manager
Primary Care Section D

/es/ Kim Ingrid Ballinger
RN Care Manager PACT
Signed: 08/06/2019 13:41

Pharmacy Specialty Note

Details

Date entered: August 5, 2019
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: August 5, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: AUG 05, 2019@11:41 ENTRY DATE: AUG 05,
2019@11:41:28
AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

69yo M seen briefly today in collaboration with neurologist visit. LS
5/7/19,
cluster HA. Still using DHE abortive. No indomethacin d/t blood thinner.
Was
unable to have SPG stimulator, and appears cannot find anywhere this can
be
done, so back to medication management.

Pt provided document notating cluster headache remission 6/3/2012-7/5/2013
when

he was on lithium. Had been prescribed primidone d/t tremors suspected d/t lithium.

Medication	date	dosage	directions	note
lithium	3/12	300mg	one tab @ PM	
lithium	4/12	300mg	one tab 2x per day	dosage change
lithium	5/12	500mg	2 tabs 2x per day	dosage change
06/03/12 HEADACHES in REMISSION				
lithium	6/12	300mg	3 tabs 2x per day	dosage change
primidone	8/12	50mg	1/2 tab @ PM	
primidone	11/12	50mg	2 tabs @ PM	dosage change
lithium	11/12	300mg	2 tab 2x per day	dosage change
lithium	12/12	300mg	3 tabs 2x per day	dosage change
lithium	06/13	300mg	2 tabs AM 2 @ PM	dosage change
primidone	06/13	50mg	3 tabs @ PM	dosage change
07/05/13 HEADACHES RETURNED				

Vitals - most recent BMI: 28.1

Height: 69 in [175.3 cm] (06/20/2019 07:56)

Weight: 190 lb [86.4 kg] (06/20/2019 07:56)

Pulse: 69 (06/20/2019 07:56)

BP: 138/75 (06/20/2019 07:56)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	219	96.7	32.9
Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
07/11/2019 07:50	PLASM						0.99
06/20/2019 09:28	PLASM	141	4.0	108 H	25	19	0.80
Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL	
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5	

Calculated Creatinine Clearance: CrCl=70.4 mL/min (JUL 11, 2019)

Drug Level Monitoring:

No LITHIUM results in last 1Y

Plan as per d/w neurologist to retrieval lithium to target dose 1200mg/d -- will need to titrate as tolerated with labs. Pt prefers med to be mailed, so will

allow for pt to receive and start medication for ~1wk, get labs, and will f/u on
labs and status in 2wks. If lithium able to be effective, consider taper
verapamil. F/u with neuro in 2months

Clinical Reminders:

PBM PharmD Pharmacotherapy Rem V10:

PHARMACIST INTERVENTIONS:**NEUROLOGIC CONDITION(S)**

Nonpharmacologic intervention made
Care coordination

/es/ Charisse May C. Vivar, Pharm.D.
Clinical Pharmacy Specialist
Signed: 08/05/2019 12:03

Neurology 11000

Details

Date entered: August 5, 2019
Location: MCCLELLAN VA CLINIC
Written by: DAVID MCCRANEY
Signed by: DAVID MCCRANEY
Date signed: August 5, 2019

Note

LOCAL TITLE: Neurology 11000
STANDARD TITLE: NEUROLOGY E & M NOTE
DATE OF NOTE: AUG 05, 2019@09:10 ENTRY DATE: AUG 05,
2019@09:10:25
AUTHOR: MCCRANEY, DAVID EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

69m followup cluster headache. We have been looking into a trial of SPG ganglion stimulation. It is not clear at this point if the device is available in the US, it is available in Europe but the US trial ended in June 2018 and the patient -- who is very persistent -- has not been able to get a callback from the company or from any of the investigators located in the Bay Area. (Am led to suspect that my other patient who has one might have been enrolled in the Pathway C-2 study).

Steroids don't work for him. On review of past trials, it looks like lithium keeps coming up. He also mentions primidone although that might have been offered as a treatment for lithium induced tremors. One might also consider propranolol in this setting

On exam, he is alert, independently ambulatory. No Horner's syndrome. Euthymic.

IMPRESSION

Lithium it is. His only advice based on experience is, higher doses work better for him than lower doses. He seems to have done well at 1200 per day and had side effects esp tremors at 1800mg per day, neither of which is an unreasonable dose. Will start lithium ER 300 daily and work him up to 1200mg stepwise and monitor blood work. Renal function is good at baseline. Note he already stopped indomethacin

/es/ David P. McCraney, MD

Staff Neurologist

Signed: 08/05/2019 09:38

Primary Care Secure Messaging

Details

Date entered: August 2, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** KIM INGRID BALLINGER**Signed by:** KIM INGRID BALLINGER**Date signed:** August 2, 2019

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: AUG 02, 2019@11:04:22 ENTRY DATE: AUG 02,
2019@09:04:23
AUTHOR: BALLINGER,KIM INGRI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 08/01/2019 01:01 AM
From: CAMPBELL, RONALD
To: **Han, E (Primary Care) - Mather
Subject: AFIB/Sleep Apnea

I had an accident and my CPAP machine is damaged an inoperable

I was told by my cardiologist that my sleep apnea was one of the
contributing
factors of my AFIB and to be certain to continue to use my CPAP as
directed.

I have contacted Mather Sleep Center immediately regarding a replacement
but
cannot get a response. I'm wondering if I need a new referral or if there
is

other action I should be taking at this time

Ron Campbell.

-----Original Message-----

Sent: 08/02/2019 12:03 PM

From: BALLINGER, KIM

To: CAMPBELL, RONALD

Subject: AFIB/Sleep Apnea

Good morning Mr. Campbell,

I have entered a consult for new equipment for you. Someone should be contacting you soon. Let me know if I can be of further assistance.

Respectfully,
Kim Ballinger RN Care Manager
Primary Care Section D

/es/ Kim Ingrid Ballinger
RN Care Manager PACT
Signed: 08/02/2019 09:04

PRIMARY CARE LETTER (AUTO PRINT)

Details

Date entered: July 19, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ELDI KYOUNG-OK HAN

Signed by: ELDI KYOUNG-OK HAN

Date signed: July 19, 2019

Note

LOCAL TITLE: PRIMARY CARE LETTER (AUTO PRINT)
STANDARD TITLE: PRIMARY CARE LETTERS
DATE OF NOTE: JUL 19, 2019@17:37 ENTRY DATE: JUL 19,
2019@17:37:10
AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

10535 Hospital Way, Mather, CA 95655-1200

JUL 19, 2019

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

BELOW ARE THE RESULTS OF YOUR RECENT LAB TESTS AND/OR X-RAYS:

Repeat cholesterol numbers are MUCH better.
Hepatitis C and HIV both negative (normal)

HCV Ab	NEG	Ref: NEG
HIV AG/AB COMBO	Negative	Ref: Negative

Test Name	Result	Units	Range
-----	-----	-----	-----

CHOLESTEROL	150	mg/dL	Ref: <=200
TRIGLYCERIDE	82	mg/dL	Ref: <=150
HDL CHOLESTEROL	49	mg/dL	Ref: >=40
LDL CHOLESTEROL	85	mg/dL	Ref: <=160

Sincerely,

/es/ Eldi K. Han, M.D.
Staff Physician, Primary Care

Patient Record Number 7468482

ADMINISTRATIVE NOTE

Details

Date entered: July 18, 2019
Location: IOANNIS A. LOUGARIS VAMC
Written by: ELLEN Y SPIKES
Signed by: ELLEN Y SPIKES
Date signed: July 18, 2019

Note

LOCAL TITLE: ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUL 18, 2019@08:59 ENTRY DATE: JUL 18,
2019@08:59:39
AUTHOR: SPIKES, ELLEN Y EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Per TVC Alert:

The relocation to station "SACRAMENTO VA MEDICAL CENTER (#612A4)" for the patient "CAMPBELL, RONALD CLARK" has completed. The patient must be unassigned

from all PACT assignments at all stations other than station "SACRAMENTO
VA
MEDICAL CENTER (#612A4)".

/es/ ELLEN Y SPIKES
PCMM Program Specialist
Signed: 07/18/2019 09:00

TVC NOTE

Details

Date entered: July 16, 2019
Location: IOANNIS A. LOUGARIS VAMC
Written by: ANDREW C EVANS
Signed by: ANDREW C EVANS
Date signed: July 16, 2019

Note

LOCAL TITLE: TVC NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 16, 2019@09:43 ENTRY DATE: JUL 16,
2019@09:43:32
AUTHOR: EVANS, ANDREW C EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Received PCMM alert for change of Primary VA Provider.

Clinical remote data reviewed by this TVC and approved permanent relocation
per
PCMM policy.

vet completed New pt eval and established Primary Care with Sacramento
VAMC

/es/ Andrew Evans, RN
Traveling Veteran Coordinator
Signed: 07/16/2019 09:43

Receipt Acknowledged By:
07/18/2019 08:58 /es/ ELLEN Y
SPIKES

PCMM Program

Specialist
07/17/2019 11:02 /es/ KATHLEEN J
BEATTY

RN,

MSN

Neurology Secure Messaging

Details

Date entered: June 27, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: CHRISTINE NATALIE BATTISTELLA
Signed by: CHRISTINE NATALIE BATTISTELLA
Date signed: June 27, 2019

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: JUN 27, 2019@18:27:23 ENTRY DATE: JUN 27,
2019@16:27:23
AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----
Sent: 06/21/2019 06:06 PM

From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Veterans Choice Cluster Headaches
Attachments: 14B5A358-9A7B-431D-AB46-B95CE4296771.jpeg (80.86 KB)

URGENT DR McCraney

The Veterans Choice outsource approval for the SPG neurostimulator implant for cluster headaches manufactured by ATI-Automomonic Technologies failed to find a provider. They sent me to a provider unfamiliar with this procedure

I spoke with Tri West, the organization that finds the providers and they said the paperwork was not specific enough regarding the procedure that had been approved.

The said the paperwork needed to be corrected in order to better define the exact procedure approved

Additionally, I have some information regarding the manufacturer, providers and availability of the surgery that we need to discuss prior to moving forward. This option may not be available to us at all.

Ron Campbell 2702

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 06/27/2019 16:27

Receipt Acknowledged By:
07/19/2019 12:20 /es/ David P. McCraney,
MD

Staff

Neurologist

09/30/2019 ADDENDUM

STATUS: COMPLETED

The patient stated he has been oxygen bound and the lithum is ineffective. Sherice the pharomicist is not increasing the lithium until he has a face to face appointment with you. The patients perfers not to wait till October 17th for a possible OB appointment due to your recent clinic cancellation October 7th. He would like to come in asap before then since he has been home bound and not able to go anywhere.

/es/ HOWARD, SHAWNIECE

MEDICAL SUPPORT ASSISTANT

Signed: 09/30/2019 10:06

Receipt Acknowledged By:

06/08/2020 13:36 /es/ DAVID

MCCRANEY

Staff

Neurologist

OUTSIDE RECORDS

Details

Date entered: June 27, 2019**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** BARBARA M MARTINEZ**Signed by:** BARBARA M MARTINEZ**Date signed:** June 27, 2019

Note

LOCAL TITLE: OUTSIDE RECORDS

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: JUN 27, 2019@09:14 ENTRY DATE: JUN 27,
2019@09:15:12
AUTHOR: MARTINEZ, BARBARA M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Outside records received and available in ROI.
06/07/2019 ED note from Sutter Auburn Faith Hospital. Diagnosis-new onset
of
artial fibrillation.

/es/ BARBARA M MARTINEZ
LVN
Signed: 06/27/2019 09:19

PRIMARY CARE LETTER (AUTO PRINT)

Details

Date entered: June 21, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: ELDI KYOUNG-OK HAN
Signed by: ELDI KYOUNG-OK HAN
Date signed: June 24, 2019

Note

LOCAL TITLE: PRIMARY CARE LETTER (AUTO PRINT)
STANDARD TITLE: PRIMARY CARE LETTERS
DATE OF NOTE: JUN 21, 2019@07:37 ENTRY DATE: JUN 21,
2019@07:37:07
AUTHOR: HAN, ELDI KYOUNG-OK EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE LETTER (AUTO PRINT) Has ADDENDA ***

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

JUN 21, 2019

VA Northern California Healthcare System - Sacramento

10535 Hospital Way, Mather, CA 95655

CAMPBELL, RONALD CLARK
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

Dear Mr.CAMPBELL, RONALD CLARK

Here are the results of your recent tests.Overall sugars are controlled - try to take the glipizide with lunch to avoid lower sugars early in the day. Be sure to take the rosuvastatin as the LDL cholesterol is higher than last year.

The results of your complete blood count : OK

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
06/20/2019 09:28	BLOOD	7.8	15.5	47.1	96.7	32.9	219

The results of your kidney/chemistry tests : OK

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
06/20/2019 09:28	PLASM	141	4.0	108	25	19	0.80

Collection DT	Spec	GLUCOSE
06/20/2019 09:28	PLASM	74

The result of your HbA1c: Overall sugars - FAIR/good control

Collection DT	Spec	HGBA1c
06/20/2019 09:28	BLOOD	6.8 H
02/13/2018 08:14	BLOOD	6.6 H

The result of your PSA (prostate) test : undetectable

Collection DT	Spec	PSA
06/20/2019 09:28	SERUM	<0.01

The results of your cholesterol tests : LDL < 100 goal (continue rosuvastatin)

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO	LDL Dir
06/20/2019 09:28	PLASM	216 H		61		139

The results of your liver tests : OK

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL	PROTEIN
06/20/2019 09:28	PLASM	37	25	59	4.0	0.5	6.6

Additional tests :

06/21/2019

07:37

***** CONFIDENTIAL OB TSH/FREE T4 LAST 2 YR SUMMARY pg. 1

CAMPBELL, RONALD CLARK 546-80-2701
04/11/1950

DOB:

----- SCLU - TSH & FREE T4 (max 24 months)

Collection DT	Spec	Tsh

06/20/2019 09:28	SERUM	1.44

03/13/2018 08:41	SERUM	1.57

Vitamin D

No data available for VITAMIN D, 25-HYDROXY

Your current medications according to our prescription records are:

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications

Status

=====

1)	ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP	ACTIVE
	AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST	

BLOOD SUGAR.

2)	DEXAMETHASONE 4MG TAB TAKE TEN TABLETS BY MOUTH ONCE DAILY FOR 4 DAYS PER MONTH, REPEAT CYCLE AT THE BEGINNING OF THE NEXT MONTH	ACTIVE
3)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX TAKE WITH LUNCH	ACTIVE
4)	LANCET,SOFTCLIX USE LANCET AS DIRECTED FOR FINGER STICK.	ACTIVE
5)	LIDOCAINE HCL 4% TOP SOLN INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE
6)	LISINOPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
7)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH OUT AFTER USE.	ACTIVE
8)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
9)	ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE
10)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
11)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE

Active Non-VA Medications

Status

=====		
1)	Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE
2)	Non-VA DABIGATRAN ETEXILATE 150MG ORAL CAP 150MG MOUTH TWICE A DAY	ACTIVE
3)	Non-VA DIHYDROERGOTAMINE INJ,SOLN INTRAMUSCULAR AS NEEDED	ACTIVE
4)	Non-VA FISH OIL 1000MG (500MG DHA/EPA) CAP 1000MG MOUTH ONCE DAILY	ACTIVE
5)	Non-VA GLUCOSAMINE/CHONDROITIN 1500/1200MG TAB 1 CAP/TAB MOUTH ONCE DAILY	ACTIVE
6)	Non-VA MELATONIN CAP/TAB 10MG MOUTH AT BEDTIME	ACTIVE
7)	Non-VA MULTIVITAMIN CAP/TAB 1 TABLET MOUTH ONCE DAILY	ACTIVE

If you have any questions, please call 1-800-382-8387.

Eldi Han, MD

06/28/2019 ADDENDUM

STATUS: COMPLETED

Hep C Ab negative

/es/ ELDI K. HAN, MD

Staff Physician, Primary Care

Signed: 06/28/2019 12:01

Sincerely,

/es/ Eldi K. Han, M.D.

Staff Physician, Primary Care

Patient Record Number 7468482

Neurology Secure Messaging

Details

Date entered: June 20, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CHRISTINE NATALIE BATTISTELLA

Signed by: CHRISTINE NATALIE BATTISTELLA

Date signed: June 20, 2019

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: JUN 20, 2019@16:14:38 ENTRY DATE: JUN 20,
2019@14:14:39

AUTHOR: BATTISTELLA, CHRISTI EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 06/18/2019 01:15 PM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: Veterans Choice Appointment Results

SPG Therapy Appointment Results

Veterans Choice Spine Clinic - Nevada, Reno, Nevada.

Friday - 6/14/2019

I had an appointment scheduled by Veterans Choice to be evaluated to be scheduled for SPG Therapy Surgery for the ATI Autonomic Technologies implant for the treatment of cluster headaches.

Upon arrival I was advised by this provider that they were completely unaware of this procedure.

I subsequently contacted Veterans Choice and advised them of these details.

Dr McCraney needs to be advised of this ASAP. Please ask him to contact me to discuss this.

Regards.

Ron Campbell

/es/ Christine N. Battistella, RN

Nurse Manager Medical Specialty

Signed: 06/20/2019 14:14

Receipt Acknowledged By:

12/10/2019 13:10 /es/ David P. McCraney,

MD

Staff

Neurologist

Neurology Secure Messaging

Details

Date entered: June 20, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** CHRISTINE NATALIE BATTISTELLA**Signed by:** CHRISTINE NATALIE BATTISTELLA**Date signed:** June 20, 2019

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: JUN 20, 2019@15:23:21 ENTRY DATE: JUN 20,
2019@13:23:22

AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 06/14/2019 10:59 AM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: VETERANS CHOICE APPOINTMENT CLUSTER HEADACHES

I had a driver to help me with the drive to Reno as I was just out of the hospital after my PE emergency just last week.

I arrived at the Spine Reno clinic for my long awaited SPG Therapy/Surgery "last hope" appointment.

The staff and surgeons at the clinic didn't know what that was, had no surgeons that had ever heard of it and had no idea why the appointment would have been ever made for that procedure.

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 06/20/2019 13:23

Receipt Acknowledged By:
08/05/2019 08:51 /es/ David P. McCraney,
MD

Staff

Neurologist

06/20/2019 ADDENDUM STATUS: COMPLETED
please advise of next best steps.

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 06/20/2019 13:26

Receipt Acknowledged By:
08/05/2019 13:40 /es/ David P. McCraney,
MD

Staff

Neurologist

Primary Care Note

Details

Date entered: June 20, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: ELDI KYOUNG-OK HAN

Signed by: ELDI KYOUNG-OK HAN

Date signed: June 20, 2019

Note

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: JUN 20, 2019@08:23 ENTRY DATE: JUN 20,
2019@08:23:13

AUTHOR: HAN,ELDI KYOUNG-OK EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

CAMPBELL, RONALD CLARK

The patient was identified by : Name, DOB, and SSN.

The patient is a 69 year old MALE here for follow up.

CHIEF COMPLAINT/HPI: new onset afib and PEs

was seen in RENO VA system recently but now back to sac VA

also has Kaiser medical and was recently hospitalized for PE and new onset afib

started on pradaxa and other than some bruises on forearms, no bleeding.

no longer on asa. had ECHO through Kaiser and has not seen card as yet

*chronic shortness of breath, COPD "severe" on last PFT from a few years ago.

does not walk often, needs his inhaled steroid and singulair Rxs at this time

REVIEW OF SYSTEMS:

Denies fevers, chills

Denies low mood or other symptoms of depression

Denies abdominal pain
Denies urinary symptoms

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16	
2. Dysthymia BAHTEN, REGINA S	02/08/16	
3. Chronic pain syndrome BAHTEN, REGINA S	12/08/15	
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
5. Depressive Disorder NOS * BAHTEN, REGINA S	04/02/14	
6. Cluster headache (SNOMED CT 193031009) APPERSON, MICHEL	02/07/14	
7. Chronic obstructive lung disease FIECHTNER, BRIDG	09/22/17	
8. Benign hypertension S	11/26/13	CHANG, MYO
9. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16	
10. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16	
11. Headache (SNOMED CT 25064002) REMLER, MICHAEL	02/04/16	
12. Carcinoma, Prostate S	11/26/13	CHANG, MYO
13. Arthralgias NOS S	11/26/13	CHANG, MYO
14. Impotence S	11/26/13	CHANG, MYO
15. Vitamin D deficiency (SNOMED CT 34713006) S	11/26/13	CHANG, MYO

SOCIAL HISTORY : *daughter is RN at VM in Seattle
Tobacco : none, former
Alcohol : rare

MEDICATIONS:

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

INDOMETHACIN 25MG CAP Sig: TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND
TAKE

TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD

DOSAGE CHANGE

DEXAMETHASONE 4MG TAB Sig: TAKE TEN TABLETS BY MOUTH ONCE DAILY FOR 4
DAYS

PER MONTH, REPEAT CYCLE AT THE BEGINNING OF THE NEXT MONTH

ONDANSETRON HCL 4MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS
NEEDED

FOR NAUSEA AND VOMITING.

LIDOCAINE HCL 4% TOP SOLN Sig: INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS
NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH
DOSE.

Active Non-VA Meds

=====

1) CHONDROITIN/GLUCOSAMINE 1 CAP/TAB MOUTH ONCE DAILY

2) MELATONIN 10MG MOUTH AT BEDTIME

3) MULTIVITAMIN/NF 1 TABLET MOUTH ONCE DAILY

4) FISH OIL 1000MG MOUTH ONCE DAILY

Comments: OTC Salmon Oil

5) DIHYDROERGOTAMINE Dose Unknown INTRAMUSCULAR AS NEEDED

6) ASPIRIN ENTERIC COATED 81MG MOUTH ONCE DAILY

OVER THE COUNTER/SUPPLEMENTS:

UPDATED LIST GIVEN TO PATIENT AT END OF VISIT

ALLERGIES:

PENICILLIN, PREDNISONE

PHYSICAL EXAMINATION:

Vitals - most recent

BMI: 28.1
 Height: 69 in [175.3 cm] (06/20/2019 07:56)
 Weight: 190 lb [86.4 kg] (06/20/2019 07:56)
 Temp: 97.3 F [36.3 C] (06/20/2019 07:56)
 Pulse: 69 (06/20/2019 07:56)
 Respirations: 16 (06/20/2019 07:56)
 BP: 138/75 (06/20/2019 07:56)
 Pain: 7 (06/20/2019 07:56)

General - alert, pleasant, no acute distress, well nourished/developed

HEENT - Face symmetric, PERRL, anicteric sclera, conjunctiva nl,
no oropharyngeal erythema or exudates

Neck - no thyromegaly, no jvd

CV - irregular, rate 80s, no murmur appreciated

Lungs - unlabored, fair movement throughout, some fine crackles scattered

Abdomen - non-tender, non-distended

Musculoskeletal - no gross abnormalities, nml gait

Extremities b/l: No LE edema, 2+ PT pulses; monofilament testing intact

Mood and Affect - oriented and appropriate

ALL RECENT LABS WERE REVIEWED WITH THE PATIENT

PERTINENT LAB RESULTS:

SCL1 - Partial CBC

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	95.7	32.0	269

SCL1 - Lab Cum Selected 1

Collection DT	Spec	NA	K	CL	CO2	CALCIUM
03/13/2018 08:41	PLASM	142	4.2	109 H	27	9.2

SCL2 - Lab Cum Selected 2

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR
03/13/2018 08:41	PLASM	118	26	0.91	>60
02/13/2018 08:14	PLASM	122 H	23	0.98	>60

SCL3 - Lab Cum Selected 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST

07/24/2018 08:38	PLASM	6.7	4.3	0.7	0.2	76	28

Collection DT	Spec	CHOL	TRIGLYC	HDL	LDL-CHO

03/13/2018 08:42	PLASM	168	81	51	101

02/08/2016 10:02	PLASM	153	61	47	94

Collection DT	Specimen	Test Name	Result	Units	Ref

Range

02/13/2018 08:14	BLOOD	HGBA1c	6.6 H	%	4.1 - 5.7

IMAGING:

ASSESSMENT/PLAN: The patient is a 69 year old MALE with:

#. new PE- anticomagulated on pradaxa without bleeding events, would likely be on lifelong anticoagulation as unprovoked and also due to increased CVA risk with new onset afib

new afib- not on rate limiting agent at this time. likely have additional card w/up through Kaiser

#. T2D- appears metformin was d/c due to ? AE (GI related with nausea but consider restarting in future) advised to take the glipizide with his lunch (larger meal of the day) and decrease to 5mg /dose instead of 10mg which may be too high for his needs. A1C pending today

#.HCM- reviewed and updated with patient

FOLLOW UP: RTC in 6-9 months

MAS CLINIC VISITS FUTURE

08/05/2019 09:00 NSAC NEURO MCCRANEY

08/12/2019 10:00 SAC DERM S LESION S00D

Letter Reminders

RECALL DATE CLINIC

Feb 05, 2021 RECALL () SAC EYE CORBETT 2

EDUCATION: The patient acknowledges and endorses the care plan delineated above. Medications benefits and risks were discussed with patient/family today

and answered questions during this visit.

**See clinical reminders below for additional educational efforts:

Clinical Reminders:

Hepatitis C Testing:

Patient has given verbal consent for HCV antibody testing. An HCV lab test has been ordered - see orders tab.

HIV Screening:

See orders.

Emotional Health Screening:

The Veteran states they have worry or stress in their life.

Source of concerns:

headaches, PE

Acknowledged Veterans concerns about their emotional health.

Resources Offered to Veteran: Other (Patient Advocate, Social Worker, etc)

Dr Bahten , psychiatry

Follow-Up Pos PTSD/Depression/SI:

I have reviewed the results of the Mental Health screens and have evaluated the patient. Based on the evaluation, the following disposition plan will be implemented:

Patient to be evaluated by Mental Health

Routine/Non-emergent Mental Health Evaluation needed.

Comment: would like to see psychiatry

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Follow Up Colonoscopy:

Colonoscopy is due based on information available to this reminder.

Diabetes - Urine Protein:

Hemoglobin A1c ordered.

Diabetic Foot Exams:

The patient had a complete foot inspection completed.

Result of Exam: Normal

Exam (req'd): No ulcers, blisters, callus

The posterior tibialis and dorsalis pedis pulses are normal bilaterally.

A standard monofilament was used to test foot sensation and the exam was normal.

The following items were reviewed with the patient: 1. the importance of daily foot checks 2. the progression of callouses and blisters to ulcerations and possible infection 3. the importance of daily foot hygiene. Warm (NOT HOT) bathing of the feet, complete drying, and thorough inspection for changes in the condition of the skin constitutes daily foot care. 4. the importance of the use of clean, non-restrictive socks/stockings and well-fitting shoes. 5. the importance of immediate follow-up of any foot injuries or ulcers. The patient should be non-weight bearing, whenever there are lesions on the foot, to prevent further cellular damage.

Afib - Evaluate AntiCoag:

The calculated CHADS2 score for this patient with atrial fibrillation (AF) is 2.

Anticoagulation therapy is indicated.

Patient on single antiplatelet therapy (anticoagulation and dual antiplatelet therapy considered, risks/benefits discussed)

MOVE! Screening- Overweight/Obesity:

Calculated BMI: 28.1 Weight: 190 lb [86.4 kg] (06/20/2019 07:56)

Educated on the health risks of overweight/obesity including:
diabetes

The patient was educated on the available weight management programs
and declines treatment at this time.

The patient has not participated in an organized weight management
program in the past year.

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient
and/or caregiver state the patient is taking (including non-VA
prescriptions, over the counter medications, vitamins and herbal
supplements)?

Yes

Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding
Supplies):

Active Outpatient Medications	Status
1) DEXAMETHASONE 4MG TAB TAKE TEN TABLETS BY MOUTH ONCE DAILY FOR 4 DAYS PER MONTH, REPEAT CYCLE AT THE BEGINNING OF THE NEXT MONTH	ACTIVE
2) LIDOCAINE HCL 4% TOP SOLN INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE
3) ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE

Pending Outpatient Medications	Status
1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	PENDING
2) GLIPIZIDE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR DIABETES - TAKE 30 MINUTES PRIOR TO XX	PENDING
3) LISINOPRIL 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	PENDING

- 4) MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF PENDING
BY ORAL INHALATION TWICE A DAY - FOR BREATHING.
RINSE MOUTH OUT AFTER USE.
- 5) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH ONCE PENDING
DAILY
- 6) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH PENDING
ONCE DAILY - FOR STOMACH ACID.
- 7) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY PENDING
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.

Inactive Outpatient Medications	Status
=====	=====
===	
1) DIVALPROEX 500MG EC(DELAYED RELEASE) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR HEADACHE	EXPIRED
2) TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	EXPIRED

Active Non-VA Medications	Status
=====	=====
===	
1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE
2) Non-VA DIHYDROERGOTAMINE INJ,SOLN INTRAMUSCULAR AS NEEDED	ACTIVE
3) Non-VA FISH OIL 1000MG (500MG DHA/EPA) CAP 1000MG MOUTH ONCE DAILY	ACTIVE
4) Non-VA GLUCOSAMINE/CHONDROITIN 1500/1200MG TAB 1 CAP/TAB MOUTH ONCE DAILY	ACTIVE
5) Non-VA MELATONIN CAP/TAB 10MG MOUTH AT BEDTIME	ACTIVE
6) Non-VA MULTIVITAMIN CAP/TAB 1 TABLET MOUTH ONCE DAILY	ACTIVE

18 Total Medications

Active Medications from Remote Data

LISINOPRIL 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30

5 refills remaining until 02/29/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN
IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30

3 refills remaining until 11/27/19

Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

GLIPIZIDE 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR
DIABETES ;

Quantity: 30 Days Supply: 30

11 refills remaining until 03/29/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING FOR HIGH CHOLESTEROL

Quantity: 45 Days Supply: 90

3 refills remaining until 04/08/20

Last filled 04/09/19 at IOANNIS A. LOUGARIS VAMC (Active)

MOMETASONE FUROATE 200MCG/ACTUAT INHL, ORAL, 120D, 13GM

Sig: INHALE 1 PUFF BY MOUTH TWICE A DAY TO PREVENT BREATHING
DIFFICULTY, RINSE MOUTH AFTER USING [REPLACES TWISTHALER]

Quantity: 1 Days Supply: 60

5 refills remaining until 03/25/20

Last filled 03/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

PANTOPRAZOLE NA 40MG TAB, EC

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY BEFORE A MEAL FOR STOMACH
MEDICATION GUIDE

Quantity: 90 Days Supply: 90

3 refills remaining until 06/04/20

Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30

5 refills remaining until 01/16/20

Last filled 05/03/19 at IOANNIS A. LOUGARIS VAMC (Active)

/es/ ELDI K. HAN, MD

Staff Physician, Primary Care

Signed: 06/20/2019 12:42

Preventive Health Screen 11514

Details

Date entered: June 20, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DANIEL ALBANO

Signed by: DANIEL ALBANO

Date signed: June 20, 2019

Note

LOCAL TITLE: Preventive Health Screen 11514
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: JUN 20, 2019@07:56 ENTRY DATE: JUN 20,
2019@07:56:39
AUTHOR: ALBANO,DANIEL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:

Vitals:

Height

69 in [175.3 cm)

Weight

190 lb (86.4 kg)

Pain

7

BP

138/75

Pulse

69

Temperature

97.3 F (36.3 C)

Respiratory Rate

16

Influenza Vaccine Sept 18 - Apr 19:

The patient indicates that they have already received the seasonal influenza vaccine during the current influenza season.

Date: September, 2018 Exact date is unknown

Location: Sacramento Va Medical Center

Tobacco Use Screening:

The patient is a former tobacco user.

The patient quit five to less than fifteen years ago.

Braden Skin Risk Assessment:

No impairment or abnormality in sensory perception, moisture, activity, mobility, nutrition, or friction.

PTSD Screening:

PC-PTSD-5+I9

PTSD Screening Score: 0

The score for this administration is 0, which indicates a NEGATIVE screen for PTSD in the past month.

Suicide Screening Score: 0

The results of this administration revealed no suicidal ideation over the last 2 weeks, which indicates a NEGATIVE primary screen for Risk of Suicide.

Questions 1-5 reference a time frame of the past month

Sometimes things happen to people that are unusually or especially frightening, horrible or traumatic.

Have you ever experienced this kind of event?

NO

1. Had nightmares about the event(s) or thought about the

event(s) when you did not want to?

Response not required due to responses to other questions.

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

Response not required due to responses to other questions.

3. Been constantly on guard, watchful, or easily startled?

Response not required due to responses to other questions.

4. Felt numb or detached from people, activities, or your surroundings?

Response not required due to responses to other questions.

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

Response not required due to responses to other questions.

6. Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

Not at All

Depression Screening:

PHQ-2+I9

Depression Screening Score: 4

The score on this administration is 4, which indicates a POSITIVE screen on the Depression Scale over the past two weeks.

Suicide Screening Score: 0

The results of this administration indicates a NEGATIVE primary screen for Risk of Suicide over the last 2 weeks.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

More than half the days

2. Feeling down, depressed, or hopeless
More than half the days

3. Thoughts that you would be better off dead or of hurting
yourself in some way
Not at all

Barriers to Education Not Recorded:

Patient Preferences for Learning Patient expresses no preference
The patient has no noted or self-perceived barriers to learning.
The patient is ready to learn and is receptive.

Nutrition Screening:

The patient notes no significant weight change.

Most recent measurements:

Measurement	DT	WEIGHT
		LB(KG)[BMI]
06/20/2019	07:56	190(86.18)[28*]
12/28/2018	09:36	191(86.64)[28*]
11/26/2018	14:13	187.7(85.14)[28*]
08/24/2018	10:35	190(86.18)[28*]

Ht. 69 in [175.3 cm] (06/20/2019 07:56)

BMI 28.1

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient
and/or caregiver state the patient is taking (including non-VA
prescriptions, over the counter medications, vitamins and herbal
supplements)?

Unable to review with patient/caregiver due to the following reason:
-Other: deferred

Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding
Supplies):

Active Outpatient Medications

Status

=====

===

1)	DEXAMETHASONE 4MG TAB TAKE TEN TABLETS BY MOUTH ONCE DAILY FOR 4 DAYS PER MONTH, REPEAT CYCLE AT THE BEGINNING OF THE NEXT MONTH	ACTIVE
2)	INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD ----- DOSAGE CHANGE	ACTIVE
3)	LIDOCAINE HCL 4% TOP SOLN INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE
4)	ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE

Inactive Outpatient Medications

Status

=====

===

1)	DIVALPROEX 500MG EC(DELAYED RELEASE) TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR HEADACHE	EXPIRED
2)	TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	EXPIRED

Active Non-VA Medications

Status

=====

===

1)	Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE
2)	Non-VA DIHYDROERGOTAMINE INJ,SOLN INTRAMUSCULAR AS NEEDED	ACTIVE
3)	Non-VA FISH OIL 1000MG (500MG DHA/EPA) CAP 1000MG MOUTH ONCE DAILY	ACTIVE
4)	Non-VA GLUCOSAMINE/CHONDROITIN 1500/1200MG TAB 1 CAP/TAB MOUTH ONCE DAILY	ACTIVE
5)	Non-VA MELATONIN CAP/TAB 10MG MOUTH AT BEDTIME	ACTIVE
6)	Non-VA MULTIVITAMIN CAP/TAB 1 TABLET MOUTH ONCE DAILY	ACTIVE

12 Total Medications

Active Medications from Remote Data

LISINOPRIL 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30
5 refills remaining until 02/29/20
Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN
IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30
3 refills remaining until 11/27/19
Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

GLIPIZIDE 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR
DIABETES ;

Quantity: 30 Days Supply: 30
11 refills remaining until 03/29/20
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ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING FOR HIGH CHOLESTEROL

Quantity: 45 Days Supply: 90
3 refills remaining until 04/08/20
Last filled 04/09/19 at IOANNIS A. LOUGARIS VAMC (Active)

MOMETASONE FUROATE 200MCG/ACTUAT INHL, ORAL, 120D, 13GM

Sig: INHALE 1 PUFF BY MOUTH TWICE A DAY TO PREVENT BREATHING
DIFFICULTY, RINSE MOUTH AFTER USING [REPLACES TWISTHALER]

Quantity: 1 Days Supply: 60
5 refills remaining until 03/25/20
Last filled 03/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

PANTOPRAZOLE NA 40MG TAB, EC

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY BEFORE A MEAL FOR STOMACH
MEDICATION GUIDE

Quantity: 90 Days Supply: 90
3 refills remaining until 06/04/20
Last filled 06/04/19 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30

5 refills remaining until 01/16/20

Last filled 05/03/19 at IOANNIS A. LOUGARIS VAMC (Active)

Tdap Immunization:

Prior Tdap vaccination

The patient has previously received the Tetanus, Diphtheria, Pertussis vaccine (Tdap).

Date: October 11, 2017

Location: Kaiser Foundation Health Plan

/es/ Daniel Albano, LVN

Staff LVN, Primary Care

Signed: 06/20/2019 08:07

Non VA Care Consult Result Note

Details

Date entered: June 19, 2019

Location: MARE ISLAND VA CLINIC

Written by: NICHOLAS TATSUO KITAJIMA

Signed by: NICHOLAS TATSUO KITAJIMA

Date signed: June 19, 2019

Note

LOCAL TITLE: Non VA Care Consult Result Note

STANDARD TITLE: NONVA CONSULT

DATE OF NOTE: JUN 13, 2019

ENTRY DATE: JUN 19,

2019@14:46:25

AUTHOR: KITAJIMA, NICHOLAS T EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

C2701-CC-NEUROSURGERY-13JUN2019-TW Auth 0007192970

*****Scanned document attached to this note*****

View attached scanned images(s) by opening Vista Imaging

Now double click on the TIU Title to view the doc

/es/ NICHOLAS TATSUO KITAJIMA

Signed: 06/19/2019 14:46

Telephone Care VISN 21 Note

Details

Date entered: June 14, 2019**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** NATALEE NICCOLE KELLOUGH**Signed by:** NATALEE NICCOLE KELLOUGH**Date signed:** June 14, 2019

Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: JUN 14, 2019@13:53:39 ENTRY DATE: JUN 14,
2019@14:07:14

AUTHOR: KELLOUGH, NATALEE NI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Type of call: *SCHEDULING.

****PATIENT** called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

Schedule PCP appt with Sac Pact 4 on 062019 at 0800.

Caller Area: NCHCS

Caller Response: APPT MADE

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Starting at: 06/14/2019 @ 1:53:39 PM

Ending at: 06/14/2019 @ 2:05:02 PM

Length: 11 minutes.

Author: KELLOUGH, NATALEE NICCOLE

Patient's Email Addresss: RONTHEBUILDERGUY@YAHOO.COM

/es/ NATALEE NICCOLE KELLOUGH

Martinez Call Center MSA

Signed: 06/14/2019 14:07

Receipt Acknowledged By:

06/14/2019 14:10 /es/ ELDI K. HAN,
MD

Staff Physician, Primary

Care

06/17/2019 11:04 /es/ Kim Ingrid
Ballinger

RN Care Manager

PACT

ANTICOAGULATION ENROLLMENT CONSULT**Details****Date entered:** June 13, 2019**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** ZACHARY ROXBURGH**Signed by:** ZACHARY ROXBURGH**Date signed:** June 13, 2019**Note**

LOCAL TITLE: ANTICOAGULATION ENROLLMENT CONSULT
STANDARD TITLE: PHARMACY E & M OF ANTICOAGULATION CONSULT
DATE OF NOTE: JUN 13, 2019@09:28 ENTRY DATE: JUN 13,
2019@09:28:14
AUTHOR: ROXBURGH,ZACHARY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** ANTICOAGULATION ENROLLMENT CONSULT Has ADDENDA ***

Anticoagulation clinic consult received.

Veteran is currently on anticoagulation therapy and is transferring care to VA.

Select therapy: Dabigatran

Indication: PE-1st occurrence

ICD10 code: I26.99: pulmonary embolism without acute cor pulmonale

Therapy start date: 6/8/19

Duration of therapy: at least 3 months and then re-evaluate

Previously followed by: Private sector

Veteran is to continue on antiplatelet therapy: NO

Veteran is to continue on NSAID: NO

Comments:

See Outside Records note 6/12/19.

Hx of DM, HTN, COPD, prostate CA, custer HAs. New onset Afib and PE.

Started on
enoxaparin in ED and on dabigatran from non-VA. Will plan to continue once
seen
in pharmacy clinic for enrollment.

Labs:

- ☒ Labs are current
- ☒ appropriate
- ☒ will repeat prior to clinic visit

/es/ ZACHARY J. ROXBURGH PHARM.D.
CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921
Signed: 06/13/2019 09:34

06/13/2019 ADDENDUM STATUS: COMPLETED
Please schedule patient in Aub Pharmacy Clinic with lab prior. Please ask
patient his current dabigatran supply from non-VA and notify this writer if
he
will not have enough to last until pharmacy appointment.

/es/ ZACHARY J. ROXBURGH PHARM.D.
CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921
Signed: 06/13/2019 09:35

Receipt Acknowledged By:
06/13/2019 14:02 /es/ MICHELLE L. RAND, PHARM.D,
CACP

Clinical Pharmacy

Specialist

06/13/2019 ADDENDUM STATUS: COMPLETED
Patient states that he has a 60 day supply that he recieved from Kaiser. He
has
an appt in auburn pharmacy to establish care on 06/18

/es/ MICHELLE L. RAND, PHARM.D, CACP
Clinical Pharmacy Specialist
Signed: 06/13/2019 14:02

06/14/2019 ADDENDUM

STATUS: COMPLETED

PATIENT STATES HE WILL HOLD OF ON TRANSFERRING HIS PRADAXA TO THE VA UNTIL
HE HAS
HAD HIS FULL WORK UP WITH KAISER

/es/ AMBER M. BRIGANTI
PHARMACY TECHNICIAN CPhT
Signed: 06/14/2019 08:09

/es/ ZACHARY J. ROXBURGH PHARM.D.
CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921
Cosigned: 06/14/2019 08:23

Receipt Acknowledged By:

06/14/2019 08:25 /es/ MICHELLE L. RAND, PHARM.D,
CACP

Clinical Pharmacy

Specialist

Neurology 11000

Details

Date entered: June 12, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** DAVID MCCRANEY**Signed by:** DAVID MCCRANEY**Date signed:** June 12, 2019

Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: JUN 12, 2019@10:01 ENTRY DATE: JUN 12,
2019@10:01:27

AUTHOR: MCCRANEY, DAVID

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Phone contact.

I have him on a monthly decadron pulse schedule. He felt anxious while taking it, and it didn't help his headaches. After the taper he had low blood pressure, went to the hospital and was told that he had pulmonary embolism.

Currently on anticoagulation.

Due to go to reno to be evaluated for implantable stimulator (thru vet's choice) this week.

IMPRESSION

Neither one of has much enthusiasm for the pulse decadron plan, doubt it caused his PE but still, it's causing side effects and it's not working.

The anticoagulation is going to complicate things but controlling the cluster headache is a priority. I would not rule out the procedure due to the anticoagulants.

/es/ David P. McCraney, MD
Staff Neurologist
Signed: 06/12/2019 10:08

OUTSIDE RECORDS

Details

Date entered: June 12, 2019
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: HEATHER D KELLY
Signed by: HEATHER D KELLY
Date signed: June 12, 2019

Note

LOCAL TITLE: OUTSIDE RECORDS
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 12, 2019@08:18 ENTRY DATE: JUN 12,
2019@08:18:33
AUTHOR: KELLY, HEATHER D EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** OUTSIDE RECORDS Has ADDENDA ***

Outside records received and available in ROI.

SAFH ER note 6/7/19 Dr. Owens

"Chief Complaint: BP 97/76. Pt having serial BP problem readings x 3 days.
Was
started on a dexamethasone 6/1/19.

HPI: Presents with complaint of intermittent tiredness with difficulty
focusing x 3 days. States he has been monitoring his BP over the past 3
days
and noticed that his BP readings fluctuate from being elevated to being
very
low. States he notices his tiredness and difficulty with focusing are
present
when his BP readings are low. He does note that at one point he slept for
31
hrs. BP readings today was 97/76 so he called the advise nurse and was
advised
to come to nearest ED. He does note that he has DOE x mos. Denies HA, CP
or
abd. pain. No fever or recent illness. HX of DM, HTN, COPD, prostate CA,
cluster HA's. He does report that he believes he is having withdrawal sx's
from steriods. States he took prednisone x 5 weeks followed by high dose
dexamethasone x 5 days as a treatment for his cluster HA's. Stated he
stopped
the dexamethasone 3 days ago sx's of tiredness and difficulty with
focusing
started within 5 hrs of stopping the dexamethasone.

ED Course:

Ne onset A. Fib, mildly tachycardic. Also with pulmonary emboli. Was given Lovenox in the ED. BNP and d-dimer were noted to be elevated in the ED. Troponin WNL. Glucose level WNL. INR 1.0. Case was discussed with Dr. Owens and Dr. Graff. Pt has Kaiser insurance and will therefore be transferred to a Kaiser facility. Stable throughout the ED stay.

CT chest w/ contrast:

Impression:

Subsegmental left upper lobe and left lower lobe pulmonary emboli. Moderate emphysema. 5mm left lower lobe nodule. 12 month f/u CT recommended.

CXR Portable:

Impression:

No radiographic evidence of acute pulmonary process.

EKG:

Ventricular Rate 119
Atrial Rate 110
QRS Duration 84
Q-T Interval 320
QTC Calculation 450
R Axis 46
T Axis 34

Abnormal Labs:

Blood Gas:

P02, Venous, Measured 28.3
P02 Ven Temp Cor 27.1
HCO3, Ven 27.3
Measured Hgb 16.7
Oxyhemoglobin 51.1
O2 Saturation, Venous 52

Glucose 107

Total Protein 6.2

Available records from Vistaimaging showed pt was prescribed Pradaxa 150mg bid.

pt wishes to fill at VA. will request anticoagulation consult.

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 06/12/2019 10:54

NON VA CARE HOSPITAL NOTIFICATION NOTE

Details

Date entered: June 12, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: HEATHER D KELLY

Signed by: HEATHER D KELLY

Date signed: June 12, 2019

Note

LOCAL TITLE: NON VA CARE HOSPITAL NOTIFICATION NOTE

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: JUN 12, 2019@08:17 ENTRY DATE: JUN 12, 2019@08:17:25

AUTHOR: KELLY, HEATHER D

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** NON VA CARE HOSPITAL NOTIFICATION NOTE Has ADDENDA ***

NON VA FACILITY - INTAKE SECTION:

Facility:

Hospital Notification Date: Jun 12, 2019@08:17

Method of Contact:

Point of Contact Name: Ronald Campbell

Point of Contact Dept:

Point of Contact Phone #: (206)295-2554

Point of Contact Fax #:

Non-VA Hospital Name: SAFH

Address:

City: Auburn

State: CA Zip:

Phone:

Date Presenting to the Facility:

Chief Complaint: Hypotension

Patient Admitted? Unknown

Admission Diagnosis:

Attending-Treating MD:

Type of Bed:

Veteran requesting transfer?

/es/ HEATHER D KELLY

BSN, RN-BC

Signed: 06/12/2019 08:18

Receipt Acknowledged By:

06/12/2019 09:13 /es/ DOLORES B. PAGADUAN, RN
BSN

UR NURSE VA Care in the
Community

06/12/2019 ADDENDUM

STATUS: COMPLETED

Per note pt transferred to Kaiser Medical Center. Case discussed with Dr. Salgado at Kaiser.

/es/ HEATHER D KELLY

BSN, RN-BC

Signed: 06/12/2019 08:21

Receipt Acknowledged By:

06/12/2019 09:13 /es/ DOLORES B. PAGADUAN, RN
BSN

UR NURSE VA Care in the
Community

PRIMARY CARE SECURE MESSAGING

Details

Date entered: June 11, 2019**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** RICHARD A BUKSNAITIS**Signed by:** RICHARD A BUKSNAITIS**Date signed:** June 11, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JUN 11, 2019@14:29:02 ENTRY DATE: JUN 11,
2019@12:29:03

AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 06/11/2019 03:20 PM

From: CAMPBELL, RONALD

To: **AUB PACT TEAM 3

Subject: Pradaxa

Attachments: B3A59AAA-C5FD-4E0A-81E4-FB70DC77149D.jpeg (2.68 MB)

Pradaxa Prescription Quantity is 60

-----Original Message-----

Sent: 06/11/2019 03:28 PM

From: BUKSNAITIS, RICHARD

To: CAMPBELL, RONALD

Subject: Pradaxa

Hello,

I will forward message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 06/11/2019 12:29

Receipt Acknowledged By:

06/11/2019 12:33 /es/ HTWE H.

LWIN,MD

PHYSICIAN

PRIMARY CARE SECURE MESSAGING

Details

Date entered: June 11, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: June 11, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 11, 2019@14:25:49 ENTRY DATE: JUN 11,
2019@12:25:50
AUTHOR: BUKSNAITIS, RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 06/11/2019 03:18 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: Pradaxa
Attachments: 0DEFDB12-07E8-425A-B75B-7282A81F6EAE.png (2.74 MB)

Pradaxa is apparently available through the VA according to Pharmacy

Can it be prescribed for
Me??

Please see attached.

Ron Campbell

-----Original Message-----

Sent: 06/11/2019 03:25 PM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: Pradaxa

Hello,

I will forward message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS
RN, BSN, CEN
Signed: 06/11/2019 12:25

Receipt Acknowledged By:
06/11/2019 12:27 /es/ HTWE H.
LWIN, MD

PHYSICIAN

PRIMARY CARE SECURE MESSAGING

Details

Date entered: June 11, 2019
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: RICHARD A BUKSNAITIS
Signed by: RICHARD A BUKSNAITIS
Date signed: June 11, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 11, 2019@14:23:47 ENTRY DATE: JUN 11,
2019@12:23:48
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 06/11/2019 02:31 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: Pulmonary Embolisms Pradaxa

As a result of my recent ER situation and Cardio treatment at Kaiser I am to report to all of my health care providers that I am taking

PRADAXA 150MG CAPSULE

TAKE 1 CAPSULE ORALLY 2 TIMES A DAY

1. How do I insure this medication gets on my VA pharmacy profile to be seen by all VA providers?

2. Is this medication available to me from the VA Pharmacy?

Thank you

Ron Campbell. 2701.

-----Original Message-----

Sent: 06/11/2019 03:23 PM

From: BUKSNAITIS, RICHARD

To: CAMPBELL, RONALD

Subject: Pulmonary Embolisms Pradaxa

Hello,

I will forward your first message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 06/11/2019 12:23

Receipt Acknowledged By:

06/11/2019 12:25 /es/ HTWE H.

LWIN,MD

PHYSICIAN

06/11/2019 ADDENDUM

STATUS: COMPLETED

Please advise pt to get all records from Kaiser and send to VA primary care provider for review.

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 06/11/2019 12:26

Receipt Acknowledged By:

06/11/2019 12:36 /es/ RICHARD A
BUKSNAITIS

RN,BSN,CEN

06/11/2019 ADDENDUM

STATUS: COMPLETED

Notified vet via secure messaging.

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 06/11/2019 12:36

Neurology Secure Messaging

Details

Date entered: June 10, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: CHRISTINE NATALIE BATTISTELLA

Signed by: CHRISTINE NATALIE BATTISTELLA

Date signed: June 10, 2019

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: JUN 10, 2019@14:08:15 ENTRY DATE: JUN 10,
2019@12:08:16

AUTHOR: BATTISTELLA, CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 06/09/2019 09:15 AM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: PRADAXA & INDOMETHACINE

URGENT.

Due to AN ER RECENT diagnosis and treatment of AFIB caused by multiple
PULMONARY EMBOLISMS

I will begin taking Pradaxa on 6/13/19 for a minimum of 6 months

The Risk of bleeding increases when taking PREDAXA along with NSAIDS
according
to the manufacturer

Please advise any and all necessary steps for me to stop taking
INDOMETHACINE
prior to THURSDAY 6/9/19.

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 06/10/2019 12:08

Receipt Acknowledged By:

06/12/2019 10:00 /es/ David P. McCraney,
MD
Staff
Neurologist

Neurology Secure Messaging

Details

Date entered: June 10, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: CHRISTINE NATALIE BATTISTELLA
Signed by: CHRISTINE NATALIE BATTISTELLA
Date signed: June 10, 2019

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: JUN 10, 2019@14:06:14 ENTRY DATE: JUN 10,
2019@12:06:15
AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 06/09/2019 08:21 AM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Pulmonary Embolism

Following my 6/1 - 6/4 administration of Dexamethasone on 6/7 I experienced an erratic heart beat and blood pressure VA triage directed me to the closest local ER where I was diagnosed with AFIB and, after extensive testing, having multiple pulmonary embolisms.

I was substantially transferred 6/8 to Kaiser Roseville, my Medicare provider

to begin immediate treatment early that AM.

In earlier months during appointments at VA primary and specialty care and Kaiser appointments I had made reports of severe fatigue, shortness of breath, especially with exertion, excessive sweating, leg pain, back pain and dizziness.

This patient suffers from COPD, ASTHMA, is AGE 69, 59 190, is unable to exercise regularly and is prescribed corticosteroids for cluster headaches on a frequent basis.

The Sutter Faith ER Auburn staff identified these as markers to look for PE as the source for the AFIB

URGENT!!!!!!!

I have an appointment with outsourced provider this week for a

NEUROLOGY SURGICAL REFERRAL

I MUST DISCUSS ALL OF THIS WITH DR MCCRANEY BEFORE MY OUTSOURCED APPOINTMENT!

Please ADVISE ASAP!

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 06/10/2019 12:06

Receipt Acknowledged By:
06/12/2019 10:00 /es/ David P. McCraney,
MD

Staff

Neurologist

PRIMARY CARE SECURE MESSAGING**Details****Date entered:** June 10, 2019**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** RICHARD A BUKSNAITIS**Signed by:** RICHARD A BUKSNAITIS**Date signed:** June 10, 2019**Note**

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 10, 2019@09:54:26 ENTRY DATE: JUN 10,
2019@07:54:28
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 06/09/2019 08:41 AM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: PULMONARY EMBOLISM. COPY

AUB PAC TEAM 3 COPY
Sent to Patience's MATHER NEURO SPECIALIST 6/9/19

Following my 6/1 - 6/4 administration of Dexamethasone on 6/7 I experienced an erratic heart beat and blood pressure VA triage directed me to the closest local ER where I was diagnosed with AFIB and, after extensive testing, having

multiple pulmonary embolisms.

I was substantially transferred 6/8 to Kaiser Roseville, my Medicare provider,
to begin immediate treatment early that AM.

In earlier months during appointments at VA primary and specialty care and Kaiser appointments I had made reports of severe fatigue, shortness of breath,
especially with exertion, excessive sweating, leg pain, back pain and dizziness.

This patient suffers from COPD, ASTHMA, is AGE 69, 59 190, is unable to exercise regularly and is prescribed corticosteroids for cluster headaches on a
frequent basis.

The Sutter Faith ER Auburn staff identified these as markers to look for PE
as
the source for the AFIB

URGENT!!!!!!

I have an appointment with outsourced provider this week for a

NEUROLOGY SURGICAL REFERRAL

I MUST DISCUSS ALL OF THIS WITH DR MCCRANEY BEFORE MY OUTSOURCED
APPOINTMENT!

Please ADVISE ASAP!

-----Original Message-----

Sent: 06/10/2019 10:54 AM

From: BUKSNAITIS, RICHARD

To: CAMPBELL, RONALD

Subject: PULMONARY EMBOLISM. COPY

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 06/10/2019 07:54

Receipt Acknowledged By:
06/10/2019 08:04 /es/ HTWE H.
LWIN,MD

PHYSICIAN

06/10/2019 ADDENDUM STATUS: COMPLETED
As mentioned in above, this is for PACT team 3 copy.
Please make sure mather neurologist Dr. McCraney receive the message.
Please request ER records (not mentioned which ER though, please check with
pt)
and Kaiser records for review.

/es/ HTWE H. LWIN,MD
PHYSICIAN
Signed: 06/10/2019 08:06

Receipt Acknowledged By:
06/10/2019 08:28 /es/ RICHARD A
BUKSNAITIS

RN,BSN,CEN
06/10/2019 09:37 /es/ DEBORAH L
SCOTT

Advanced Medical Support

Assistant

Telephone Care VISN 21 Note

Details

Date entered: June 10, 2019

Location: MARTINEZ VA MEDICAL CENTER

Written by: RUBYROSE VENTUROSOS BRAVO

Signed by: RUBYROSE VENTUROSOS BRAVO

Date signed: June 10, 2019

Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: JUN 10, 2019@09:36:52 ENTRY DATE: JUN 10, 2019@09:40:33

AUTHOR: BRAVO, RUBYROSE VENT EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Type of call: CALL BACK.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

Veteran called and requesting to speak with his Neurologist Doctor (Dr. David

McCrane) regarding pulmonary embolism. Veteran was at the ER on Friday 06.07.19 admitted at Kaiser Cardio Unit on 06.08.19 and got discharged yesterday 06.09.19.

Caller Area: OTHER

Caller Response: *OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 6/10/2019 @ 9:36:52 AM

Ending at: 6/10/2019 @ 9:40:29 AM

Length: 3 minutes.

Author: BRAVO, RUBYROSE VENTUROS0

Patient's Email Addresss: RONTHEBUILDERGUY@YAHOO.COM

/es/ RUBYROSE VENTUROS0 BRAVO

MEDICAL SUPPORT ASSISTANT

Signed: 06/10/2019 09:40

Receipt Acknowledged By:

06/12/2019 10:00 /es/ David P. McCraney,
MD

Staff

Neurologist

Telephone Care VISN 21 Note

Details

Date entered: June 7, 2019

Location: MARTINEZ VA MEDICAL CENTER

Written by: ARVIN P NEYPES

Signed by: ARVIN P NEYPES

Date signed: June 7, 2019

Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: JUN 07, 2019@11:30:34 ENTRY DATE: JUN 07,
2019@11:50:45

AUTHOR: NEYPES, ARVIN P

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of call: SYMPTOM.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

medication reaction: Dexamethasone. low b/p 92/64. dizzy, anxiety,
disoriented.

PCP: none; jom

:note by MSA

Caller Area: MATHER

Caller Response: ER-VA

Chief Complaint: Hypotension

Class Code: Other specified counseling.

Triage Note

Phone Triage

Fri Jun 07 2019 11:39:39 GMT-0700 (Pacific Daylight Time)

Demographics

69 y/o Male

Results

CC: Hypotension

Nurse Recommendation: Now

TEDP Suggestion: Now

Nurse Recommended Follow-up Location: Emergency department, VA
TEDP Suggested Follow-up Location: Emergency department, VA

Values and Measures

SBP: 92 mmHg
Pain scale: denies pain
Duration of CC: 3 Days

Positive Responses

PMH: hypertension

Negative Responses

Denies: HPI: emesis, coffee grounds
Denies: HPI: hematemesis
Denies: HPI: hematochezia
Denies: HPI: melena

Nurse Notes:

69 y/o man with PMHx of HTN, HLD, DM2, COPD, depression, cluster headache, dysthymia, prostate CA, cervical radiculitis, chronic pain syndrome and impotence complains of low blood pressure readings (90/60's) with dizziness, confusion and body weakness x 3 days. Patient reports that he started experiencing the symptoms mentioned above after finishing his dexamethasone that was prescribed for him for his cluster headache. Patient reports that his baseline blood pressure is 130/70's. Patient agreed to proceed to VA-ED now for further evaluation. Provided home care strategies for low blood pressure with dizziness. Patient was advised to call back the VA Nurse Advice Line at 1800-382-8387 if symptoms worsen or for further question and concern. Patient verbalized understanding plan of care. Will forward note to PCP and CM RN as FYI.

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: JUN 07, 2019 @ 10:18 (Call was suspended)
- ORDANZA-MCALLISTER, JENNIFER ABELLON JUN 07, 2019@10:18:32 - JUN 07,
2019@10:21:58

Ending at: 6/7/2019 @ 11:43:29 AM

Length: 16 minutes. (Call was suspended. This call length is the total
amount

of time spent "active" in Telecare Record Manager.)

Author: NEYPES, ARVIN P

Patient's Email Addresss: RONTHEBUILDERGUY@YAHOO.COM

/es/ ARVIN P NEYPES

NP-C

Signed: 06/07/2019 11:50

Receipt Acknowledged By:

06/11/2019 08:52 /es/ David P. McCraney,
MD

Staff

Neurologist

Telephone Care VISN 21 Note

Details

Date entered: June 5, 2019

Location: MARTINEZ VA MEDICAL CENTER

Written by: MARYA KROGSTAD

Signed by: MARYA KROGSTAD

Date signed: June 5, 2019

Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: JUN 05, 2019@20:40:15 ENTRY DATE: JUN 05,
2019@20:48:38

AUTHOR: KROGSTAD, MARYA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of call: PRESCRIPTION QUESTION.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.
Other:
name.

Contact Phone Number: (206)295-2554

Comments:

Marya(C2701)> per MSA > Pt. calling for advice re: Medication-? (Taking
Tylenol
while taking INDOMETHACIN.

This is not a triage call. Patient calling to make sure its okay for him
to
take Tylenol prescribed by dermatologist post-op with his usual
indomethacin
that he takes for migraine prophylaxis. TAN advised per micromedex: okay to
take
medications as prescribed, no drug/drug interactions noted. Denies
complaints
at this time.

Caller Area: MATHER

Caller Response: *OTHER

PCMM Provider Info:

LOCAL - NORTHERN CALIFORNIA HCS (612)

PACT: No Local PACT Assigned.

REMOTE - SIERRA FOOTHILLS VA CLINIC (654GA)

PACT: AUB PACT TEAM 03 (Focus: Primary Care Only)

Primary Care Provider: Lwin,Htwe H || PHONE:530-889-0872
Care Manager: Buksnaitis,Richard A || PHONE:530-889-0872
Clinical Associate: Martinez,Barbara M || PHONE:7524
Administrative Associate: Scott,Deborah L || PHONE:1286
PACT Clinical Pharmacist: Roxburgh,Zachary || PHONE:530-889-4921
Clinical POC: Care Manager || Buksnaitis,Richard A ||
PHONE:530-
889-0872
Administrative POC: Administrative Associate || Scott,Deborah L ||
PHONE:1286

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Original call started at: JUN 05, 2019 @ 20:09 (Call was suspended)
- ANDERSON,CALVIN JUN 05, 2019@20:09:50 - JUN 05, 2019@20:12:03

Ending at: 06/05/2019 @ 8:48:36 PM
Length: 10 minutes. (Call was suspended. This call length is the total
amount
of time spent "active" in Telecare Record Manager.)

Author: KROGSTAD,MARYA

Patient's Email Addresss: RONTHEBUILDERGUY@YAHOO.COM

/es/ Marya Krogstad, RN BSN MFA
TLC / VISN Telephone Advice Nurse
Signed: 06/05/2019 20:48

Receipt Acknowledged By:
06/12/2019 13:36 /es/ Jayne Joo,
MD

Staff Physician,
Dermatology

Dermatology Clinic Note 10300

Details

Date entered: June 5, 2019

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JAYNE JOO

Signed by: JAYNE JOO

Date signed: June 5, 2019

Note

LOCAL TITLE: Dermatology Clinic Note 10300

STANDARD TITLE: DERMATOLOGY OUTPATIENT NOTE

DATE OF NOTE: JUN 05, 2019@11:09 ENTRY DATE: JUN 05,
2019@11:09:21

AUTHOR: JOO, JAYNE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Dermatology Clinic Note 10300 Has ADDENDA ***

Patient's identity was confirmed prior to evaluation using his/her name,
date of
birth and last 4 digits of the social security number.

6/5/2019

69 yo M with bx-proven BCC of the left occipital scalp hairline, here for
excision.

Microscopic exam/diagnosis: (Date Spec taken: May 13, 2019)

SKIN, LEFT OCCIPITAL SCALP HAIRLINE (SHAVE BIOPSY): BASAL CELL CARCINOMA,
NODULAR PATTERN, EXTENDING TO THE DEEP SPECIMEN MARGIN

Procedure: Excision with primary intermediate layered closure

Preoperative diagnosis: Biopsy proven basal carcinoma

Location: left occipital scalp hairline

Lesion size: 0.8 x 0.8 cm
Excision margin: 0.4 cm
Lesion size + margin: 1.6 cm
Postoperative length: 4.5 cm
Anesthesia: Local, 1% lidocaine with 1:100,000 epinephrine
Amount: 8 mL
Subcutaneous suture: 4-0 Vicryl
Skin suture: 5-0 Vicryl rapide

The patient was brought back to the minor surgical operatory. The procedure and its risks, benefits, alternatives were explained. The patient appeared to understand and signed a written consent form. The patient was placed in a recumbent position and prepped and draped in usual sterile fashion. A time out was performed to verify the patient's identity and the lesion location. Using a sterile surgical marking pen, an ellipse was designed around the lesion, incorporating the margins described above. Anesthesia was obtained with local infiltration of the solution described above.

The skin was incised with a scalpel to the layer of the subcutaneous fat and the specimen was dissected sharply using curved iris scissors. The specimen was submitted in formalin for histopathology. The skin surrounding the wound was undermined with iris scissors to aid in closure. Hemostasis was maintained throughout the procedure using the electrosurgical unit. Closure of the subcutaneous tissue was obtained with buried, inverted, interrupted sutures. The skin edges were approximated with a simple running suture.

Petrolatum ointment and a sterile pressure dressing were applied. The patient was also given verbal and written wound care instructions. The patient will be contacted with the pathology results. Permission was obtained to leave message on

voicemail if he does not answer the phone.

Follow-up:

1. Wound check PRN
2. Full skin check q 6 months

Surgeon: Jayne Joo, MD

Nurse(s): Theresa Furlong, RN

/es/ Jayne Joo, MD

Staff Physician, Dermatology

Signed: 06/05/2019 11:12

06/12/2019 ADDENDUM

STATUS: COMPLETED

Excision results reviewed.

Microscopic exam/diagnosis: (Date Spec taken: Jun 05, 2019)

SKIN, LEFT OCCIPITAL SCALP HAIRLINE (EXCISION):

- NO RESIDUAL CARCINOMA
- PRIOR BIOPSY SITE CHANGES IDENTIFIED

Patient notified of results via telephone call on 6/12/2019. No further treatment needed.

/es/ Jayne Joo, MD

Staff Physician, Dermatology

Signed: 06/12/2019 16:15

Informed Consent

Details

Date entered: June 5, 2019

Location: NORTHERN CALIFORNIA HCS

Written by: THERESA ANN FURLONG

Date signed: None recorded

Note

LOCAL TITLE: Informed Consent
STANDARD TITLE: PROCEDURE CONSENT
DATE OF NOTE: JUN 05, 2019@10:46:56 ENTRY DATE: JUN 05,
2019@10:47:18
AUTHOR: FURLONG, THERESA ANN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Signature Informed Consent for
EXCISION (LOCAL)

1. Anatomical Location: left occipital scalp hairline
2. Informed consent was obtained at 10:46 AM on June 05, 2019.
The full consent document can be accessed through Vista Imaging.
3. Patient name: CAMPBELL, RONALD CLARK
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):
6. Reason for the treatment (diagnosis, condition, or indication):
basal cell carcinoma

7. Treatment/procedure: Operation or Procedure: Excision

The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure.

I understand the nature of the operation or procedure to be: A small portion of skin will be removed for diagnostic, treatment purposes or both. The skin to be removed will be injected with anesthetic so that the pain will be reduced or eliminated. If necessary, an electric needle will be used to burn the skin to stop any bleeding. The wound be closed with sutures in some cases. If so, I may have to return to have them taken out.

I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

8. Neither anesthesia nor moderate sedation will be used.
9. Consent to Blood Products (if applicable):
It is not expected that blood products will be used in this treatment/procedure.
10. Practitioner obtaining consent: Joo, Jayne (STAFF PHYSICIAN)
11. Supervising practitioner:
12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):
13. Witness Name(s):
14. Comments:

Comprehension Check Procedure2|DM

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 06/05/2019
by: IMED IMED-SERVER

PRIMARY CARE SECURE MESSAGING

Details

Date entered: June 4, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: June 4, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 04, 2019@09:54:04 ENTRY DATE: JUN 04,
2019@07:54:05
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 06/03/2019 11:31 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: Pantoprazole Refill

Rx# 24887440C Refill Needed
PANTOPAZOLE NA 40MG EC TAB
TAKE ONE BY MOUTH ONCE DAILY FOR STOMACH ACID

-----Original Message-----

Sent: 06/04/2019 10:53 AM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: Pantoprazole Refill

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 06/04/2019 07:54

Receipt Acknowledged By:

06/04/2019 08:00 /es/ HTWE H.

LWIN,MD

PHYSICIAN

Neurology 11000

Details

Date entered: May 20, 2019

Location: MCCLELLAN VA CLINIC

Written by: DAVID MCCRANEY

Signed by: DAVID MCCRANEY

Date signed: May 20, 2019

Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: MAY 20, 2019@10:07 ENTRY DATE: MAY 20,
2019@10:07:23

AUTHOR: MCCRANEY,DAVID

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

69m followup cluster headache.

Since my last visit he has been struggling with cluster. There was some issues

getting him on steroids, I prescribed Decadon but instead he went to Kaiser and

was prescribed prednisone starting at 50mg with a taper. At least I think that's what he took. Seemed to work.

Also somewhere in there a Kaiser neurologist recommended Depakote. We went round and round on that, I've never seen any evidence that helps cluster. I finally prescribed it. Near as I can tell he's not actually helping.

EXAM

Alert, gait normal. Right lid might be a tad droopy but pupils are equal.

IMPRESSION

Classic cluster

First of all, we need to start simplifying his med regimen. I would suggest getting rid of

- Topamax
- Valproic acid

Based on no known efficacy for cluster.

I would also suggest trying to back off

- Indocin
- Verapamil

in that order. Indocin in my experience tends to work better for chronic cluster and can have potentially life threatening effects. Verapamil is either working or not, doesn't seem to be doing much. This is the last on my list to get rid of, and I'd taper it slowly in case he has a flareup.

Now, for the long term plan. I see two decent options

1. Come up with a steroid regimen. He can't take steroids all the time, that's just trading one disease for another. I'm not a big fan of prednisone. I think the trend is toward pulse dose regimens, where in general it's thought to be better to use high doses intermittently rather than low doses chronically. I've seen pulse regimens from both the hematology and neurology literature advocating pulse decadron 40mg per day x 4 days per month without a taper as something safe and effective. It's a consideration here.

2. Implantable stimulator. Which as near as can tell will need to be done outside the VA. Charisse has been working on this and apparently he has a appointment with a private doc in Reno. June 13th

PLAN

Let's try the decadron pulse regimen. If he has a flareup in the meanwhile we can do a low dose decadron taper. I'll bet it prevents most attacks

I still feel like the implantable stimulator will play a role here, I would like for him to continue with that.

/es/ David P. McCraney, MD
Staff Neurologist
Signed: 05/20/2019 10:46

Informed Consent

Details

Date entered: May 13, 2019

Location: NORTHERN CALIFORNIA HCS

Written by: APRA SOOD

Date signed: None recorded

Note

LOCAL TITLE: Informed Consent

STANDARD TITLE: PROCEDURE CONSENT

DATE OF NOTE: MAY 13, 2019@08:45 ENTRY DATE: MAY 13,
2019@08:45:21

AUTHOR: SOOD, APRA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Signature Informed Consent for

SKIN - BIOPSY - SHAVE (SHAVE BIOPSY OF SKIN)

1. Anatomical Location: left occipital scalp hairline
2. Informed consent was obtained at 8:44 AM on May 13, 2019.

The full consent document can be accessed through Vista Imaging.

3. Patient name: CAMPBELL, RONALD CLARK

4. The patient HAS decision-making capacity.

5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):
Abnormal lesion on the skin. To test skin for disease.

7. Treatment/procedure: This procedure involves cutting off a thin slice of abnormal skin for testing. This is called biopsy.

Your skin will be numbed with a local anesthetic. A local anesthetic is a drug causing loss of feeling in the exact area of the biopsy.

The outermost layers of the affected skin will be shaved off. This may be done using a scalpel, razor blade, or other sharp instrument.

Your doctor may apply a chemical to stop bleeding, may use an electric current, or put pressure on the skin to stop bleeding.

The shaved skin will be sent to a lab to be tested.

You will not need stitches. Your doctor will place ointment and a bandage on your wound.

8. Neither anesthesia nor moderate sedation will be used.
9. Consent to Blood Products (if applicable):
It is not expected that blood products will be used in this treatment/procedure.
10. Practitioner obtaining consent: Sood, Apra (MEDICAL PHYSICIAN)
11. Supervising practitioner:
12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):
13. Witness Name(s):
14. Comments:

Comprehension Check Procedure2|DM

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 05/13/2019
by: IMED IMED-SERVER

Dermatology Clinic Note 10300

Details

Date entered: May 13, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: APRA SOOD
Signed by: APRA SOOD

Date signed: May 13, 2019

Note

LOCAL TITLE: Dermatology Clinic Note 10300
STANDARD TITLE: DERMATOLOGY OUTPATIENT NOTE
DATE OF NOTE: MAY 13, 2019@08:42 ENTRY DATE: MAY 13,
2019@08:42:53
AUTHOR: SOOD, APRA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Dermatology Clinic Note 10300 Has ADDENDA ***

DERMATOLOGY CLINIC NOTE
MAY 13, 2019

Age: 69 Sex: MALE Race: WHITE
Patient identified with name, SSN and DOB

CC: spot

HISTORY:
Location: left occipital scalp in the hairline
Duration: 3 months
Symptoms: open and sore
Treatment(s): none

PAST HISTORY:
History of skin cancer: History of skin cancer: NMSCs, BCCs x 2 on the back when he was in college, and SCC on the right flank 2011, treated at VA in Seattle. History of numerous sunburns in childhood.

PHYSICAL EXAMINATION:

General: Alert & in no distress.

Examination of the scalp, face
left occipital scalp in the hairline with a eroded pink 4 mm papule

DIAGNOSIS/RECOMMENDATION(S):

Neoplasm of uncertain behavior r/o NMSC vs folliculitis

Shave biopsy performed to establish and confirm diagnosis

Patient re-identified with two identifiers

Risks, benefits, alternatives and personnel required for shave biopsy
reviewed

with patient. Patient and physician agree as to site(s) to be biopsied.

Informed

consent obtained and patient wishes to proceed.

Site(s) prepped with alcohol and anesthetized with 1% lidocaine with
epinephrine. Shave of lesion(s) performed. Specimen(s) sent for
pathology.

50%

ALCL and bandaging applied.

Wound care instructions provided to patient, understanding verbalized.

Patient

asked to call office if results not conveyed in 2 weeks, or for any other
questions or concerns

FOLLOW UP: 3-4 months for skin check

/es/ Apra Sood, MD

Staff Physician-Dermatology

Signed: 05/13/2019 08:52

05/16/2019 ADDENDUM

STATUS: COMPLETED

Microscopic exam/diagnosis: (Date Spec taken: May 13, 2019)

SKIN, LEFT OCCIPITAL SCALP HAIRLINE (SHAVE BIOPSY): BASAL CELL CARCINOMA,
NODULAR PATTERN, EXTENDING TO THE DEEP SPECIMEN MARGIN

Patient informed. Please schedule for excision

/es/ Apra Sood, MD
Staff Physician-Dermatology
Signed: 05/16/2019 14:11

Receipt Acknowledged By:
05/23/2019 07:33 /es/ Theresa Ann Furlong,
RN

Nursing

Service

05/23/2019 ADDENDUM STATUS: COMPLETED
TC to pt. ID verified by SSN and DOB. Pt scheduled for exc on 6/5/19 @
11:00.

/es/ Theresa Ann Furlong, RN
Nursing Service
Signed: 05/23/2019 10:10

Pharmacy Specialty Note

Details

Date entered: May 7, 2019
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: May 7, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: MAY 07, 2019@10:42 ENTRY DATE: MAY 07,
2019@10:42:55
AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

*** Pharmacy Specialty Note Has ADDENDA ***

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in Clinic
by clinical pharmacist for []initial visit/review / [X]follow-up.
The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN, PREDNISONE

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	DEXAMETHASONE 2MG TAB Qty: 70 for 26 days Sig: TAKE TWO TABLETS BY MOUTH EVERY 12 HOURS FOR 2 WEEKS, THEN TAKE ONE TABLET EVERY 12 HOURS FOR 4 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR 4	ACTIVE	Issu:04-09-19
		Refills: 0	Last:04-09-19
			Expr:05-09-19

DAYS, THEN TAKE ONE TABLET EVERY OTHER

DAY FOR 4 DAYS FOR HEADACHE

--will finish 5/14, currently on one tab gotherday

2) LIDOCAINE HCL 4% TOP SOLN Qty: 120 for 30 days Sig: INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.

ACTIVE Issu:11-26-18
Refills: 5 Last:11-27-18
Expr:11-27-19

--not using, not helpful, difficult to administer

3) ONDANSETRON HCL 4MG TAB Qty: 60 for 30 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.

ACTIVE Issu:12-28-18
Refills: 4 Last:12-29-18
Expr:12-29-19

--not using/needed

4) TOPIRAMATE 200MG TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION

ACTIVE Issu:06-14-18
Refills: 1 Last:03-04-19
Expr:06-15-19

5) TRIAMCINOLONE ACETONIDE 0.025% CREAM Qty: 80 for 30 days Sig: APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH

ACTIVE Issu:05-14-18
Refills: 1 Last:05-15-18
Expr:05-15-19

--not using

Inactive Outpatient Medications	Status	Issue Date
	Refills	Last Fill
		Expiration
=====		
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Qty: 3 for 25 days Sig: INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.	EXPIRED	Issu:03-06-18
	Refills: 3	Last:03-06-18
		Expr:03-07-19
2) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	EXPIRED	Issu:03-21-18
	Refills: 0	Last:12-27-18
		Expr:03-22-19
3) INDOMETHACIN 25MG CAP Qty: 360 for 90 days Sig: TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD ----- DOSAGE CHANGE	EXPIRED	Issu:04-30-18
	Refills: 1	Last:01-30-19
		Expr:05-01-19

4) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT EXPIRED Issu:01-29-18
 Qty: 3 for 30 days Sig: INJECT 1 Refills: 10 Last:02-28-18
 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN Expr:01-30-19
 AS NEEDED FOR MIGRAINE HEADACHE - NO
 MORE THAN 2 INJECTIONS IN 24 HOUR
 PERIOD. DO NOT USE WITHIN 24 HOURS OF
 TAKING ERGOTAMINE/ERGOT-CONTAINING
 DRUGS.

--none taken, aware to separate from DHE d/t CV risk

5) VERAPAMIL HCL 120MG SA TAB Qty: 180 for EXPIRED Issu:04-30-18
 90 days Sig: TAKE ONE TABLET BY MOUTH Refills: 0 Last:04-08-19
 TWICE A DAY ---- NOTE CHANGE IN Expr:05-01-19
 FORMULATION AND INSTRUCTIONS --- FOR
 MIGRAINE PROPHYLAXIS

Active Non-VA Medications	Refills	Start Date	Expiration
=====			
1) Non-VA ASPIRIN 81MG EC TAB Sig: 81MG MOUTH ONCE DAILY	ACTIVE		
2) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: INTRAMUSCULAR AS NEEDED	ACTIVE		
--using <9x/mo, gets for \$20 from Kaiser			
3) Non-VA FISH OIL 1000MG (500MG DHA/EPA) CAP Sig: 1000MG MOUTH ONCE DAILY	ACTIVE		
--OTC Salmon Oil 1000mg 1/d			
4) Non-VA GLUCOSAMINE/CHONDROITIN 1500/1200MG TAB Sig: 1 CAP/TAB MOUTH ONCE DAILY	ACTIVE		
5) Non-VA MELATONIN CAP/TAB Sig: 10MG MOUTH AT BEDTIME	ACTIVE		
6) Non-VA MULTIVITAMIN CAP/TAB Sig: 1 TABLET MOUTH ONCE DAILY	ACTIVE		

Active Inpatient Medications (including Supplies): No Medications Found

Active Medications from Remote Data

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
 PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN

IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30

3 refills remaining until 11/27/19

Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

--does not take, using indocin

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING FOR HIGH CHOLESTEROL

Quantity: 45 Days Supply: 90

3 refills remaining until 04/08/20

Last filled 04/09/19 at IOANNIS A. LOUGARIS VAMC (Active)

MOMETASONE FUROATE 200MCG/ACTUAT INHL, ORAL, 120D, 13GM

Sig: INHALE 1 PUFF BY MOUTH TWICE A DAY TO PREVENT BREATHING
DIFFICULTY, RINSE MOUTH AFTER USING [REPLACES TWISTHALER]

Quantity: 1 Days Supply: 60

5 refills remaining until 03/25/20

Last filled 03/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30

5 refills remaining until 01/16/20

Last filled 05/03/19 at IOANNIS A. LOUGARIS VAMC (Active)

GLIPIZIDE 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR
DIABETES ;

Quantity: 30 Days Supply: 30

11 refills remaining until 03/29/20

Last filled 05/03/19 at IOANNIS A. LOUGARIS VAMC (Active)

LISINOPRIL 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30

5 refills remaining until 02/29/20

Last filled 05/03/19 at IOANNIS A. LOUGARIS VAMC (Active)

Patient in NAD today, states ongoing daily cluster HA, still on steroid taper, has had improvement in current cluster HA cycle but has been noticing "shadows" with decreased dexamethasone dose, anticipating that HAs will recur once finishes course. has been able to get off oxygen. Denies current ADR to steroid, but says he had started taper 5d sooner because of "steroid stress" described as psychological sx he has experienced before with prior steroid bursts, that was relieved with decreasing the dose.

Again pt wanted to address trial of PO depakote suggested by Kaiser neurologist, whom he says he saw for a second opinion re: SPG stimulator. Has obtained Rx from Kaiser for depakote 1tab po 500mg bid x2wks, then incr to 2 tabs BID while tapering off topiramate; has not started yet but requesting another message be sent to Dr. McCraney as he did not receive a response from his prior secure message.

Expressed he was happy to have been contacted by TriWest regarding community care referral for SPG stimulator.

Endorses full adherence. Uses pill box.

Past pertinent medication/treatment/pain modality trials:
DHE injectable is the only thing that works, but wants to limit its use. Has expressed frustrations with needing to tug around oxygen for quick use Had problems with intranasal lidocaine and administration, d/t timing of headache and concomitant sinus sx.
Lithium caused tremor-affected job, marriage

0: Vitals - most recent BMI: 28.3
Height: 69 in [175.3 cm] (08/05/2014 10:52)

Weight: 191 lb [86.8 kg] (12/28/2018 09:36)

Pulse: 69 (12/28/2018 09:36)

BP: 167/77 (12/28/2018 09:36)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	269	95.7	32.0
02/08/2016 10:02	BLOOD	5.7	14.8	46.0	212	93.2	32.1

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
03/13/2018 08:41	PLASM	142	4.2	109 H	27	26	0.91
02/13/2018 08:14	PLASM	139	3.6	107 H	25	23	0.98

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL
07/24/2018 08:38	PLASM	23	28	76	4.3	0.7
03/13/2018 08:41	PLASM	25	27	64	4.1	0.7

Calculated Creatinine Clearance: CrCl=77.7 mL/min (MAR 13, 2018)

Remote labs:

03/13/2019 12:01	PLASMA	SODIUM	141	mmol/L	136 -
146					
"	"	POTASSIUM	4.2	mmol/L	3.6 -
5.3					
"	"	CHLORIDE	109	mmol/L	102 -
114					
"	"	CO2	26	mmol/L	24 -
32					
"	"	GLUCOSE	110 H	mg/dL	70 -
109					
"	"	UREA NITROGEN	17	mg/dL	8 -
25					
"	"	CREATININE, SERUM	1.0	mg/dL	0.7 -
1.3					
"	"	ANION GAP	10	mmol/L	8 -
16					
"	"	P04	2.8	mg/dL	2.2 -
4.3					
"	"	CALCIUM	9.1	mg/dL	8.8 -
10.3					

"	"	"	PROTEIN, TOTAL	5.7 L	g/dL	5.9 -
7.9						
"	"	"	ALBUMIN	4.0	gm/dL	3.5 -
4.7						
"	"	"	ALK PHO	47	IU/L	37 -
108						
"	"	"	AST (SGOT)	18	IU/L	13 -
33						
"	"	"	T.BILIRUBIN	0.5	mg/dL	0.4 -
1.3						
"	"	"	ALT (SGPT)	17	IU/L	7 -
31						
"	"	"	EGFR	74	mL/min	Ref:
>=60						

Vitamin D:

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71
11/20/2013 08:28	SERUM	36	< 4	36

Anemia labs:

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

No VALPROIC ACID results in last 99Y

No TEGRETOL results in last 99Y

No LITHIUM results in last 1Y

A: Cluster HA - currently on dexamethasone course, with concurrent indomethacin, verapamil, topiramate and injectable DHE prn. Also on 02. Difficulties with intranasal lidocaine and thus not very effective. Had ADR with lithium. Prior consults for SPG implant from VAPA and SFVA were cancelled/service unavailable; now pending community care referral at Stanford. Pt also had consult with Kaiser

neurologist who suggested trial of Depakote - while American HA Society Guidelines do not support efficacy of Depakote for cluster HA, given pt's prior trials and limited further medication options, may be reasonable for trial, but will defer to MD. Remote labs reviewed, AST/ALT and SCr wnl.

Plan to continue steroid taper, no other med changes for now.
Will send additional message to Dr. McCraney on pt's behalf re: trial of Depakote, and would likely need to taper off TPM if pursued.

Patient education and non-pharmacologic interventions provided:
Reviewed medications, dosing, side effects

Follow up:

☐ clinical pharmacy phone appt - pt prefers to wait until after sees
neurologist to schedule f/u with
CPS

☒ with Neurologist as ordered/scheduled
☒ other/prn

Future Appts:

05/13/2019 08:20 SAC DERM S LESION SOOD
05/20/2019 10:00 NSAC NEURO MCCRANEY

Future Reminder Letters

RECALL DATE	CLINIC
Feb 05, 2021	RECALL () SAC EYE CORBETT 2

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.
Interacted
well through visit and opportunity provided for question.

Time spent with patient: 21-30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V10:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor and assess.

Address compliance/adherence

Care coordination

Medication reconciliation

No change made

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 05/07/2019 17:18

05/07/2019 ADDENDUM

STATUS: COMPLETED

Per pt request, message sent electronically to Dr. McCraney re: trial of Depakote, and that pt has expressed he considers Dr. McCraney to be his primary neurologist and values his recommendation - Per Dr. McCraney, ok to proceed with trial.

Return call made to pt, and advised of such. Pt says he's going to obtain Rx from Kaiser. Provided recommendations for TPM taper, e.g. consider decr by 100mg weekly given 200mg tabs until able to obtain smaller tab strength; he preferred to follow instructions given by his Kaiser neurologist to decr by 50mg daily over 14days, cautioned on having to split more than once and probable inaccuracy of dosing.

Again discussed concerns re: multiple providers managing medications. He says he plans to follow Dr. McCraney's suggestions and f/u with him within 2wks as scheduled. He still prefers to wait until after he meets with Dr. McCraney to schedule f/u with writer.

/es/ Charisse May C. Vivar, Pharm.D.
Clinical Pharmacy Specialist
Signed: 05/07/2019 17:30

05/20/2019 ADDENDUM STATUS: COMPLETED
Primary care MSA notified writer that pt presented to front desk following neurology appointment earlier today 5/20/19, at Dr.McCraney's request for possible neurology pharmacist follow-up. Will alert neuro CPS for review upon return.

/es/ Jaime K. Chew, Pharm.D., BCPS, BCACP
Clinical Pharmacist
Signed: 05/20/2019 11:03

Receipt Acknowledged By:
05/22/2019 17:15 /es/ Charisse May C. Vivar,
Pharm.D.

Clinical Pharmacy
Specialist

Community Care TriWest Expansion Scheduling

Details

Date entered: May 1, 2019

Location: MARTINEZ VA MEDICAL CENTER

Written by: PRISCILLA ANN RIVAS

Signed by: PRISCILLA ANN RIVAS

Date signed: May 1, 2019

Note

LOCAL TITLE: Community Care TriWest Expansion Scheduling

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: MAY 01, 2019@11:38 ENTRY DATE: MAY 01,
2019@11:38:13

AUTHOR: RIVAS, PRISCILLA ANN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Patient Centered Community Care (PC3) Program

Department of Veterans Affairs
VHA Choice Approval for Medical Care
VA-Form 10-0386

Certain protected health information (PHI) may be enclosed; specifically information related to Drug Abuse, Alcoholism or Alcohol Abuse, Sickle Cell Anemia, and Human Immunodeficiency Virus (HIV). This specific PHI may NOT be re-disclosed or used by the recipient person or office for any purpose other than that for which the disclosure was made. [Ref. 38 USC 7332(b)(2)(H)(ii)] The information is being disclosed by VA only for the treatment and care of the named patient in the health record. Accounting of disclosure must be maintained when required.

Referral Urgency: Routine

Indicate time frame for appointment:

Clinically Indicated Date (CID): Apr 24,2019

Category of Care/Type of Specialty: NEUROSURGERY

Type of Specialist: NEUROSURGEON

Type of Service/Procedure:

Chief Complaint: chronic (daily) cluster headache

CAP-Community Care Approved, Program: Patient Centered Community Care(PC3)

CCH-Community Care Appt Scheduling to be handled by: TriWest

Approved medical care as follows:

Specialty Requested: NEUROSURGERY

SCR-Service/Care Requested: Evaluation and Treatment

PRC-Procedure: SPG stimulation for cluster headache

Provisional Diagnosis: Headache(ICD-10-CM R51.)

Number of Visits, Frequency, and Duration:

AFU-Total Authorized Units/Visits: 4

Duration: 180 days

SEOC ID: SSC_NEUROSURGERY_1.0.3_PRCT

Description: This authorization covers services associated with all medical care listed below for the referred condition.

Duration: 180 days

Procedural Overview

1. Initial outpatient evaluation and treatment for the referred condition indicated on the consult
2. Diagnostic images/laboratories/studies relevant to the referred condition
3. Procedures/pathology services relevant to the patient complaint/condition if clinically indicated
 - a. Endovascular therapy for intracranial pathology before, after, during or in place of a surgical procedure.
4. NeuroPsychologist consultation and office visits to include but not limited to Behavioral Health Care Man
5. DBS programming for Neurology patients after DBS implementation
6. Physical therapy or occupational therapy prior to surgical intervention as clinically indicated,

not to exceed 24 visits

7. Anesthesia consultation related to the procedure

8. Pre-operative medical and cardiac clearance as indicated, to include HP/labs, EKG, CXR

9. Inpatient admission for surgical procedure if indicated

10. Inpatient admission or observation status for complications related to the procedure

11. Four post-operative follow-up visits for this episode of care beyond the global period

a. Follow-up images/studies/laboratories as indicated not to exceed four (4) visits for MRI, CT and X-ray

12. Post-op physical therapy, occupational therapy and/or speech therapy after surgery as clinically indicated, not to exceed 24 visits for each type of therapy

**All routine medications must be faxed/sent to the VA to be dispensed by the VA.

** DME, prosthetics and orthotics will be reviewed by the VA for provision.** All routine medications will be provided by the VA.

Urgent/emergent prescriptions can be provided for a 14-day supply only.

The Veteran will be required to pay out of pocket for any urgent/emergent medications and

can submit a reimbursement request to their local VA facility.

Any additional treatments, procedures or referrals must have a Secondary Authorization Request submitted for consideration of approval prior to proceeding.

Eligibility Verification:

As the authorized VA representative, I hereby confirm that the Veteran is eligible for Choice services. The Veteran's basic eligibility was verified in the Veterans Choice Viewer application (VC Viewer) on 05/01/2019

Contact the Local VA Office of Community Care (OCC) first to provide information to the VA or to reach a VA ordering provider. All contact from the contractor will be documented in the Veteran's record by the Local VA Office of Community Care (OCC) and the VA provider will be notified for awareness.

Report all Critical Findings related to this authorization to the issuing office below. All other questions regarding this authorization should be directed to:

Local VA Office of Community Care (OCC) Contact:

Local VA Office of Community Care (OCC) Manager or Equivalent:

Name: Christin Bundy

Title: Community Care, Supervisor Authorizations

Contact Number (Normal Business Hours): (916) 843-2672

AOD/Emergency Contact After Hours Number: 1-800-382-8387 (800-382-VETS)

From Station Number: 612

Facility Name: Northern California Health Care System

Street Address: 5342 Dudley Blvd

City: McClellan

State: CA

Zip: 95652

Fax: 916-923-4997

Veteran Information:

Name: CAMPBELL, RONALD CLARK

DOB: APR 11, 1950

SSN: 546-80-2701

Address:

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Phone: (206)295-2554

Veteran's Alternate Phone:

Veteran's Alternate Address:

Alternate POC for Veteran:

Name:

Address:

Phone:

In accordance with section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (the Act) (Public Law 113-146, 128 Stat. 1754), as amended by the Department of Veterans Affairs (VA), the Expiring

Authorities Act of 2014 (Public Law 113-175, 128 Stat. 1902), the Consolidated and Further Continuing Appropriations Act of 2015 (Public Law 113 -235, 128 Stat. 2568), and 38 CFR §§ 17.1500-1540, VA will pay for non-VA hospital care and medical services that are authorized by VA for Veterans who are determined by VA to meet the Veterans Choice Program eligibility criteria set forth by section 101 of the Act and 38 CFR § 17.1510 and any other eligibility standards that may apply to particular services (such as health care for newborns of Veterans under 38 CFR § 17.38(a)(xiv) and dental benefits under §§ 17.160-17.169).

/es/ Priscilla Ann Rivas
Program Support Assistant
Signed: 05/01/2019 11:41

Community Care Nursing Note 60075

Details

Date entered: April 29, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: MARY DORIS M MATABALAN
Signed by: MARY DORIS M MATABALAN
Date signed: April 29, 2019

Note

LOCAL TITLE: Community Care Nursing Note 60075
STANDARD TITLE: NURSING COMMUNITY RESIDENTIAL CARE NOTE
DATE OF NOTE: APR 29, 2019@16:24 ENTRY DATE: APR 29,
2019@16:24:56
AUTHOR: MATABALAN,MARY DORI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Please process Community Care Neurosurgery consult:

Consult #: 4209090

Dated: 4/24/19

-----Original Message-----

Sent: 04/18/2019 10:10 AM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Depakote Option

DR MCCRANEY

In securing a second opinion regarding the SPG option At Kaiser Neurology,
Dr

Ansari brought up a Prophylaxis treatment option untied during my 19 year
Cluster Headache treatment journey

On 3'hospitalization occasions DEPAKOTE was successfully used intravenously
to
break the cycle of the headaches. But it was never prescribed as an
ongoing
part of a 'cocktail' for my treatment.

Dr Ansari noted, and I agree that Topiramate at a high dosage has been part
of
my Prophylaxis cocktail for years yet the headaches continue at an acute
level.

He recommends we consider introducing

Depakote at

1 tablet 500mg orally twice a day for two weeks then increasing to 2
tablets
twice a day

While tapering off of Topiramate at the same time at a rate of

50 mg per day per week for a period of 14 days.

A prescription for DEPAKOTE 500mg tabs twice per day for two weeks
increasing
to 2 tabs twice per day if you are in agreement.

Again. I am open to whatever more cost effective measures I can find right now to get these under control. The only thing close to working for me is DHE45. And I believe Kaiser will drop that next year due to cost. They are the ONLY provider nationally still offering it!

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 04/24/2019 14:23

Receipt Acknowledged By:
04/25/2019 13:00 /es/ David P. McCraney,
MD

Staff

Neurologist

Pharmacy Specialty Note

Details

Date entered: April 23, 2019
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: April 23, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note
STANDARD TITLE: PHARMACY NOTE

DATE OF NOTE: APR 23, 2019@10:33 ENTRY DATE: APR 23,
2019@10:33:33

AUTHOR: VIVAR, CHARISSE MAY EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 69 yo WHITE MALE[]Chart reviewed / [X]Phone encounter / []Seen in
Clinic
by clinical pharmacist for []initial visit/review / [X]follow-up.
The patient's identity was confirmed with the following items: DOB, Name

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (including Supplies):

	Status	Issue Date
Active Outpatient Medications	Refills	Last Fill
		Expiration
=====		

1) DEXAMETHASONE 2MG TAB Qty: 70 for 26 days Sig: TAKE TWO TABLETS BY MOUTH EVERY 12 HOURS FOR 2 WEEKS, THEN TAKE ONE TABLET EVERY 12 HOURS FOR 4 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR 4 DAYS, THEN TAKE ONE TABLET EVERY OTHER DAY FOR 4 DAYS FOR HEADACHE

ACTIVE Issu:04-09-19
Refills: 0 Last:04-09-19
Expr:05-09-19

--started on Fri 4/19

2) INDOMETHACIN 25MG CAP Qty: 360 for 90 days Sig: TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD -----
DOSAGE CHANGE

ACTIVE Issu:04-30-18
Refills: 1 Last:01-30-19
Expr:05-01-19

--taking as prescribed

3) LIDOCAINE HCL 4% TOP SOLN Qty: 120 for 30 days Sig: INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.

ACTIVE Issu:11-26-18
Refills: 5 Last:11-27-18
Expr:11-27-19

--not using, not helpful, difficult to administer

4) ONDANSETRON HCL 4MG TAB Qty: 60 for 30 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.

ACTIVE Issu:12-28-18
Refills: 4 Last:12-29-18
Expr:12-29-19

--not using/needed

5) TOPIRAMATE 200MG TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION

ACTIVE Issu:06-14-18
Refills: 1 Last:03-04-19
Expr:06-15-19

6) TRIAMCINOLONE ACETONIDE 0.025% CREAM Qty: 80 for 30 days Sig: APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH

ACTIVE Issu:05-14-18
Refills: 1 Last:05-15-18
Expr:05-15-19

--not using

7) VERAPAMIL HCL 120MG SA TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

ACTIVE Issu:04-30-18
Refills: 0 Last:04-08-19
Expr:05-01-19

Start Date

Active Non-VA Medications	Refills	Expiration
1) Non-VA ASPIRIN 81MG EC TAB Sig: 81MG MOUTH ONCE DAILY	ACTIVE	
2) Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: INTRAMUSCULAR AS NEEDED	ACTIVE	

--using <9x/mo, gets for \$20 from Kaiser

Inactive Outpatient Medications	Status	Issue Date
	Last Fill	
	Refills	Expiration
1) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Qty: 100 for 90 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	EXPIRED Refills: 0	Issu:03-21-18 Last:12-27-18 Expr:03-22-19
2) FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES	EXPIRED Refills: 1	Issu:12-27-17 Last:12-18-18 Expr:12-28-18

--none taken, aware to separate from DHE d/t CV risk

2) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT Qty: 3 for 30 days Sig: INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24 HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.	EXPIRED Refills: 10	Issu:01-29-18 Last:02-28-18 Expr:01-30-19

--none taken, aware to separate from DHE d/t CV risk

20 Total Medications

Active Inpatient Medications (including Supplies): No Medications Found

Active Medications from Remote Data

LISINOPRIL 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30

5 refills remaining until 02/29/20

Last filled 04/06/19 at IOANNIS A. LOUGARIS VAMC (Active)

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN
IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30

3 refills remaining until 11/27/19

Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

--does not take, using indocin

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING FOR HIGH CHOLESTEROL

Quantity: 45 Days Supply: 90

3 refills remaining until 04/08/20

Last filled 04/09/19 at IOANNIS A. LOUGARIS VAMC (Active)

MOMETASONE FUROATE 200MCG/ACTUAT INHL, ORAL, 120D, 13GM

Sig: INHALE 1 PUFF BY MOUTH TWICE A DAY TO PREVENT BREATHING
DIFFICULTY, RINSE MOUTH AFTER USING [REPLACES TWISTHALER]

Quantity: 1 Days Supply: 60

5 refills remaining until 03/25/20

Last filled 03/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

GLIPIZIDE 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR
DIABETES ;

Quantity: 30 Days Supply: 30

11 refills remaining until 03/29/20

Last filled 03/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30
5 refills remaining until 01/16/20
Last filled 04/06/19 at IOANNIS A. LOUGARIS VAMC (Active)

OTC Salmon Oil 1000mg 1/d
OTC MVI 1/d
OTC melatonin 10mg 1/d
OTC glucosamine/chondroitin 1/d

Patient in NAD today, but states had a bad month. Ongoing daily cluster HA.

Reports had delay with obtaining steroid course from VA pharmacy, so he was

prescribed Prednisone 10mg 2tabs x3d from Kaiser, and only recently started

dexamethasone Rx a few days ago on Fri 4/19, and has only now started to see

some improvement in current cluster HA cycle, reporting has been able to get off

oxygen. Denies ADR to prednisone/steroid.

States sent VA neuro a secure message re: Kaiser neuro suggested trial of PO

Depakote, stating it was effective when given during prior hospitalization (IV?;

unable to verify in remote hx).

Does not currently have a prescription but reports the following instructions:

Depakote 1tab po 500mg bid x2wks, then incr to 2 tabs BID while tapering off

topiramate

Endorses full adherence. Uses pill box. States has 4 of them.

Still wants to trial SPG stimulator implantation. States willing to get done

anywhere, does not necessarily need to be local.

Past pertinent medication/treatment/pain modality trials:

DHE injectable is the only thing that works, but wants to limit its use.
 Has expressed frustrations with needing to tug around oxygen for quick use
 Had problems with intranasal lidocaine and administration, d/t timing of
 headache and concomitant sinus sx.

Lithium caused tremor-affected job, marriage

O: Vitals - most recent BMI: 28.3
 Height: 69 in [175.3 cm] (08/05/2014 10:52)
 Weight: 191 lb [86.8 kg] (12/28/2018 09:36)
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146					
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5.3					
"	"	CHLORIDE	109	mmol/L	102 -
114					
"	"	CO2	26	mmol/L	24 -
32					
"	"	GLUCOSE	110 H	mg/dL	70 -
109					
"	"	UREA NITROGEN	17	mg/dL	8 -

25

"	"	"	CREATININE, SERUM	1.0	mg/dL	0.7 -
1.3	"	"	ANION GAP	10	mmol/L	8 -
16	"	"	P04	2.8	mg/dL	2.2 -
4.3	"	"	CALCIUM	9.1	mg/dL	8.8 -
10.3	"	"	PROTEIN, TOTAL	5.7 L	g/dL	5.9 -
7.9	"	"	ALBUMIN	4.0	gm/dL	3.5 -
4.7	"	"	ALK PHO	47	IU/L	37 -
108	"	"	AST (SGOT)	18	IU/L	13 -
33	"	"	T.BILIRUBIN	0.5	mg/dL	0.4 -
1.3	"	"	ALT (SGPT)	17	IU/L	7 -
31	"	"	EGFR	74	mL/min	Ref:
>=60						

Vitamin D:

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71
11/20/2013 08:28	SERUM	36	< 4	36

Anemia labs:

Collection DT	Spec	B12
03/13/2018 08:41	SERUM	351
05/19/2014 08:19	SERUM	417

Drug Level Monitoring:

No VALPROIC ACID results in last 99Y

No TEGRETOL results in last 99Y

No LITHIUM results in last 1Y

A: Cluster HA - currently on dexamethasone course, with concurrent
indomethacin,

verapamil, topiramate and injectable DHE prn. Also on 02. Difficulties with intranasal lidocaine and thus not very effective. Had ADR with lithium. Prior consults for SPG implant from VAPA and SFVA were cancelled/service unavailable, and pt wants community care referral. Pt also had consult with Kaiser neurologist who suggested trial of Depakote. Remote labs reviewed, AST/ALT and SCr wnl.

Plan to continue steroid taper, no other med changes for now. Will discuss with VA neurologist re: trial of Depakote, and would likely need to taper off TPM if pursued. Consider consult for community care SPG stimulation

Patient education and non-pharmacologic interventions provided: Reviewed medications, dosing, side effects

Follow up:

- ☒ 2wk clinical pharmacy phone appt
- ☒ with Neurologist as ordered/scheduled (2months)
- ☐ other/prn

Future Appts:

05/06/2019 11:00 SAC GI COLON SCREEN CLASS
05/07/2019 10:30 NSAC NEURO PHARM PHONE
05/20/2019 10:00 NSAC NEURO MCCRANEY

Future Reminder Letters

RECALL DATE	CLINIC
Feb 05, 2021	RECALL () SAC EYE CORBETT 2

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions. Interacted

well through visit and opportunity provided for question.

Time spent with patient: 30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V10:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor and assess.

Address compliance/adherence

Care coordination

Medication reconciliation

No change made

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 04/23/2019 16:26

Receipt Acknowledged By:

05/08/2019 09:04 /es/ David P. McCraney,
MD

Staff

Neurologist

PRIMARY CARE SECURE MESSAGING**Details****Date entered:** April 8, 2019**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** RICHARD A BUKSNAITIS**Signed by:** RICHARD A BUKSNAITIS**Date signed:** April 8, 2019**Note**

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 08, 2019@09:57:47 ENTRY DATE: APR 08,
2019@07:57:47
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/05/2019 08:57 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: Rosuvastatin

I have a 14 day supply remaining of
Rosuvastatin CA 40MG TAB QTY 45
under N California prescription
#2489937B

Please issue a new prescription for a refill

Regards;

Ron Campbell
2701

-----Original Message-----

Sent: 04/08/2019 10:57 AM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: Rosuvastatin

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 04/08/2019 07:57

Receipt Acknowledged By:
04/08/2019 08:19 /es/ HTWE H.
LWIN,MD

PHYSICIAN

PRIMARY CARE SECURE MESSAGING

Details

Date entered: April 5, 2019
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: KIMBERLY S GRUBBS
Signed by: KIMBERLY S GRUBBS
Date signed: April 5, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: APR 05, 2019@19:56:01 ENTRY DATE: APR 05,
2019@17:56:02

AUTHOR: GRUBBS, KIMBERLY S EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 04/05/2019 08:54 PM

From: CAMPBELL, RONALD

To: **AUB PACT TEAM 3

Subject: Rosuvastatin CA 40MG TAB QTY45

I have a 14 day supply left of the above medication prescribed under
N California #24899371B

With instructions "take 1/2 tab daily to lower cholesterol"

Please issue new prescription for a refill

Thankyou

Ron Campbell 2701

-----Original Message-----

Sent: 04/05/2019 08:55 PM

From: GRUBBS, KIMBERLY

To: CAMPBELL, RONALD

Subject: Rosuvastatin CA 40MG TAB QTY45

Will forward to your Pact TEam. Thank you

/es/ KIMBERLY S GRUBBS

RN-BC, MA

Signed: 04/05/2019 17:56

Receipt Acknowledged By:
04/08/2019 07:36 /es/ HTWE H.
LWIN, MD

PHYSICIAN

Neurology Secure Messaging

Details

Date entered: April 3, 2019
Location: SACRAMENTO VA MEDICAL CENTER
Written by: CHRISTINE NATALIE BATTISTELLA
Signed by: CHRISTINE NATALIE BATTISTELLA
Date signed: April 3, 2019

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: APR 03, 2019@14:22:03 ENTRY DATE: APR 03,
2019@12:22:03
AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 03/31/2019 12:58 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Acute Cluster

HELP PLEASE!

AFFTER 5 hours of very painful cluster headaches this morning and going
through

another 3 large E tanks of oxygen in just that time (I only went through 6 all last week) I need to get THIS MESSAGE to Dr McCraney

I have Prednisone 10mg 26 tabs

I/we have to stop this outrageous out of control cluster. I'm doing too much DHE-45 I'll get rebounds then have no abortives. Two days ago the headaches went for 14 hours.

Can I start this prednasone? Another prescription? Brain transplant? Otherwise maybe admit and induced coma to break the cycle. I just don't know.

Ron Campbell.

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 04/03/2019 12:22

Receipt Acknowledged By:

04/03/2019 16:03 /es/ David P. McCraney,
MD

Staff

Neurologist

04/04/2019 ADDENDUM

STATUS: COMPLETED

Discussed electronically with Dr. McCraney - Prednisone order d/c'd (and transmission cx at CMOP), Rx for dexamethasone entered for provider signature.

Clinical pharm to f/u as scheduled 04/23/2019 10:30 NSAC NEURO PHARM PHONE

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 04/04/2019 09:32

Receipt Acknowledged By:

04/10/2019 15:27 /es/ Christine N. Battistella,
RN

Nurse Manager Medical

Specialty

04/11/2019 15:45 /es/ David P. McCraney,
MD

Staff

Neurologist

PHARMACY NEW PRESCRIPTION COUNSELING

Details

Date entered: March 30, 2019**Location:** IOANNIS A. LOUGARIS VAMC**Written by:** JEREMY S WILKES**Signed by:** JEREMY S WILKES**Date signed:** March 30, 2019

Note

LOCAL TITLE: PHARMACY NEW PRESCRIPTION COUNSELING

STANDARD TITLE: PHARMACY COUNSELING NOTE

DATE OF NOTE: MAR 30, 2019@15:19 ENTRY DATE: MAR 30,
2019@15:19:42

AUTHOR: WILKES, JEREMY S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MAIL/TELEPHONE NEW PRESCRIPTION COUNSELING

calc. Creatinine clearance: 71 ml/min.

ALLERGIES AS DISPLAYED IN VISTA:

PENICILLIN, PREDNISONE

(Enter allergies on the cover sheet.)

Patient/family state(s): No new allergies

Patient's chart and medication record were reviewed for appropriateness, therapeutic duplication, drug-drug/drug-food/drug-disease interactions and medication allergies/sensitivities. Medications evaluated and adjusted for renal function.

Medications:

GLIPIZIDE 10MG

☒ The patient and/or the patient's caregiver received counseling on drug dose, schedule, storage, potential side effects, and significant drug interactions, and the procedure for obtaining refill prescriptions.

The patient and/or the patient's caregiver expressed satisfactory understanding of the medication regimen and is expected to be compliant with the regimen.

Barriers to Education ☒ No ☐ Yes

If yes, what are the barriers:

/es/ JEREMY S WILKES

CLINICAL PHARMACIST

Signed: 03/30/2019 15:21

MEDICATION SUBSTITUTION PER P&T

Details

Date entered: March 30, 2019

Location: IOANNIS A. LOUGARIS VAMC

Written by: AARON J LEYBA

Signed by: AARON J LEYBA

Date signed: March 30, 2019

Note

LOCAL TITLE: MEDICATION SUBSTITUTION PER P&T
STANDARD TITLE: PHARMACY MEDICATION MGT NOTE
DATE OF NOTE: MAR 30, 2019@13:15 ENTRY DATE: MAR 30,
2019@13:15:36
AUTHOR: LEYBA, AARON J EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Patient's medication has been substituted per Pharmacy & Therapeutics approval.

Original medication: MOMETASONE (Asmanex Twisthaler) 220 mcg: 2 PUFFS ONCE DIALY
New medication: MOMETASONE (Asmanex HFA) 200 mcg: 1 PUFF BID

Patient will be mailed a letter regarding the switch, instructions for use, and provided with the call center phone number for any questions.

Contacted patient via telephone. Educated and counseled patient on appropriate use of new inhaler. Patient expressed understanding.

/es/ AARON LEYBA, PHARM.D., BCPS
Clinical Pharmacy Specialist
Signed: 03/30/2019 13:36

Zzambulatory Care Notification Of Test Results**Details**

Date entered: March 29, 2019
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: HTWE H LWIN
Signed by: HTWE H LWIN
Date signed: March 29, 2019

Note

LOCAL TITLE: Zzambulatory Care Notification Of Test Results

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: MAR 29, 2019@12:37 ENTRY DATE: MAR 29,
2019@12:37:22

AUTHOR: LWIN, HTWE H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Sierra Nevada Health Care System
975 Kirman Avenue
Reno, NV 89502

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

MAR 29, 2019

Dear Veteran:

You are due for follow up colonoscopy now.
Mather GI clinic will contact you to schedule appointment.

*Please contact me if you have any questions or concerns by leaving a

message through the Call Center at 775-829-5685, toll free 888-838-6256, or send a secure email message if you have My HealtheVet Premium account.*

It is our honor to serve you.

Thank you for choosing VA Sierra Nevada Health Care System for your health care.

/es/ HTWE H. LWIN, MD
PHYSICIAN

Patient Record Number 169073

* Don't have a My HealtheVet Premium account yet? Phone 775-784-3908 and we will sign you up.

You can obtain more information about your health, including any testing or health concerns noted above; in the Veterans Health Library.

AUB-MEDICATION MANAGEMENT NOTE

Details

Date entered: March 29, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: HTWE H LWIN

Signed by: HTWE H LWIN**Date signed:** March 29, 2019**Note**

LOCAL TITLE: AUB-MEDICATION MANAGEMENT NOTE

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: MAR 29, 2019@09:04 ENTRY DATE: MAR 29,
2019@09:04:08

AUTHOR: LWIN, HTWE H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Medication reconciliation completed, including non-VA medications, and discrepancies, if identified, were resolved. Medication changes reflected in medication orders and were reviewed with the patient/caregiver. An updated list of reconciled medications have been provided to the patient. The following is a complete list of medications, including non-VA meds. Patient does not have any non-VA meds if none are listed.

Active Outpatient Medications (including Supplies):

GLIPIZIDE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR DIABETES ;	PENDING
IBUPROFEN 800MG TABLET TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN IF YOU ARE TAKING THIS)	ACTIVE
LISINAPRIL 10MG TABLET TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE	ACTIVE
METFORMIN HCL 500MG TABLET TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH A MEAL FOR DIABETES - hold	ACTIVE
MOMETASONE FUROATE 220MCG ORAL INHL 60 INHALE 2 PUFFS BY MOUTH EVERY EVENING TO PREVENT BREATHING DIFFICULTY, RINSE MOUTH AFTER USING	ACTIVE
MONTELUKAST 10MG TABLET TAKE ONE TABLET BY MOUTH EVERY EVENING	ACTIVE
Non-VA ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL 2 PUFFS MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE

Non-VA ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML 1 BULLET (2ML) NEBULIZER TWICE A DAY	ACTIVE
Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE A DAY	ACTIVE
Non-VA BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 BULLET (0.5MG/2ML) NEBULIZER TWICE A DAY	ACTIVE
Non-VA CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB 2000UNIT MOUTH ONCE A DAY	ACTIVE
Non-VA INDOMETHACIN 25MG CAPSULE 50MG MOUTH TWICE A DAY	ACTIVE
Non-VA LIDOCAINE 4% TOP SOLN A SMALL AMOUNT AFFECTED AREA(S) 4 TIMES A DAY AS NEEDED	ACTIVE
Non-VA OTHER HERBAL/OTC/NON-VA MED CAP/TAB FROVATRIPTAN 2.5MG TABLET MOUTH AS DIRECTED	ACTIVE
Non-VA OTHER-ENTER NAME IN COMMENTS FIELD 1 TABLET MOUTH	ACTIVE
Non-VA PANTOPRAZOLE 40MG EC TABLET 40MG MOUTH ONCE A DAY	ACTIVE
Non-VA ROSUVASTATIN CA 40MG TABLET 20MG MOUTH EVERY EVENING	ACTIVE
Non-VA SILDENAFIL 100MG TABLET 50MG MOUTH AS DIRECTED	ACTIVE
Non-VA SUMATRIPTAN SUCCINATE 6MG/0.5ML RLF KIT 1 REFILL SYRINGE (6MG/0.5ML) UNDER THE SKIN AS DIRECTED	ACTIVE
Non-VA TOPIRAMATE 200MG TAB 200MG MOUTH TWICE A DAY	ACTIVE
Non-VA VERAPAMIL HCL 240MG SA TAB 120MG MOUTH TWICE A DAY	ACTIVE

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 03/29/2019 12:36

PC-MD NOTE

Details

Date entered: March 29, 2019**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** HTWE H LWIN**Signed by:** HTWE H LWIN**Date signed:** March 29, 2019

Note

LOCAL TITLE : PC-MD NOTE

STANDARD TITLE: PRIMARY CARE PHYSICIAN E & M NOTE

DATE OF NOTE: MAR 29, 2019@09:04 ENTRY DATE: MAR 29,
2019@09:05

AUTHOR: LWIN, HTWE H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Name CAMPBELL, RONALD CLARK

68 year old MALE

SSN# 546-80-2701

Date MAR 29, 2019

CHIEF COMPLAINTS: Follow up of the chronic medical problems listed below.

COPD - Chronic Obstructive Pulmonary DisHTN - Hypertension (SCT 38341003)

Hyperlipidemia (SCT 55822004) Diabetes Mellitus Type 2 (SCT
44054006)

OA - Osteoarthritis (SCT 396275006) Prostate Cancer (SCT 254900004)

Chronic cluster headache (SCT 230473009) Adjustment Disorder with Mixed
Emotional Features (SCT 55668003)

Polyp Colon (SCT 68496003)

HPI:

He also has lmd at Kaiser Roseville.

He has chronic cluster headache, f/up with neurology at Mather. on several
meds.

He has HTN, BP is good and normal today.

He has hyperlipidemia. on rosuvastatin. LDL at goal.

He has DM, on metformin. A1C 6.3, stable.

He has COPD, stable on current inhalors.

He has prostate cancer s/p surgery in 2010 and then radiation in 2012. his
gleason score was 9. his PSA is <0.01 now.

He has OA knees, no new c/o.

He has h/o torn biceps in right shoulder. has pain with ROM. he was seen
byortho at Mather ,stated he can't do PT due to worsening pain. he stated he
is

doing spa treatment, stretching and aleve.

He stated he had trouble with sleep due to his headache. he is seeing

psychologist at Kaiser.

He has nausea/constipation, stomach bloating, gas and pain since Feb 2019, initially though to be from Hctz. meds was d/c and chaged to different bp med.

BP is controlled, stated nausea and constipation improved but still has bloating, gas and pain, usually dull pain but sometime can be sharp pain. he had

CT scan done and no major abnormality noted except 2.5 cm left common iliac

artery aneurysm. he is on metformin 500mg tid for DM.

ROS:

- Constitutional: wt loss(-), anorexia(-), fever/chills/sweating(-/-/-), general weakness(-), sleep disturbances(-)
- EENT: blurred vision(-), diplopia(-), ear pain(-), runny nose(-), tinnitus(-), hoarseness(-), sinus congestion(-)
- Cardiac: chest pain(-), SOB(-), orthopnea(-), PND(-), palpitation(-), ankle swelling(-),
- Pulm: cough/sputum(-/-), hemoptysis(-), pleuritic pain(-), wheezing(-)
- GI: abdominal pain(-), change of BM(-), diarrhea/constipation(-/-), blood in stool(-), tenesmus(-)
- GU: frequency(-), nocturia(-), dysuria(-), foamy urine/red urine(-/-), hesitancy(-), urgency(-), incontinence(-)

ALLERGIES :

PENICILLIN, PREDNISONE

Food Allergies: None

IM - Immunizations

Immunization Info	Series Date	Facility	Reaction
INFLUENZA, UNSPECIFIED FORMULATIO*	10/21/2018	KAISER	PER*
PNEUMOCOCCAL CONJUGATE PCV 13 <C>	06/26/2014	MATHER	PHA*

PNEUMOCOCCAL POLYSACCHARIDE PPV23

02/09/2015 MATHER PHA*

TD(ADULT) UNSPECIFIED FORMULATION

08/00/2012 SEATTLE VA*

<C> See the Detailed Immunizations Health Summary Component[DIM] for
Comments

ST - Skin Tests

No data available

MEDICATIONS:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) IBUPROFEN 800MG TABLET TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN IF YOU ARE TAKING THIS)	ACTIVE
2) LISINOPRIL 10MG TABLET TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE	ACTIVE
3) METFORMIN HCL 500MG TABLET TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH A MEAL FOR DIABETES	ACTIVE
4) MOMETASONE FUROATE 220MCG ORAL INHL 60 INHALE 2 PUFFS BY MOUTH EVERY EVENING TO PREVENT BREATHING DIFFICULTY, RINSE MOUTH AFTER USING	ACTIVE
5) MONTELUKAST 10MG TABLET TAKE ONE TABLET BY MOUTH EVERY EVENING	ACTIVE

Pending Outpatient Medications	Status
1) GLIPIZIDE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A MEAL FOR DIABETES ;	PENDING

Active Non-VA Medications	Status
1) Non-VA ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL 2 PUFFS MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE

2)	Non-VA ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML 1 BULLET (2ML) NEBULIZER TWICE A DAY	ACTIVE
3)	Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE A DAY	ACTIVE
4)	Non-VA BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 BULLET (0.5MG/2ML) NEBULIZER TWICE A DAY	ACTIVE
5)	Non-VA CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB 2000UNIT MOUTH ONCE A DAY	ACTIVE
6)	Non-VA INDOMETHACIN 25MG CAPSULE 50MG MOUTH TWICE A DAY	ACTIVE
7)	Non-VA LIDOCAINE 4% TOP SOLN A SMALL AMOUNT AFFECTED AREA(S) 4 TIMES A DAY AS NEEDED	ACTIVE
8)	Non-VA OTHER HERBAL/OTC/NON-VA MED CAP/TAB FROVATRIPTAN 2.5MG TABLET MOUTH AS DIRECTED	ACTIVE
9)	Non-VA OTHER-ENTER NAME IN COMMENTS FIELD 1 TABLET MOUTH	ACTIVE
10)	Non-VA PANTOPRAZOLE 40MG EC TABLET 40MG MOUTH ONCE A DAY	ACTIVE
11)	Non-VA ROSUVASTATIN CA 40MG TABLET 20MG MOUTH EVERY EVENING	ACTIVE
12)	Non-VA SILDENAFIL 100MG TABLET 50MG MOUTH AS DIRECTED	ACTIVE
13)	Non-VA SUMATRIPTAN SUCCINATE 6MG/0.5ML RLF KIT 1 REFILL SYRINGE (6MG/0.5ML) UNDER THE SKIN AS DIRECTED	ACTIVE
14)	Non-VA TOPIRAMATE 200MG TAB 200MG MOUTH TWICE A DAY	ACTIVE
15)	Non-VA VERAPAMIL HCL 240MG SA TAB 120MG MOUTH TWICE A DAY	ACTIVE

21 Total Medications

ON EXAMINATION :

- Temperature : 98.5 F [36.9 C] (03/29/2019 08:38)
- Blood Pressure : 119/69 (03/29/2019 08:38)
- Pulse Rate : 73 (03/29/2019 08:38)
- Respiration : 18 (03/29/2019 08:38)
- Pain : 4 (03/29/2019 08:38)
- Body Mass Index : 26.8
- AAO X 3, no acute distress.

- Neck: No rigidity, no JVD, no bruits.
- Cardiovascular: S1 and S2.
- Resp: Good air entry. Normal percussion. Rhonchi (-), Creptitations (-)
- GI: Soft, nontender. No rebound tenderness. Bowel sounds normal.
- Neuro: No focal deficit
- Ext: No edema, pulses (+)

- LAB RESULTS:

Specimen Collected: MAR 13, 2019@12:01:41

Test Name	Result	Units	Ref. Range
-----	-----	-----	-----
CREATININE, URINE	280.1	mg/dl	-
MICROALBUMIN	2.7 H	mg/dL	0 - 1.9
ALB/CR RATIO	10.0	mg/g	0 - 20

Comment: Ordering Provider: Htwe H Lwin MD

Specimen Collected: MAR 13, 2019@12:01:39

Test Name	Result	Units	Ref. Range
-----	-----	-----	-----
PSA (Since 6/13/98)	<0.01	ng/mL	0 - 4.0

Comment: Ordering Provider: Htwe H Lwin MD

Specimen Collected: MAR 13, 2019@12:01:37

Test Name	Result	Units	Ref. Range
-----	-----	-----	-----
SODIUM	141	mmol/L	136 - 146
POTASSIUM	4.2	mmol/L	3.6 - 5.3
CHLORIDE	109	mmol/L	102 - 114
CO2	26	mmol/L	24 - 32
GLUCOSE	110 H	mg/dL	70 - 109
UREA NITROGEN	17	mg/dL	8 - 25
CREATININE, SERUM	1.0	mg/dL	0.7 - 1.3
ANION GAP	10	mmol/L	8 - 16
PO4	2.8	mg/dL	2.2 - 4.3
CALCIUM	9.1	mg/dL	8.8 - 10.3
PROTEIN, TOTAL	5.7 L	g/dL	5.9 - 7.9
ALBUMIN	4.0	gm/dL	3.5 - 4.7
ALKALINE PHOSPHATASE	47	IU/L	37 - 108
AST (SGOT)	18	IU/L	13 - 33

T.BILIRUBIN	0.5	mg/dL	0.4 - 1.3
ALT (SGPT)	17	IU/L	7 - 31
EGFR	74	mL/min	Ref: >=60 -
CHOLESTEROL	123 L	mg/dL	140 - 200
TRIGLYCERIDE (Since 11/6/97)	106	mg/dL	35 - 200
HDL	43	mg/dL	35 - 67
LDL-CALC Since 11/6/97	59	mg/dL	Ref: <=119 -

Comment: Ordering Provider: Htwe H Lwin MD

Specimen Collected: MAR 13, 2019@12:01:35

Test Name	Result	Units	Ref. Range
-----	-----	-----	-----
HEMOGLOBIN A1C	6.3 H	%	4.1 - 6.0

Comment: Ordering Provider: Htwe H Lwin MD

ASSESSMENT/PLAN:

COPD - stable.

HTN - controlled BP

Hyperlipidemia - LDL at goal.

Diabetes Mellitus Type 2 - controlled but c/o bloating/gas and abdominal pain.

will d/c metformin and start glipizide 10mg qam. advised to report back if symptoms persist after med change

OA - Osteoarthritis - no new c/o.

Prostate Cancer - stable PSA <0.01

Chronic cluster headache - f/up with neurology

Colon polyp - due for f/up now. will consult to Mather GI.

- RTC 6 months with labs. Call for earlier appointment if any concerns arise.

Over 80% of this 30 minutes appointment were spent in face to face discussion,

counselling, and examination regarding veteran's medical issues and plan of care

and the patient verbalizes the understanding.

Any Life style modification (DIET, SMOKING, EXERCISE, ETC) that could improve the veteran's health and welfare were discussed and recommendations for implementing those changes were made, with veteran's full understanding.

All labs have been reviewed with patient.

All medications have been reviewed including proper dosing, potential side effects and necessary precautions. The patient verbalizes understandings.

MOVE! Screening- Overweight/Obesity:

Calculated BMI: 26.8 Weight: 180.8 lb [82.2 kg] (03/29/2019 08:38)

Patient was counseled on the health risks of obesity and provided information on the MOVE! program, weight control, healthy eating habits and exercise.

The patient was educated on the available weight management programs and declines treatment at this time.

TEST RESULTS NOTIFICATION:

I have reviewed with the patient/caregiver the interval test results since the patient's last visit.

MEDICATION RECONCILIATION:

Medication Reconciliation-No Changes.

The active medication list, including Non-VA medications, remote active VA meds, recently expired VA prescription (90-180 days) and recently discontinued VA prescription (90-180 days) and pending medication orders was reviewed with the patient and/or caregiver. There were no discrepancies identified. Patient and/or caregiver was provided a current reconciled list of medications and reminded to carry current medication list at all times. The following is a current list of active medications. The patient does not have any Non-VA medications if none are listed.

Active Outpatient Medications (including Supplies):

see med management note

Follow Up Colonoscopy:

Colonoscopy is due based on information available to this reminder.

Colonoscopy consult has been ordered. See orders tab for details.

/es/ HTWE H. LWIN, MD
PHYSICIAN
Signed: 03/29/2019 12:35

HEALTH PROMOTION EDUCATION

Details

Date entered: March 29, 2019
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: RONI MARIE GARCIA-PERKINS
Signed by: RONI MARIE GARCIA-PERKINS
Date signed: March 29, 2019

Note

LOCAL TITLE: HEALTH PROMOTION EDUCATION
STANDARD TITLE: PRIMARY CARE EDUCATION NOTE
DATE OF NOTE: MAR 29, 2019@08:32 ENTRY DATE: MAR 29,
2019@08:32:20
AUTHOR: GARCIA-PERKINS, RONI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

ALLERGIES AS DISPLAYED IN VISTA: PENICILLIN, PREDNISONE
(Enter allergies on the cover sheet.)

Patient/family state(s): No new allergies

Tobacco Use Screening:

The patient is a former tobacco user.

The patient quit fifteen or more years ago.

Home Oxygen Renewal Due:

Is the patient receiving home oxygen from the VA?

No

Yes

Is the patient due for a Home Oxygen Evaluation?

No

DIABETIC EYE EXAM:

Patient had diabetic eye exam previously.

Exam Result: Normal

Date: February 5, 2019

Location: Mather

/es/ Roni Garcia-Perkins

LVN

Signed: 03/29/2019 08:38

PRIMARY CARE SECURE MESSAGING

Details

Date entered: March 28, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: March 28, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 28, 2019@09:47:10 ENTRY DATE: MAR 28,
2019@07:47:11

AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 03/27/2019 08:24 PM

From: CAMPBELL, RONALD

To: **AUB PACT TEAM 3

Subject: Cat Scan Results 3/18/19

Cat Scan March 18, 2019 results

I have an appointment Friday 3/29/19 and hope to discuss the results as they relate to my urgent continuing abdominal issues

However I do not see the above mentioned test results posted at myhealth.va.gov in my records.

Are these results in?

-----Original Message-----

Sent: 03/28/2019 10:47 AM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: Cat Scan Results 3/18/19

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 03/28/2019 07:47

Receipt Acknowledged By:
03/28/2019 07:54 /es/ HTWE H.
LWIN,MD

PHYSICIAN

03/28/2019 ADDENDUM
Notification letter sent on 3/20/19.

STATUS: COMPLETED

/es/ HTWE H. LWIN,MD
PHYSICIAN

Signed: 03/28/2019 07:54

Receipt Acknowledged By:

03/28/2019 07:58 /es/ RICHARD A
BUKSNAITIS

RN,BSN,CEN

03/28/2019 ADDENDUM

STATUS: COMPLETED

Notified vet via secure messaging.

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 03/28/2019 07:58

PRIMARY CARE SECURE MESSAGING

Details

Date entered: March 25, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: March 25, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 25, 2019@09:42:32 ENTRY DATE: MAR 25,
2019@07:42:33

AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 03/23/2019 11:19 AM

From: CAMPBELL, RONALD

To: **AUB PACT TEAM 3

Subject: Asmanex

Asmanex HFA

200mg per activation

Take 2 puffs per day for treatment of asthma.

I need a refill as a transfer patient from Mather to Auburn

Thanks

Ron Campbell

Meadow Vista

-----Original Message-----

Sent: 03/25/2019 10:42 AM

From: BUKSNAITIS, RICHARD

To: CAMPBELL, RONALD

Subject: Asmanex

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 03/25/2019 07:42

Receipt Acknowledged By:

03/25/2019 07:54 /es/ HTWE H.

LWIN,MD

PHYSICIAN

Neurology Secure Messaging

Details**Date entered:** March 20, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** CHRISTINE NATALIE BATTISTELLA**Signed by:** CHRISTINE NATALIE BATTISTELLA**Date signed:** March 20, 2019**Note**

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: MAR 20, 2019@15:55:23 ENTRY DATE: MAR 20,
2019@13:55:23

AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 03/20/2019 04:55 PM

From: BATTISTELLA, CHRISTINE

To: CAMPBELL, RONALD

Subject: Acute Cluster

Mr. Campbell,

Will ask Dr. McCraney for the recommendations and approval.

Christine Battistella MSN,RN,CNL

Nurse Manager Medical Specialty Care Clinics

/es/ Christine N. Battistella, RN

Nurse Manager Medical Specialty

Signed: 03/20/2019 13:55

Receipt Acknowledged By:

03/20/2019 16:10 /es/ David P. McCraney,
MD

Staff

Neurologist

Zzambulatory Care Notification Of Test Results

Details

Date entered: March 20, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: HTWE H LWIN

Signed by: HTWE H LWIN

Date signed: March 20, 2019

Note

LOCAL TITLE: Zzambulatory Care Notification Of Test Results

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: MAR 20, 2019@13:05 ENTRY DATE: MAR 20,
2019@13:05:22

AUTHOR: LWIN, HTWE H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Sierra Nevada Health Care System
975 Kirman Avenue
Reno, NV 89502

RONALD CLARK CAMPBELL
1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

MAR 20, 2019

Dear Veteran:

I wanted to update you on your recent test results:

CT scan done on 3/18/19 report:

1. No acute abnormality of the abdomen/pelvis.
2. Colonic diverticulosis without evidence of acute diverticulitis.
3. Diffuse atherosclerotic calcifications. There is a 2.5 cm left common iliac artery aneurysm.
4. Nonobstructive calculus in the lower left kidney.

Please contact me if you have any questions or concerns by leaving a message through the Call Center at 775-829-5685, toll free 888-838-6256, or send a secure email message if you have My HealtheVet Premium account.

It is our honor to serve you.

Thank you for choosing VA Sierra Nevada Health Care System for your health care.

/es/ HTWE H. LWIN, MD
PHYSICIAN

Patient Record Number 169073

* Don't have a My HealtheVet Premium account yet? Phone 775-784-3908 and we will sign you up.

You can obtain more information about your health, including any testing or health concerns noted above; in the Veterans Health Library.

NFDR Consult

Details

Date entered: March 19, 2019

Location: OAKLAND VA CLINIC

Written by: ALYSA FENG KUBOTA

Signed by: ALYSA FENG KUBOTA

Date signed: March 19, 2019

Note

LOCAL TITLE: NFDR Consult
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT
DATE OF NOTE: MAR 19, 2019@10:22 ENTRY DATE: MAR 19,
2019@10:22:27
AUTHOR: KUBOTA, ALYSA FENG EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

erenumab-aooe (Aimovig) NFDR Consult
Criteria for Use prepared August 2018.

RONALD CLARK CAMPBELL is a 68 year old MALE referred by PCP/Specialty provider for erenumab.

PMH is significant for;

Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16
2. Dysthymia BAHTEN, REGINA	02/08/16
3. Chronic pain syndrome BAHTEN, REGINA	12/08/15
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/14 LEE, JEAN
5. Depressive Disorder NOS * BAHTEN, REGINA	04/02/14
6. Cluster headache (SNOMED CT 193031009) APPERSON, MICHEL	02/07/14
7. Chronic obstructive lung disease FIECHTNER, BRIDG	09/22/17
8. Benign hypertension	11/26/13 CHANG, MYO S
9. Hyperlipidemia (SNOMED CT 55822004) FIECHTNER, BRIDG	11/05/16
10. Type 2 diabetes mellitus (SNOMED CT 44054006) FIECHTNER, BRIDG	11/05/16
11. Headache (SNOMED CT 25064002) REMLER, MICHAEL	02/04/16
12. Carcinoma, Prostate	11/26/13 CHANG, MYO S
13. Arthralgias NOS	11/26/13 CHANG, MYO S
14. Impotence	11/26/13 CHANG, MYO S
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13 CHANG, MYO S

Allergies/ADRs: PENICILLIN, PREDNISONE

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D	ACTIVE

SUPPLEMENT TO IMPROVE BONE STRENGTH.

2)	INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD ----- DOSAGE CHANGE	ACTIVE
3)	LIDOCAINE HCL 4% TOP SOLN INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE
4)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
5)	ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE
6)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
7)	TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE
8)	TRIAMCINOLONE ACETONIDE 0.025% CREAM APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH	ACTIVE
9)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE

Pending Outpatient Medications

Status

=====

1)	METHYLPREDNISOLONE 4MG TAB DOSEPAK,21 TAKE ONE TABLET BY MOUTH AS DIRECTED PER DOSE PACK	PENDING

Active Non-VA Medications

Status

=====

1)	Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE

11 Total Medications

--

EXCLUSION CRITERIA

If the answer to ANY item below is met, then the patient should NOT
receive
erenumab.

- [] Patient has received botulinum toxin injection for headache prophylaxis in the past 4 months
- [] Patient meets diagnosis of medication overuse headache (Use of triptans, ergot alkaloids, combination analgesics, or opioids on ten or more days per month constitute medication overuse. Use of simple analgesics, including non-steroidal anti-inflammatory drugs (NSAIDS) on 15 or more days/month constitutes medication overuse)
- [X] Patient with diagnosis of one or more of the following: hemiplegic migraine, cluster headache, and/or tension headache

Though not an absolute contraindication, the safety and efficacy of erenumab is unknown in patients over 65 years of age as this group was excluded from clinical trials. Additionally, the safety of CGRP blockade in patients with cardiovascular and cerebrovascular risk factors is unknown.

INCLUSION CRITERIA

- [] Prescribing provider is a VA neurologist; locally designated headache/TBI expert or VA purchased Neurology care
- AND
- [] The patient must meet diagnostic criteria for one of the following; Chronic Migraine- defined as ≥ 15 headache days per month with ≥ 8 monthly migraine days;
- AND
- [] Patient must demonstrate a lack of therapeutic response (therapy must be at least 8 weeks in duration, with appropriate dosing as noted below), contraindication or intolerance to one agent from the Beta Blocker class, both agents in the Antiseizure drug class and onabotulinum toxin. (for a

total of 4 prophylaxis medication trials)

Beta Blocker

☐ Metoprolol 50-100 mg BID

☐ Propranolol 20-80 mg BID

Antiseizure medication

☐ Topiramate 50-200 mg BID

☐ Divalproex 500-1000mg QD

OR

☐ Episodic Migraine-defined as 4 to 14 monthly migraine days;

AND

☐ Patient must demonstrate a lack of therapeutic response (therapy must be at

least 8 weeks in duration, with appropriate dosing as noted below),

contraindication or intolerance to one agent from each of the following drug

classes: Beta blocker and Antidepressant and both agents in the antiseizure

medication class. (for a total of four prophylaxis medication trials)

Beta Blocker

☐ Metoprolol 50-100 mg BID

☐ Propranolol 20-80 mg BID

Antiseizure medication

☐ Topiramate 50-200 mg BID

☐ Divalproex 500-1000mg QD

Antidepressant

☐ Amitriptyline 25-100 mg QD

☐ Nortriptyline 10-100 mg QD

For women of childbearing potential:

There are no adequate studies of erenumab-aooe in pregnant women. No adverse

effects were observed in the offspring of pregnant monkeys given erenumab throughout gestation at doses that resulted in much higher exposures than those

achieved with the recommended dose in women. It is not known if erenumab-aooe is

present in breast milk. The decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.

Issues for Consideration

-In clinical trials anti-erenumab antibodies developed in 6.2% of patients who received the 70-mg dose and in 2.6% of those who received the 140-mg dose. -CGRP is present in nerve fibers that innervate blood vessels and the heart, and participates in the regulation of blood pressure. The long-term effect on erenumab on these receptors has not been investigated. -There is not sufficient evidence to support the use of erenumab-aooe as an abortive therapy for chronic or episodic migraine.

A/P:

68 year old MALE with cluster headaches is requesting erenumab. Currently taking nasal lidocaine and DHE (from Kaiser) for abortive care and has active Rxs for topiramate and verapamil for prophylaxis. Since the indication for erenumab is cluster headaches, patient does not meet the inclusion criteria for drug approval. Recent literature reviews report CGRP antagonists, specifically fremanezumab and galcanezumab, are still undergoing phase III clinical trials for prevention of cluster headaches. No conclusive evidence on safety and efficacy was found to support the use of erenumab for cluster headache prevention.

[X] Consistent with Policy Statement 119-2, any NFDR denied by the Pharmacy

can be re-evaluated by the Pharmacy Service chief. These NFDR re-evaluation requests are made directly by the prescribing provider to the Pharmacy Service chief. If there is additional information that the review should be aware of, please forward via added comment on the consult.

The medical record has been reviewed with regard to this restricted drug request.

Medication requested: ERENUMAB-AOOE 70MG/ML AUTOINJECTOR 1ML
Consult completed within 96 HRS of the request entry.

Medication indication: Cluster Headaches

The request does not meet criteria

- Compelling evidence for the requested indication is lacking

/es/ Alysa Feng, PharmD
PHARMACIST(CLINICAL)
Signed: 03/19/2019 11:19

Pharmacy Specialty Note

Details

Date entered: March 19, 2019
Location: MCCLELLAN VA CLINIC
Written by: CHARISSE MAY C VIVAR
Signed by: CHARISSE MAY C VIVAR
Date signed: March 19, 2019

Note

LOCAL TITLE: Pharmacy Specialty Note
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: MAR 19, 2019@10:00 ENTRY DATE: MAR 19,
2019@17:08:16
AUTHOR: VIVAR,CHARISSE MAY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PHARMACY NEUROLOGY MEDICATION MANAGEMENT NOTE

S: 68 yo WHITE MALE[]Chart reviewed / []Phone encounter / [X]Seen in
Clinic

by clinical pharmacist for [X]initial visit/review / []follow-up.

The patient's identity was confirmed with the following items: DOB, Name seen in collaboration with neurologist visit

Relevant Indication: cluster headache

PMH: Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/2016
2. Dysthymia	02/08/2016
3. Chronic pain syndrome	12/08/2015
4. Cervical radiculitis (SNOMED CT 11049006)	07/23/2014
5. Depressive Disorder NOS *	04/02/2014
6. Cluster headache (SNOMED CT 193031009)	02/07/2014
7. Chronic obstructive lung disease	09/22/2017
8. Benign hypertension	11/26/2013
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/2016
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/2016
11. Headache (SNOMED CT 25064002)	02/04/2016
12. Carcinoma, Prostate	11/26/2013
13. Arthralgias NOS	11/26/2013
14. Impotence	11/26/2013
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/2013

Allergies/ADR: PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications		Status	Issue Date
		Refills	Last Fill
			Expiration
=====			
1)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB	ACTIVE	Issu:03-21-18
	Qty: 100 for 90 days Sig: TAKE ONE	Refills: 0	Last:12-27-18
	TABLET BY MOUTH ONCE DAILY - FOR		Expr:03-22-19
	VITAMIN D SUPPLEMENT TO IMPROVE BONE		
	STRENGTH.		
2)	INDOMETHACIN 25MG CAP Qty: 360 for 90	ACTIVE	Issu:04-30-18
	days Sig: TAKE TWO CAPSULES BY MOUTH	Refills: 1	Last:01-30-19
	EVERY MORNING AND TAKE TWO CAPSULES		Expr:05-01-19
	EVERY DAY AT 12NOON FOR HEADACHE		

PREVENTION. TAKE WITH FOOD -----

DOSAGE CHANGE

3)	LIDOCAINE HCL 4% TOP SOLN Qty: 120 for 30 days Sig: INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE Refills: 5	Issu:11-26-18 Last:11-27-18 Expr:11-27-19
4)	LOSARTAN 50MG TAB Qty: 60 for 60 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE Refills: 1	Issu:03-21-18 Last:03-22-18 Expr:03-22-19
5)	ONDANSETRON HCL 4MG TAB Qty: 60 for 30 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE Refills: 4	Issu:12-28-18 Last:12-29-18 Expr:12-29-19
6)	ROSUVASTATIN CA 40MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE Refills: 0	Issu:04-05-18 Last:12-27-18 Expr:04-06-19
7)	TOPIRAMATE 200MG TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE Refills: 1	Issu:06-14-18 Last:03-04-19 Expr:06-15-19
8)	TRIAMCINOLONE ACETONIDE 0.025% CREAM Qty: 80 for 30 days Sig: APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH	ACTIVE Refills: 1	Issu:05-14-18 Last:05-15-18 Expr:05-15-19
9)	VERAPAMIL HCL 120MG SA TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE Refills: 1	Issu:04-30-18 Last:12-14-18 Expr:05-01-19

Inactive Outpatient Medications	Status Refills	Issue Date Last Fill Expiration

1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Qty: 3 for 25 days Sig: INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.	EXPIRED Refills: 3	Issu:03-06-18 Last:03-06-18 Expr:03-07-19
2)	ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML Qty: 60 for 30 days Sig: USE 1 PILLLOW	EXPIRED Refills: 11	Issu:12-15-17 Last:12-15-17

	OF 15MCG/2ML IN NEBULIZER TWICE A DAY - FOR BREATHING.		Expr:12-16-18
3)	BUDESONIDE 0.5MG/2ML INH SUSP 2ML Qty: 60 for 30 days Sig: 1 RESPULE (0.5MG/2ML) NEBULIZER TWICE A DAY - FOR BREATHING.	EXPIRED Refills: 10	Issu:12-15-17 Last:05-14-18 Expr:12-16-18
4)	FROVATRIPTAN 2.5MG TAB PKG 9 Qty: 3 for 30 days Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES	EXPIRED Refills: 1	Issu:12-27-17 Last:12-18-18 Expr:12-28-18
5)	METFORMIN HCL 500MG TAB Qty: 270 for 90 days Sig: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD - FOR DIABETES	EXPIRED Refills: 1	Issu:11-20-17 Last:05-24-18 Expr:11-21-18
6)	METHYLPREDNISOLONE 4MG TAB DOSEPAK,21 Qty: 1 for 30 days Sig: TAKE ONE TABLET BY MOUTH AS DIRECTED PER DOSE PACK - FOR CLUSTER HEADACHE	EXPIRED Refills: 0	Issu:12-28-18 Last:12-28-18 Expr:01-27-19
7)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL Qty: 1 for 60 days Sig: INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY -FOR BREATHING.	EXPIRED Refills: 1	Issu:12-19-17 Last:11-05-18 Expr:12-20-18
8)	NEEDLE,FILTER 18G,5 MICRON,1 1/2IN Qty: 100 for 90 days Sig: USE FILTER NEEDLE ONCE DAILY AS NEEDED TO BE USED TO EXTRACT DIHYDROERGOTAMINE - SWAP NEEDLES PRIOR TO INJECTION	EXPIRED Refills: 0	Issu:11-29-18 Last:11-29-18 Expr:02-27-19
9)	SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT Qty: 3 for 30 days Sig: INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24 HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.	EXPIRED Refills: 10	Issu:01-29-18 Last:02-28-18 Expr:01-30-19

Active Non-VA Medications		Refills	Start Date Expiration
=====			
1)	Non-VA ASPIRIN 81MG EC TAB Sig: 81MG MOUTH ONCE DAILY	ACTIVE	
2)	Non-VA DIHYDROERGOTAMINE INJ,SOLN Sig: INTRAMUSCULAR AS NEEDED	ACTIVE	

Active Medications from Remote Data

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN
IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30

3 refills remaining until 11/27/19

Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

METFORMIN HCL 500MG TAB

Sig: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH A MEAL
FOR DIABETES

Quantity: 270 Days Supply: 90

3 refills remaining until 12/27/19

Last filled 12/26/18 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30

5 refills remaining until 01/16/20

Last filled 02/14/19 at IOANNIS A. LOUGARIS VAMC (Active)

LISINOPRIL 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH ONCE A DAY FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30

5 refills remaining until 02/29/20

Last filled 02/28/19 at IOANNIS A. LOUGARIS VAMC (Active)

Patient in NAD today.

Since last neuro visit patient reports associated signs/symptoms
unchanged.

Reports has clusters all the time

DHE injectable is the only thing that works

Has expressed frustrations with needing to tug around oxygen for quick use

Had problems with intranasal lidocaine and administration, d/t timing of headache

Lithium caused tremor-affected job, marriage

has not had prednisone, but wants Rx for new steroid course.

Past pertinent medication/treatment/pain modality trials:

O: Vitals - most recent BMI: 28.3

Height: 69 in [175.3 cm] (08/05/2014 10:52)

Weight: 191 lb [86.8 kg] (12/28/2018 09:36)

Pulse: 69 (12/28/2018 09:36)

BP: 167/77 (12/28/2018 09:36)

Pertinent Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	269	95.7	32.0
02/08/2016 10:02	BLOOD	5.7	14.8	46.0	212	93.2	32.1

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
03/13/2018 08:41	PLASM	142	4.2	109 H	27	26	0.91
02/13/2018 08:14	PLASM	139	3.6	107 H	25	23	0.98

No MAGNESIUM results in last 1Y

Collection DT	Spec	ALT	AST	ALK PHO	ALBUMIN	T. BIL
07/24/2018 08:38	PLASM	23	28	76	4.3	0.7
03/13/2018 08:41	PLASM	25	27	64	4.1	0.7

Calculated Creatinine Clearance: CrCl=77.7 mL/min (MAR 13, 2018)

Vitamin D:

Collection DT	Spec	25-OH-D	Vit D2	Vit D3
03/13/2018 08:41	SERUM	20.4 L		
05/19/2014 08:19	SERUM	71	< 4	71
11/20/2013 08:28	SERUM	36	< 4	36

Anemia labs:

Collection DT	Spec	B12

03/13/2018 08:41 SERUM 351

05/19/2014 08:19 SERUM 417

Drug Level Monitoring:

No VALPROIC ACID results in last 99Y

No TEGRETOL results in last 99Y

No LITHIUM results in last 1Y

A: Cluster HA - currently on indomethacin, verapamil, topiramate and injectable

DHE. Also on 02. Difficulties with intranasal lidocaine and thus not very effective. Had ADR with lithium. Has had problem with getting SPG implant from

VAPA, and neurologist planning to place new consult to SFVA.

Neurologist favors Aimovig, but suspect will be disapproved d/t only approved

indication for migraine, and thus would be off label use in cluster headaches.

Pt agreeable to pursue SPG implantation, may need to get done in community if

not at SFVA.

Plan for short steroid course in the interim -methylPREDNISolone 4MG DOSEPAK

[] Comprehensive approach to HA management as appropriate:

[] dietetics - antiinflammatory diet

[] BHC - collaboration on meds if needed + psychotherapy, e.g. relaxation training, biofeedback, stress/anger

management

[] physical therapy (PT) and/or chiropractor

[] eye clinic

[] other

Patient education and non-pharmacologic interventions provided:

Reviewed medications, dosing, side effects

Follow up:

[X] 1 month clinical pharmacy phone appt

[X] with Neurologist as ordered/scheduled (2months)
[] other/prn

Future Appts:

04/23/2019 10:30 NSAC NEURO PHARM PHONE

Future Reminder Letters

RECALL DATE CLINIC

Feb 05, 2021 RECALL () SAC EYE CORBETT 2

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

Interacted

well through visit and opportunity provided for question.

Time spent with patient: 30 min.

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

PBM PharmD Pharmacotherapy Rem V10:

PHARMACIST INTERVENTIONS:

NEUROLOGIC CONDITION(S)

Nonpharmacologic intervention made

Medication monitoring, no dosage change required, continue to monitor and assess.

Care coordination

/es/ Charisse May C. Vivar, Pharm.D.

Clinical Pharmacy Specialist

Signed: 03/19/2019 17:29

Neurology 11000

Details

Date entered: March 19, 2019

Location: MCCLELLAN VA CLINIC

Written by: DAVID MCCRANEY

Signed by: DAVID MCCRANEY

Date signed: March 19, 2019

Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: MAR 19, 2019@09:51 ENTRY DATE: MAR 19, 2019@09:51:51

AUTHOR: MCCRANEY, DAVID

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

68m followup cluster headache. He does seem to respond to nasal lidocaine but

it's hard to use due to nasal stuffiness. He is using DHE very frequently (supplied through Kaiser)

Exam unchanged, no ptosis

IMPRESSION

Chronic cluster resistant to medication. Currently trying to get Aimovig approved, also looking for a surgeon to do SPG implant. Consults in.

RTC two months

Repeat medrol dose pack

/es/ David P. McCraney, MD

Staff Neurologist

Signed: 03/19/2019 10:15

PC-CHART REVIEW

Details

Date entered: March 14, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: HTWE H LWIN

Signed by: HTWE H LWIN

Date signed: March 14, 2019

Note

LOCAL TITLE: PC-CHART REVIEW

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: MAR 14, 2019@08:08 ENTRY DATE: MAR 14,
2019@08:08:06

AUTHOR: LWIN, HTWE H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** PC-CHART REVIEW Has ADDENDA ***

Pt has early lab done (for orders for 4/30/19) without PCP appointments.

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 03/14/2019 08:09

Receipt Acknowledged By:

03/14/2019 08:47 /es/ BARBARA M

MARTINEZ

LVN

03/14/2019 08:46 /es/ DEBORAH L
SCOTT

Advanced Medical Support

Assistant

03/14/2019 08:16 /es/ APRIL
TINGLER, LVN

LICENCED VOCATIONAL

NURSE

03/15/2019 14:44 /es/ KATHLEEN J
BEATTY

RN,

MSN

03/14/2019 ADDENDUM

STATUS: COMPLETED

Patient has an appt for CT at Mather on 3/18. Patient should have only had
a
creatine done.

/es/ DEBORAH L SCOTT

Advanced Medical Support Assistant

Signed: 03/14/2019 08:59

03/14/2019 ADDENDUM

STATUS: COMPLETED

This writer has scheduled a f/u to lab work on 3/29.

/es/ DEBORAH L SCOTT

Advanced Medical Support Assistant

Signed: 03/14/2019 09:04

Neurology Secure Messaging

Details

Date entered: March 12, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** CHRISTINE NATALIE BATTISTELLA**Signed by:** CHRISTINE NATALIE BATTISTELLA

Date signed: March 12, 2019

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: MAR 12, 2019@17:02:53 ENTRY DATE: MAR 12,
2019@15:02:54
AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 03/11/2019 10:23 AM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Acute Cluster

Dr McCraney

Abortive methods over the last 3 days became decreasingly effective.
Inhave had to eliminate DHE die to excessive use to guard against
rebounds.

Frovotriptan only then provoded 4 hr relief. Linocaine continues to only
be
effective for up to a few minutes

Yesterday oxygen at 15 litres became effective not at all or on only three
occasion for periods up to a maximim of 2-3 hours.

I have prednisone 10 mg tabs or can get to Mather today to pick up a
prescription or get a friend to pick it up for me if needed.

Regards

Ron Campbell

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 03/12/2019 15:02

Receipt Acknowledged By:
03/19/2019 09:45 /es/ David P. McCraney,
MD
Staff
Neurologist

CALL CENTER NOTE

Details

Date entered: March 8, 2019
Location: IOANNIS A. LOUGARIS VAMC
Written by: JOHN W ACKERMAN
Signed by: JOHN W ACKERMAN
Date signed: March 8, 2019

Note

LOCAL TITLE: CALL CENTER NOTE
STANDARD TITLE: COMMUNICATION NOTE
DATE OF NOTE: MAR 08, 2019@15:36:11 ENTRY DATE: MAR 08,
2019@16:14:47
AUTHOR: ACKERMAN, JOHN W EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** CALL CENTER NOTE Has ADDENDA ***

Type of call: *SYMPTOM.

*PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

(916)289-1018 campbell, ronald c/o dizzy spell 2x yesteday. cruz

Caller Area: AUBURN

Caller Response: *OTHER

Chief Complaint: Not applicable to call.

Patient/Caller agrees with plan.

Class Code: Other specified counseling.

Nurse Notes:

a: pt with multiple issues

First he has cluster headaches and has been having for several days and has

been getting Dizzy

he was sitting periods up past two hours yesterday and got up quickly and got

lightheaded. He sat back down and felt better, then went shopping and again got

dizzy again. He states he has not been eating nor keeping up with fluids and

has since NOV lost 30 lbs

He has no weakness on any limb

no slurring of words

no asymmetrical smile

no loss of strength

alert/oriented x 4

speech is normal, able to laugh, speaks clearly

his second issue is diet and every time he eats he gets left abd pain for about

20+ min and slowly goes away. Does not matter what he eats and when he eats he

gets left abd pain
he has more bloating
more gas pain
stools are formed, brown to dark color, and does not float on top of toilet
he denies any rt scapula pain after eating
no pain at this time but wanted to let MD know it is constantly there for
months after eating and he is using his PPI as directed

Today he has used his DHE and oxygen today which is not helping much
He notes he has not been taking in fluids and not eating.
He states if he does get up from sitting to standing quickly he does get
dizzy.
His bp today is 145/72
NOTE: there is note from MD yesterday for him to go to ER setting but he
did
not and stated he cannot go today due to headache but understands why and
concerned of MD to go to ER setting

HE also stated he has had cluster headaches for 19 years and is working
with
neurology for this and is trying to get set up for PAVA for eval again.

P: did go over about ER setting due to headaches and dizziness but he
declines
today
will offer some home care due to no fluid intake
and for stomach issue and will forward to pact team

home care
should go to Er setting for eval *pt aware of this but declines

keep hydrated, has not been doing fluids
recommend to keep about 40-60 oz a day (he has been less then 20-30 a day)
drink fluids slowly
monitor bp keep below 160/90 call TAN if worse

for stomach
avoid fatty/greasy/spicy foods
BRAT Diet
eat slow

soda crackers (non salty) in between meals
7-Up/sprite for bicarbonate
again if worse should go to ER if stomach pain greater than one hour needs
ER
setting

Evaluation/Management Code: HC PRO PHONE CALL 21-30 MIN (98968).
Original call started at: MAR 08, 2019 @ 15:22 (Call was suspended)
- CRUZ, SHARON N MAR 08, 2019@15:22:13 - MAR 08, 2019@15:23:35

Ending at: 03/08/2019 @ 4:00:52 PM
Length: 26 minutes. (Call was suspended. This call length is the total
amount
of time spent "active" in Telecare Record Manager.)

Author: ACKERMAN, JOHN W

/es/ JOHN W ACKERMAN
Telephone Advise Nurse
Signed: 03/08/2019 16:14

Receipt Acknowledged By:
03/11/2019 07:48 /es/ HTWE H.
LWIN, MD

PHYSICIAN
03/11/2019 07:39 /es/ RICHARD A
BUKSNAITIS

RN, BSN, CEN

03/11/2019 ADDENDUM STATUS: COMPLETED

Agreed with note above.

Again advise to go to ER for any worsening symptoms.

If pt still refused ER visit and agrees for CT abdomen, please order at

Mather/Reno but remind him that it will take times to schedule CT scan as outpatient so if he has any emergent concern, go to ER for evaluation and radiology studies as needed.

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 03/11/2019 07:50

Receipt Acknowledged By:

03/11/2019 08:26 /es/ RICHARD A

BUKSNAITIS

RN, BSN, CEN

03/11/2019 ADDENDUM

STATUS: COMPLETED

Spoke with vet and informed vet, per PCP Lwin,

Agreed with note above.

Again advise to go to ER for any worsening symptoms.

If pt still refused ER visit and agrees for CT abdomen, please order at Mather/Reno but remind him that it will take times to schedule CT scan as outpatient so if he has any emergent concern, go to ER for evaluation and radiology studies as needed.

Veteran agreed, wants CT done at Mather VA

/es/ RICHARD A BUKSNAITIS

RN, BSN, CEN

Signed: 03/11/2019 08:49

PRIMARY CARE SECURE MESSAGING

Details

Date entered: March 7, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: March 7, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAR 07, 2019@18:46:08 ENTRY DATE: MAR 07,
2019@15:46:08
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 03/07/2019 06:42 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: Appointment Follow Up

Condition Update

Blood Pressure- Down
Home readings range from high of 140/72 to low of 135/64

Other Symptoms

- Constipation - Continued, Intermittent
- Loss of Apppetite - worse
- Nausea - continued, especially after eating
- Diareah - intermittent, New
- Weight loss- continued
- Abdominal Pain - New
- Extreme Fatigue - New
- Dizziness - New
- Extended abdomen
- Fear of Falling - New

None of the new symptoms coincide with any new medications. All were present before but in lessoning degrees and have been manifesting themselves over the

past months.

Additionally have experienced Episodes of having to sit in public for extended periods for fear of falling due to extreme fatigue/dizziness over the last 72 hours.

Please advise any additional actions or precautionary measures I should be taking at the current time

Ron Campbell
Meadow Vista

-----Original Message-----

Sent: 03/07/2019 06:45 PM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: Appointment Follow Up

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 03/07/2019 15:46

Receipt Acknowledged By:
03/07/2019 15:51 /es/ HTWE H.
LWIN,MD

PHYSICIAN

03/07/2019 16:14 /es/ ZACHARY J. ROXBURGH
PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC,
530-889-4921

03/07/2019 ADDENDUM STATUS: COMPLETED
Please advise pt to go to Mathe ER for evaluation of severe dizziness r/o
CVA.

/es/ HTWE H. LWIN, MD
PHYSICIAN
Signed: 03/07/2019 15:54

PHARMACY CLINIC

Details

Date entered: February 28, 2019
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: ZACHARY ROXBURGH
Signed by: ZACHARY ROXBURGH
Date signed: February 28, 2019

Note

LOCAL TITLE: PHARMACY CLINIC
STANDARD TITLE: PHARMACY MEDICATION MGT NOTE
DATE OF NOTE: FEB 28, 2019@10:01 ENTRY DATE: FEB 28,
2019@10:02:08
AUTHOR: ROXBURGH, ZACHARY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

S: Patient presents to pharmacy clinic for management of hypertension.
Patient
was last seen on 12/6/18 and the following changes were made at that time:
- started on lisinopril/HCTZ 10/12.5mg daily.

12/28/18: patient sent secure messages about concerns of BP medications
and

changed to HCTZ 25mg daily

2/27/19: patient reports concerns with potential side effects of HCTZ and referred by PCP to pharmacy for BP f/u and medication management.

Medications related to disease management

Hypertension:

- HCTZ 25mg daily
- Verapamil 120mg BID for cluster headaches

Potential drugs that may contribute to hypertension include:

- NSAIDS
- Coffee this AM
- Cluster headaches - reports "worst night last night" and feels this may be contributing to higher BP today

Symptoms of concern: none

Adverse drug effects:

- nausea, constipation, bloating, lack of appetite. Since starting HCTZ

Patient has taken his/her medications this morning. Had 2 cups of coffee 1 hour ago.

Social History:

Tobacco: denies. quit 40+ years ago

ETOH: denies, triggers headaches

Illicit substance use: denies

Dietary intake: deferred

Exercise: limited by pain and cluster headaches

Compliance: good per pt

O:

Hypertension risk factors:

- ☐ smoking/tobacco use: pk/yr
- ☒ Dyslipidemia
- ☒ Diabetes

[x] Male gender

[x] Age greater than 60 years

[] family history of coronary vascular disease (CVD)

Vitals:

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN	WT (LB)	P	OX
12/6/18 @ 0929		68		153/83				
12/6/18 @ 0929		71		144/86				
11/27/18 @ 1233	97.8	63	16		7	187.4	96	

Home readings: per memory. checking daily in the morning
130s/70s

Clinic Readings:

Left: 160/89 p 64

Second: 158/92 p 61

Third: 171/93 p 58

Allergy/ADR: PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) HYDROCHLOROTHIAZIDE 25MG TABLET TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE	ACTIVE
2) IBUPROFEN 800MG TABLET TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN IF YOU ARE TAKING THIS)	ACTIVE
3) METFORMIN HCL 500MG TABLET TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH A MEAL FOR DIABETES	ACTIVE
4) MONTELUKAST 10MG TABLET TAKE ONE TABLET BY MOUTH EVERY EVENING	ACTIVE

Active Non-VA Medications	Status
=====	
1) Non-VA ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL 2 PUFFS MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2) Non-VA ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML 1 BULLET	ACTIVE

(2ML) NEBULIZER TWICE A DAY

3)	Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE A DAY	ACTIVE
4)	Non-VA BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 BULLET (0.5MG/2ML) NEBULIZER TWICE A DAY	ACTIVE
5)	Non-VA CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB 2000UNIT MOUTH ONCE A DAY	ACTIVE
6)	Non-VA INDOMETHACIN 25MG CAPSULE 50MG MOUTH TWICE A DAY	ACTIVE
7)	Non-VA LIDOCAINE 4% TOP SOLN A SMALL AMOUNT AFFECTED AREA(S) 4 TIMES A DAY AS NEEDED	ACTIVE
8)	Non-VA MOMETASONE FUROATE 220MCG ORAL INHL 60 1 PUFF MOUTH TWICE A DAY	ACTIVE
9)	Non-VA OTHER HERBAL/OTC/NON-VA MED CAP/TAB FROVATRIPTAN 2.5MG TABLET MOUTH AS DIRECTED	ACTIVE
10)	Non-VA OTHER-ENTER NAME IN COMMENTS FIELD 1 TABLET MOUTH	ACTIVE
11)	Non-VA PANTOPRAZOLE 40MG EC TABLET 40MG MOUTH ONCE A DAY	ACTIVE
12)	Non-VA ROSUVASTATIN CA 40MG TABLET 20MG MOUTH EVERY EVENING	ACTIVE
13)	Non-VA SILDENAFIL 100MG TABLET 50MG MOUTH AS DIRECTED	ACTIVE
14)	Non-VA SUMATRIPTAN SUCCINATE 6MG/0.5ML RLF KIT 1 REFILL SYRINGE (6MG/0.5ML) UNDER THE SKIN AS DIRECTED	ACTIVE
15)	Non-VA TOPIRAMATE 200MG TAB 200MG MOUTH TWICE A DAY	ACTIVE
16)	Non-VA VERAPAMIL HCL 240MG SA TAB 120MG MOUTH TWICE A DAY	ACTIVE

Labs:

Hemoglobin A1C

Collection DT	Spec	A1C%
10/25/2018 08:30	BLOOD	6.3 H

10/25/2018	GLUCOSE	118.00 H	70- 109
10/25/2018	UREA NITROGEN	20.00	8- 25
10/25/2018	CREATININE, SERUM	1.00	0.7- 1.3
10/25/2018	SODIUM	142.00	136- 146
10/25/2018	POTASSIUM	4.10	3.6- 5.3

10/25/2018	CHLORIDE	107.00	102- 114
10/25/2018	CO2	29.00	24- 32
10/25/2018	ANION GAP	10.00	8- 16
10/25/2018	EGFR	74.00	60-
10/25/2018	COLOR, URINE	YELLOW	-
10/25/2018	APPEARANCE	SL CLOU Y	-Clear
10/25/2018	SPECIFIC GRAVITY	1.03	1.003-1.030
10/25/2018	PH, URINE	6.00	4.8- 7.5
10/25/2018	PROTEIN, URINE	1.00	NEG-TRACE
10/25/2018	GLUCOSE, URINE	NEG	- Neg
10/25/2018	KETONES, URINE	NEG	- Neg
10/25/2018	UROBILINOGEN		- 1.1
10/25/2018	BLOOD, URINE	NEG	NEG- NEG
10/25/2018	LEUKOCYTE ESTERASE	NEG	-NEGATIV
10/25/2018	NITRITE, URINE	NEG	- Neg
10/25/2018	RBC/HPF, URINE		0- 2
10/25/2018	WBC/HPF, URINE		0- 5
10/25/2018	BACTERIA, URINE	Rare	-Rare
10/25/2018	SQUAMOUS EPITHELIAL		0- 1
10/25/2018	MUCUS, URINE	Few	-
10/25/2018	CREATININE, SERUM	1.00	0.7- 1.3
10/25/2018	POTASSIUM	4.10	3.6- 5.3
10/25/2018	AST (SGOT)	19.00	13- 33
10/25/2018	ALT (SGPT)	14.00	7- 31
10/25/2018	CHOLESTEROL	142.00	140- 200
10/25/2018	TRIGL2	91.00	35- 200
10/25/2018	HDL	54.00	35- 67
10/25/2018	LDL 2	70.00	- 119

A:

BLOOD PRESSURE, Goal = 140/90 or 130/80, At goal? ☐ yes ☒ no

- Pertinent labs and pertinent diagnoses and history reviewed.
- BP above goal in clinic. Reports home BP near or at goal; however, patient feels this does not completely reflect overall BP control
- Patient previously on lisinopril and tolertated.
- Potential side effects with start of HCTZ. Will have patient stop at this time and continue to monitor reports sx's.
- Will start lisinopril and continue pharmacy follow up. Counseled on new start of medication, potential side effects, etc

P:

HTN:

- d/c HCTZ
- start lisinopril 10mg daily

=====
Risks and benefits of medication and alternatives to current plan were discussed. Medication counseling was provided on drug dose, schedule, storage, potential side effects, and significant drug interactions. A drug information handout will be provided with each prescription and the patient was advised to review and contact pharmacy if any questions.

The patient was advised to contact his/her primary care team or pharmacy clinic if questions or concerns. If any signs/symptoms of emergency, the patient was advised must seek emergency medical attention/call 911 as appropriate. The patient and or the patient's caregiver expressed satisfactory understanding of the medication regimen and is expected to be compliant with the regimen. If the patient did not have a current list of medications, one was provided to the

patient.

Follow up:

[x] With pharmacy clinic - 1 month in person

Time spent with patient [x] 45 min

PBM PharmD Pharmacotherapy Rem V10:

PHARMACIST INTERVENTIONS:

HYPERTENSION

Medication Intervention(s)

Discontinue and/or change to different medication

Initiate new medication

Nonpharmacologic intervention made

Medication reconciliation

Discontinue medication

Initiate medication

MEDICATION RECONCILIATION:

Medication Reconciliation-Updated/changes made.

The active medication list, including Non-VA medications, remote active VA meds, recently expired VA prescription (90-180 days) and recently discontinued VA prescription (90-180 days) and pending medication orders, was reviewed with the patient and caregiver.

The following discrepancies were identified and actions taken:

The following is an updated list of active medications. The importance

of managing medication information was explained to the patient/caregiver especially when medications are discontinued, changed,

or added. Patient/caregiver was reminded to carry a current medication

list at all times and provide this medication list to each provider

involved with his/her care. The patient does not have any non-VA medications if none are listed.

Active Outpatient Medications (including Supplies):

IBUPROFEN 800MG TABLET TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN IF YOU ARE TAKING THIS)	ACTIVE
LISINOPRIL 10MG TABLET TAKE ONE TABLET BY MOUTH ONCE A DAY (S) FOR BLOOD PRESSURE	ACTIVE
METFORMIN HCL 500MG TABLET TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH A MEAL FOR DIABETES	ACTIVE
MONTELUKAST 10MG TABLET TAKE ONE TABLET BY MOUTH EVERY EVENING	ACTIVE
Non-VA ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL 2 PUFFS MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
Non-VA ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML 1 BULLET (2ML) NEBULIZER TWICE A DAY	ACTIVE
Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE A DAY	ACTIVE
Non-VA BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 BULLET (0.5MG/2ML) NEBULIZER TWICE A DAY	ACTIVE
Non-VA CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB 2000UNIT MOUTH ONCE A DAY	ACTIVE
Non-VA INDOMETHACIN 25MG CAPSULE 50MG MOUTH TWICE A DAY	ACTIVE
Non-VA LIDOCAINE 4% TOP SOLN A SMALL AMOUNT AFFECTED AREA(S) 4 TIMES A DAY AS NEEDED	ACTIVE
Non-VA MOMETASONE FUROATE 220MCG ORAL INHL 60 1 PUFF MOUTH TWICE A DAY	ACTIVE
Non-VA OTHER HERBAL/OTC/NON-VA MED CAP/TAB FROVATRIPTAN 2.5MG TABLET MOUTH AS DIRECTED	ACTIVE
Non-VA OTHER-ENTER NAME IN COMMENTS FIELD 1 TABLET MOUTH	ACTIVE
Non-VA PANTOPRAZOLE 40MG EC TABLET 40MG MOUTH ONCE A DAY	ACTIVE
Non-VA ROSUVASTATIN CA 40MG TABLET 20MG MOUTH EVERY EVENING	ACTIVE
Non-VA SILDENAFIL 100MG TABLET 50MG MOUTH AS DIRECTED	ACTIVE
Non-VA SUMATRIPTAN SUCCINATE 6MG/0.5ML RLF KIT 1 REFILL SYRINGE (6MG/0.5ML) UNDER THE SKIN AS DIRECTED	ACTIVE
Non-VA TOPIRAMATE 200MG TAB 200MG MOUTH TWICE A DAY	ACTIVE
Non-VA VERAPAMIL HCL 240MG SA TAB 120MG MOUTH TWICE A DAY	ACTIVE

/es/ ZACHARY J. ROXBURGH PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921

Signed: 02/28/2019 11:22

PRIMARY CARE SECURE MESSAGING

Details

Date entered: February 25, 2019

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: February 25, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: FEB 25, 2019@10:44:48 ENTRY DATE: FEB 25,
2019@07:44:48

AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 02/23/2019 07:08 PM

From: CAMPBELL, RONALD

To: **AUB PACT TEAM 3

Subject: HYDROCHLOROTHIAZIDE

I have experienced nausea, constipation, bloating and weight loss since introducing this medication without any other changes to my diet or my daily regimen.

I have not traveled anywhere or had any illness during this timeframe, introduced any new medications or supplements or had any changes in dosages of

any my current
Medications been made.

Please advise what actions I should take

Ron Campbell.

-----Original Message-----

Sent: 02/25/2019 10:44 AM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: HYDROCHLOROTHIAZIDE

Hello,
I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 02/25/2019 07:44

Receipt Acknowledged By:
02/25/2019 07:49 /es/ HTWE H.
LWIN,MD

PHYSICIAN

02/25/2019 ADDENDUM STATUS: COMPLETED
Pt did not fup in Pharm D clinic for BP follow up as schedule (please see
front
sheet). Please advise to schedule f/up in Pharm D clinic in person to
discuss the
medication adjustment and BP follow up ASAP.

/es/ HTWE H. LWIN,MD
PHYSICIAN
Signed: 02/25/2019 07:56

Receipt Acknowledged By:

02/25/2019 08:45 /es/ RICHARD A
BUKSNAITIS

RN, BSN, CEN

02/27/2019 10:45 /es/ DEBORAH L
SCOTT

Advanced Medical Support

Assistant

02/25/2019 ADDENDUM

STATUS: COMPLETED

Notified vet via secure messaging.

/es/ RICHARD A BUKSNAITIS

RN, BSN, CEN

Signed: 02/25/2019 08:46

02/27/2019 ADDENDUM

STATUS: COMPLETED

Patient does not feel that the pharmacy should be f/u with his symptoms.
Does

not feel like it has anything to do with his BP. He would like to see a
provider to discuss "I have experienced nausea, constipation, bloating
and

weight loss since

introducing this medication without any other changes to my diet or my
daily

regimen." Per secure message.

/es/ DEBORAH L SCOTT

Advanced Medical Support Assistant

Signed: 02/27/2019 10:50

Receipt Acknowledged By:

02/27/2019 10:54 /es/ RICHARD A
BUKSNAITIS

RN, BSN, CEN

02/27/2019 10:56 /es/ HTWE H.
LWIN, MD

PHYSICIAN

02/27/2019 ADDENDUM

STATUS: COMPLETED

Pt stated his symptoms are related to the new medication for his BP which was prescribed from Pharm D clinic. Pt should f/up in Pharm D clinic for med changes.

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 02/27/2019 10:57

Receipt Acknowledged By:

02/27/2019 11:08 /es/ RICHARD A

BUKSNAITIS

RN,BSN,CEN

02/27/2019 ADDENDUM

STATUS: COMPLETED

Spoke with veteran and informed him that the pharmacist will help with side effects of medications and BP control.

Veteran stated that he just wanted to let Dr. Lwin know that he occasionally worries about his prostate, due to having prostate cancer and the prostate removed in 2010, and in 2012, radiation. He was told by the oncologist that every 5 years he is at risk for developing prostate cancer, so he checks his PSA levels regularly.

Veteran agreed to continue with Pharm D visit

Call transferred to MSA for scheduling Pharm D appointment

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 02/27/2019 11:07

Receipt Acknowledged By:

02/27/2019 11:09 /es/ HTWE H.
LWIN, MD

PHYSICIAN

Optometry 60262

Details

Date entered: February 5, 2019**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** CRISTA CORBETT**Signed by:** CRISTA CORBETT**Date signed:** February 5, 2019

Note

LOCAL TITLE: Optometry 60262

STANDARD TITLE: OPTOMETRY NOTE

DATE OF NOTE: FEB 05, 2019@09:58 ENTRY DATE: FEB 05,
2019@09:58:57

AUTHOR: CORBETT, CRISTA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Age: 68 y.o. Race: WHITE sex: MALE

Chief Complaint: Here for dm eye exam

HPI:

LS: does not know onset: 4-5 yrs. Gets checked every 6 months at least.

Past Ocular History:

Denies eye injury, surgery or pain

-glc

-arnd

fohx

+glc mom

-arnd

Medication:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.	ACTIVE
2) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
3) INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD ----- DOSAGE CHANGE	ACTIVE
4) LIDOCAINE HCL 4% TOP SOLN INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.	ACTIVE
5) LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6) ONDANSETRON HCL 4MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA AND VOMITING.	ACTIVE
7) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
8) TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE
9) TRIAMCINOLONE ACETONIDE 0.025% CREAM APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH	ACTIVE
10) VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE

Active Non-VA Medications	Status
=====	
1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE

11 Total Medications

Remote medications list 12/10:

Active Medications from Remote Data

IBUPROFEN 800MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS
PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN
IF YOU ARE TAKING THIS)

Quantity: 60 Days Supply: 30

3 refills remaining until 11/27/19

Last filled 01/02/19 at IOANNIS A. LOUGARIS VAMC (Active)

METFORMIN HCL 500MG TAB

Sig: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH A MEAL
FOR DIABETES

Quantity: 270 Days Supply: 90

3 refills remaining until 12/27/19

Last filled 12/26/18 at IOANNIS A. LOUGARIS VAMC (Active)

HYDROCHLOROTHIAZIDE 25MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE

Quantity: 30 Days Supply: 30

3 refills remaining until 12/29/19

Last filled 01/30/19 at IOANNIS A. LOUGARIS VAMC (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING

Quantity: 30 Days Supply: 30

5 refills remaining until 01/16/20

Last filled 01/15/19 at IOANNIS A. LOUGARIS VAMC (Active)

Eye medications:

None

Past Medical History:

Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate	11/05/16
FIECHTNER, BRIDG	
2. Dysthymia	02/08/16
BAHTEN, REGINA	

S
3. Chronic pain syndrome 12/08/15
BAHTEN, REGINA
S
4. Cervical radiculitis (SNOMED CT 11049006) 07/23/14 LEE, JEAN
5. Depressive Disorder NOS * 04/02/14
BAHTEN, REGINA
S
6. Cluster headache (SNOMED CT 193031009) 02/07/14
APPERSON, MICHEL
7. Chronic obstructive lung disease 09/22/17
FIECHTNER, BRIDG
8. Benign hypertension 11/26/13 CHANG, MYO
S
9. Hyperlipidemia (SNOMED CT 55822004) 11/05/16
FIECHTNER, BRIDG
10. Type 2 diabetes mellitus (SNOMED CT 44054006) 11/05/16
FIECHTNER, BRIDG
11. Headache (SNOMED CT 25064002) 02/04/16
REMLER, MICHAEL
12. Carcinoma, Prostate 11/26/13 CHANG, MYO
S
13. Arthralgias NOS 11/26/13 CHANG, MYO
S
14. Impotence 11/26/13 CHANG, MYO
S
15. Vitamin D deficiency (SNOMED CT 34713006) 11/26/13 CHANG, MYO
S

Allergies: PENICILLIN, PREDNISONE

Social History:

Service Connection:

S/C Disabilities: LOWER LEG CONDITION 20% SC
S/C Disabilities: BACK STRAIN 20% SC
S/C Disabilities: TRAUMATIC ARTHRITIS 10% SC
S/C Disabilities: IMPAIRMENT OF FEMUR 10% SC
S/C Disabilities: KNEE CONDITION 10% SC
S/C Disabilities: KNEE CONDITION 10% SC

Marital Status: MARRIED

Occupation:
Tobacco Use:
Alcohol Use:
Marajuana Use:

Exam:

Patient Mental Status: alert and oriented x3

Pulse: 69 (12/28/2018 09:36)

BP: 167/77 (12/28/2018 09:36)

02/13/2018	HGBA1c	6.60	H
02/08/2016	HGBA1c	5.90	
06/11/2015	HGBA1c	6.50	H

Visual acuity:

/ 20/25	wc	PH	Right Eye
\ 20/40	wc	PH	Left Eye

Wearing:

/ +1.50	add	Right Eye
\ +1.25		Left Eye

AR:

+0.75+0.50x135

+1.00+0.50x070

Manifest refraction:

/ +0.75 +0.50 x 135 20/25	add +2.50	Right Eye
\ +1.00 +0.50 x 070 20/25		Left Eye

Pupils: Afferent: none

/ 4 mm	Right Eye
\ 4 mm	Left Eye

CVF:

/ FTC	Right Eye
\ FTC	Left Eye

Motility (ductions):

/ Full	Right Eye
\ Full	Left Eye

Tonometry (Icare):	Time: 1000	lids held
/ 10 mmHg		Right Eye
\ 11 mmHg		Left Eye

Dilation: tropicamide 1% & phenylephrine 2.5% @ 1000

Slit Lamp Exam:

L/L:	normal	normal

Conj:	W&Q	W&Q

Cornea:	clear	clear

A/C	D&Q	D&Q

Iris:	normal	normal
	no rubeosis	no rubeosis

Lens:	1+ NS	1+ NS

Fundus:

c:d	0.30	0.30

macula	wnl	wnl

DATE OF NOTE: JAN 25, 2019@14:15:10 ENTRY DATE: JAN 25,
2019@11:15:11

AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 01/17/2019 10:10 AM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: Methylprednisolone

I just saw your email after sending the following to the General Neurology email address

Completed prednisone pak on 1/15

Cluster headaches returned night of 1/16. Aborted with 15L of oxygen and sleep

continued using 5L flow from concentrator intermixed with 15L flows from 02

tanks when awakened by more severe attacks throughout the night. No attacks during the day.

This has been the prednisone results the last 2 times it has been used. Not too effective.

New article you might find interesting. Migraine/Clusters Circadian Rhythms

Posted on Wed, January 9, 2019 by The Will Erwin Headache Research Foundation.

I'm working now on personal improvements in this area. See you in March Dr McCraney.

Ron Campbell 2701

/es/ Christine N. Battistella, RN
Nurse Manager Medical Specialty
Signed: 01/25/2019 11:15

Receipt Acknowledged By:
02/06/2019 13:02 /es/ David P. McCraney,
MD
Staff
Neurologist

PRIMARY CARE SECURE MESSAGING

Details

Date entered: January 15, 2019
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: RICHARD A BUKSNAITIS
Signed by: RICHARD A BUKSNAITIS
Date signed: January 15, 2019

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JAN 15, 2019@10:32:53 ENTRY DATE: JAN 15,
2019@07:32:54
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 01/15/2019 12:22 AM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: MONTELUKAST

Montelukast NA 10 MG TAB
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. Rx#
24860534

I have 14 days left on my Mather prescription.

Please initiate a new prescription and ship as part of my transfer to Aub
Pac
Team 3.

Thanks

Ron Campbell 2701

-----Original Message-----

Sent: 01/15/2019 10:32 AM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: MONTELUKAST

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 01/15/2019 07:32

Receipt Acknowledged By:
01/15/2019 07:51 /es/ HTWE H.
LWIN,MD

PHYSICIAN

PRIMARY CARE SECURE MESSAGING

Details

Date entered: December 28, 2018

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: December 28, 2018

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 28, 2018@18:11:56 ENTRY DATE: DEC 28,
2018@15:11:57

AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 12/28/2018 06:02 PM

From: CAMPBELL, RONALD

To: **AUB PACT TEAM 3

Subject: General Inquiry

Sorry for the scattered responses. I'm learning the navigation through these communications.

I read Zach's response abouts the individual medication's effects on renal function. My concern was on the warnings I read about "interaction"

So "YES" I am interested in alternative BP treatment. I cannot urge more the importance of having daily pain relief for my service connected knee, hip and back injuries in order just to function while insuring long term protection of my vital organs.

-----Original Message-----

Sent: 12/28/2018 06:11 PM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: General Inquiry

Hello,

I will forward you message to pharmacist Zach

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 12/28/2018 15:11

Receipt Acknowledged By:
12/28/2018 15:31 /es/ ZACHARY J. ROXBURGH
PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC,
530-889-4921

12/28/2018 ADDENDUM STATUS: COMPLETED
Discontinued Lisinopril/HCTZ.

Ordered HCTZ 25mg daily for patient to start.

Will ask pharm tech to contact patient and reschedule pharmacy appointment
from
1/3/19 to 2-3 weeks from now.

/es/ ZACHARY J. ROXBURGH PHARM.D.
CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921
Signed: 12/28/2018 15:33

Receipt Acknowledged By:
12/28/2018 16:25 /es/ BRYAN S LOPEZ,
CPhT

PHARMACY TECHNICIAN

x6222

PRIMARY CARE SECURE MESSAGING**Details****Date entered:** December 28, 2018**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** RICHARD A BUKSNAITIS**Signed by:** RICHARD A BUKSNAITIS**Date signed:** December 28, 2018**Note**

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 28, 2018@16:06:24 ENTRY DATE: DEC 28,
2018@13:06:25
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 12/20/2018 12:00 PM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: General Inquiry

Hello,

Message from Zach from pharmacy:

Patient's last renal function labs 10/2018 were normal and will continued to be monitored with PCP follow up. There is a potential risk of renal dysfunction of the use of ACE inhibitors and NSAID medications; however, it is not uncommon to

take both and monitor effects. The recommendation of drug interaction resources is to monitor care, labs, and vitals.

Ibuprofen and NSAID medications can alone have detrimental effects to renal function and BP when used chronically and long-term, patient should be aware to try to limit ibuprofen use if possible; however, understand if current medication is the best option for current workers comp pain.

This combination of lisinopril/HCTZ medication was initially recommended by patient's outside provider. If patient would like to trial an alternate BP medication at this time, will change to just diurectic medication as follows:
- HCTZ 25mg daily.

/es/ ZACHARY J. ROXBURGH PHARM.D.
CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921

-----Original Message-----

Sent: 12/28/2018 04:02 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: General Inquiry

This combination will most likely be used in conjunction long term as my 60% service connected is associated with the need for the NSAID medication.

At this time I am unwilling to risk "detrimental effects to renal function and BP when used chronically and long-term" This patient is aware that I should limit ibuprofen use but at this time quality of my functionality in life makes

it impossible for me to do so.

I will have to discuss other options with my care provider. I am not going to move forward with the lisiniprol at this time.

Ron Campbell

-----Original Message-----

Sent: 12/28/2018 04:06 PM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: General Inquiry

Hello,

I will forward your message to pharmacist and PCP

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 12/28/2018 13:06

Receipt Acknowledged By:
12/28/2018 14:18 /es/ HTWE H.
LWIN,MD

PHYSICIAN
12/28/2018 14:26 /es/ ZACHARY J. ROXBURGH
PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC,

530-889-4921

PRIMARY CARE SECURE MESSAGING

Details

Date entered: December 28, 2018

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: December 28, 2018

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 28, 2018@13:37:57 ENTRY DATE: DEC 28,
2018@10:37:58
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 12/28/2018 01:30 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: Lisiniprol Ibuprofen Kidney Function

I'm at VA Neuro today. My BP came in high again. You should be able to see it on my file. haven't heard anything back from Pharmacy since your note on the 20th

Ron Campbell 2701

-----Original Message-----

Sent: 12/28/2018 01:37 PM
From: BUKSNAITIS, RICHARD

To: CAMPBELL, RONALD

Subject: Lisiniprol Ibuprofen Kidney Function

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 12/28/2018 10:37

Receipt Acknowledged By:

12/28/2018 10:43 /es/ HTWE H.

LWIN,MD

PHYSICIAN

12/28/2018 10:58

/es/ ZACHARY J. ROXBURGH

PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC,

530-889-4921

12/28/2018 ADDENDUM

STATUS: COMPLETED

Not should forward to pharm D.

/es/ HTWE H. LWIN,MD

PHYSICIAN

Signed: 12/28/2018 10:43

Receipt Acknowledged By:

12/28/2018 10:56 /es/ RICHARD A

BUKSNAITIS

RN,BSN,CEN

12/28/2018 ADDENDUM

STATUS: COMPLETED

Reply sent on 12/20/18. Attempt to call patient and left discrete message regarding question form 12/20/18.

/es/ ZACHARY J. ROXBURGH PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921

Signed: 12/28/2018 10:59

Receipt Acknowledged By:

12/28/2018 11:08 /es/ RICHARD A

BUKSNAITIS

RN, BSN, CEN

12/28/2018 11:04 /es/ HTWE H.

LWIN, MD

PHYSICIAN

Neurology 11000

Details

Date entered: December 28, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DAVID MCCRANEY

Signed by: DAVID MCCRANEY

Date signed: December 28, 2018

Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: DEC 28, 2018@10:44 ENTRY DATE: DEC 28,
2018@10:44:06

AUTHOR: MCCRANEY, DAVID

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

NEUROLOGY

PCP:

68m for followup of cluster headache. Is having daily headaches. Appears to be in an exacerbation right now. Has to use oxygen at 10LPM in order to get any sleep.

PMH

Problem list:

ACTIVE PROBLEM LIST

History of malignant neoplasm of prostate (SCT 428262008)	NOV 05, 2016
Dysthymia (SCT 78667006)	FEB 08, 2016
Chronic pain syndrome (SCT 373621006)	DEC 08, 2015
Cervical radiculitis (ICD-9-CM 723.4)	JUL 23, 2014
Depressive Disorder NOS (ICD-9-CM 311.)	APR 02, 2014
Cluster headache (ICD-9-CM 339.00)	FEB 07, 2014
Chronic obstructive lung disease (SCT 13645005)	SEP 22, 2017
Benign hypertension (ICD-9-CM 401.9)	NOV 26, 2013
Hyperlipidemia (SCT 55822004)	NOV 05, 2016
Type 2 diabetes mellitus (SCT 44054006)	NOV 05, 2016
Headache (SCT 25064002)	FEB 04, 2016
Carcinoma, Prostate (ICD-9-CM 185.)	NOV 26, 2013
Arthralgias NOS (ICD-9-CM 719.40)	NOV 26, 2013
Impotence (ICD-9-CM 607.84)	NOV 26, 2013
Vitamin D deficiency (ICD-9-CM 268.9)	NOV 26, 2013

Meds:

Computer is the source for the following medication list:

CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Sig: TAKE ONE TABLET BY MOUTH
ONCE

DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.

ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO

LOWER CHOLESTEROL.

FROVATRIPTAN 2.5MG TAB PKG 9 Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER

2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER

MIGRAINE HEADACHES

VERAPAMIL HCL 120MG SA TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE

CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

NEEDLE, FILTER 18G, 5 MICRON, 1 1/2IN Sig: USE FILTER NEEDLE ONCE DAILY AS NEEDED

TO BE USED TO EXTRACT DIHYDROERGOTAMINE - SWAP NEEDLES PRIOR TO INJECTION LIDOCAINE HCL 4% TOP SOLN Sig: INSTILL 4 DROPS NASAL FOUR TIMES A DAY AS NEEDED - FOR CLUSTER HEADACHES. APPLY TO AFFECTED NOSTRIL, 4 DROPS EACH DOSE.

TOPIRAMATE 200MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE

PREVENTION

INDOMETHACIN 25MG CAP Sig: TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE

TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD -----

DOSAGE CHANGE

TRIAMCINOLONE ACETONIDE 0.025% CREAM Sig: APPLY SMALL AMOUNT TOPICALLY TWICE A

DAY FOR RASH

LOSARTAN 50MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Sig: INHALE 2 PUFFS BY ORAL INHALATION

EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.

SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT Sig: INJECT 1 CARTRIDGE (6MG/0.5ML)

UNDER THE SKIN AS NEEDED FOR MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN

24 HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING ERGOTAMINE/ERGOT-

CONTAINING DRUGS.

EXAM

VITALS: 12/28/2018 09:36 BP:167/77 HR:69 Wt:191 lb [86.8 kg]

Alert, coherent. A little irritable. No bulbar weakness, no Horner's, independently ambulatory

DATA

Collection DT	Specimen	Test Name	Result	Units	Ref
Range					
02/13/2018 08:14	BLOOD	HGBA1c	6.6 H	%	4.1 -
5.7					
02/13/2018 08:14	BLOOD	eAG	143 H	mg/dL	74 -
118					
03/13/2018	LDL CHOLESTEROL	101.00			

IMAGING

No data available

IMPRESSION

Cluster headache.

Good that the SPG block is working, bad that it doesn't have persistent benefit.

This does suggest however that SPG implant might be effective. I believe these

are being done at PAVA, referral sent

He can have short course of steroids for current flareup

Followup thru headache clinic at mcclelland

/es/ David P. McCraney, MD

Staff Neurologist

Signed: 12/28/2018 11:01

PRIMARY CARE SECURE MESSAGING

Details

Date entered: December 26, 2018

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: RICHARD A BUKSNAITIS

Signed by: RICHARD A BUKSNAITIS

Date signed: December 26, 2018

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 26, 2018@10:46:10 ENTRY DATE: DEC 26,
2018@07:46:11

AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 12/24/2018 03:04 PM

From: CAMPBELL, RONALD

To: **AUB PACT TEAM 3

Subject: Metformin

On 12/8 I submitted my last fill request to Mather for
METFORMIN HCL 500MG TAB RX25304988 Take one tablet 3X per day

no action has been taken

I currently have enough medication to last thru Wednesday

-----Original Message-----

Sent: 12/26/2018 10:46 AM

From: BUKSNAITIS, RICHARD

To: CAMPBELL, RONALD

Subject: Metformin

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 12/26/2018 07:46

Receipt Acknowledged By:

12/26/2018 07:55 /es/ HTWE H.

LWIN,MD

PHYSICIAN

12/26/2018 ADDENDUM

STATUS: COMPLETED

Metformin - CORRECTION

Medication will last thru Thursday 12/27

Ron

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 12/26/2018 07:47

12/26/2018 ADDENDUM STATUS: COMPLETED
Mailing out 10 day supply of Metformin from Reno today to last until full
90 day
supply is delivered from CMOP.

/es/ KAYLA J. FRANCIS, PHARM.D.
CLINICAL PHARMACIST, 775-276-3864
Signed: 12/26/2018 12:05

Neurology Secure Messaging

Details

Date entered: December 20, 2018
Location: SACRAMENTO VA MEDICAL CENTER
Written by: DAWN Y TAYLOR
Signed by: DAWN Y TAYLOR
Date signed: December 20, 2018

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: DEC 20, 2018@13:11:52 ENTRY DATE: DEC 20,
2018@10:11:53
AUTHOR: TAYLOR,DAWN Y EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 12/18/2018 10:06 AM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Amivig

Following up. Any update available on the Amivig status?

I understood from my last appointment that these injections might be a current cluster headache maintenance treatment option.

Wishing you and your family a blessed holiday season.

Ron Campbell
Meadow Vista

-----Original Message-----

Sent: 12/18/2018 12:38 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Amivig

Mr. Campbell,

Per Dr. McCraney's note you want to start on Amivig once you read up on it?

He also wanted to see you in a month, so when he sees you on 12/28/18 @ 0930 you can inform him you want to start the Amivig?

I will see you then,

Thank you,
Dawn

-----Original Message-----

Sent: 12/18/2018 02:40 PM

From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Amivig

Ok. My 11/29 email was intended to advise him I was ready to go with Amivig. I guess there was a misunderstanding.

OK. I'll advise him face to face on the 28th as necessary.

Thanks

Ron

-----Original Message-----

Sent: 12/18/2018 03:11 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Amivig

Mr. Campbell,

I didn't realize that, he is at McClellan today, I will tell him tomorrow when he is at Mather and my suggestion is still keep the 12/28/18 appointment with Dr. McCraney.

Thank you,
Dawn Y. Taylor, RN
Care Manager, Neurology Clinic
Mather VAMC

-----Original Message-----

Sent: 12/19/2018 07:33 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N

Subject: Amivig

Ok. My 11/29 email was intended to advise him of the fact I was ready to go ahead with the medication.

OK. Ill advise him face to face on the 28th if he can't order it until then.

Thanks

Ron

-----Original Message-----

Sent: 12/19/2018 07:34 PM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: Amivig

Ok. My 11/29 email was intended to advise him of the fact I was ready to go ahead with the medication.

OK. Ill advise him face to face on the 28th if he can't order it until then.

Thanks

Ron

-----Original Message-----

Sent: 12/20/2018 11:25 AM

From: TAYLOR, DAWN

To: CAMPBELL, RONALD

Subject: Amivig

Mr. Campbell,

I will discuss with Dr. McCraney, our previous email. He was on call yesterday and doing outpatients and on call today after seeing patients. I haven't had a chance to discuss the information with him due to him rushing over to the hospital.

I am not intentionally holding on to your request

He is very busy
My apologies
Dawn Y. Taylor, RN
Care Manager, Neurology
Mather, VAMC

-----Original Message-----

Sent: 12/20/2018 01:10 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Amivig

Again,

Mr. Campbell,

I forwarded the original message to Dr. McCraney on 11/30/2018. I will forward this chain to him as well.

Thank you,
Dawn

/es/ Dawn Y. Taylor, RN, MSN, CCM
Case Manager, Neurology Clinic, SAC
Signed: 12/20/2018 10:11

Receipt Acknowledged By:

12/20/2018 14:29 /es/ David P. McCraney,
MD

Staff

Neurologist

12/20/2018 ADDENDUM STATUS: COMPLETED
pharmacy is not approving erenumab for cluster headache

/es/ David P. McCraney, MD
Staff Neurologist
Signed: 12/20/2018 14:30

PRIMARY CARE SECURE MESSAGING

Details

Date entered: December 20, 2018
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: RICHARD A BUKSNAITIS
Signed by: RICHARD A BUKSNAITIS
Date signed: December 20, 2018

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: DEC 20, 2018@10:36:48 ENTRY DATE: DEC 20,
2018@07:36:50
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 12/19/2018 07:30 PM
From: CAMPBELL, RONALD

To: **AUB PACT TEAM 3

Subject: Lisiniprol Ibuprofen Kidney Function

Hi Richard

Whenever I receive a new prescription I try and cross reference it for interactions with the other medications I take. I found there is an interaction statement between lisiniprol and Ibuprofen.

I take two 800mg ibuprofen tabs/day for service connected ortho pain.

The warning I'm most concerned about is the potential for kidney function issues.

This wasn't brought up at the recent lisiniprol consultation I had with the Auburn VA pharmacist. I also don't recall discussing a schedule for screening if I continue taking these two together.

So I'm holding off starting the lisiniprol until I get the word on how to proceed.

I do require non-narcotic pain medication stronger than standard OTC but want to insure I'm doing the right thing in terms of being protected.

Thanks Richard

Ron

Meadow Vista

-----Original Message-----

Sent: 12/20/2018 10:36 AM

From: BUKSNAITIS, RICHARD

To: CAMPBELL, RONALD

Subject: Lisiniprol Ibuprofen Kidney Function

Hello,

I will forward your message to Zach in pharmacy

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 12/20/2018 07:36

Receipt Acknowledged By:

12/20/2018 08:39 /es/ ZACHARY J. ROXBURGH

PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC,

530-889-4921

12/20/2018 ADDENDUM

STATUS: COMPLETED

Patient's last renal function labs 10/2018 were normal and will continued to be

monitored with PCP follow up. There is a potential risk of renal dysfunction of

the use of ACE inhibitors and NSAID medications; however, it is not uncommon to

take both and monitor effects. The recommendation of drug interaction resources

is to monitor care, labs, and vitals.

Ibuprofen and NSAID medications can alone have detrimental effects to renal

function and BP when used chronically and long-term, patient should be aware to

try to limit ibuprofen use if possible; however, understand if current medication is the best option for current workers comp pain.

This combination of lisinopril/HCTZ medication was initially recommended by

patitent's outside provider. If patient would like to trial an alternate BP

medication at this time, will change to just diurectic medication as follows:

- HCTZ 25mg daily.

/es/ ZACHARY J. ROXBURGH PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921

Signed: 12/20/2018 08:51

Receipt Acknowledged By:

12/20/2018 09:01 /es/ RICHARD A

BUKSNAITIS

RN,BSN,CEN

12/20/2018 ADDENDUM

STATUS: COMPLETED

Notified vet via secure messaging.

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 12/20/2018 09:01

PHARMACY CLINIC

Details

Date entered: December 6, 2018

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: ZACHARY ROXBURGH

Signed by: ZACHARY ROXBURGH

Date signed: December 6, 2018

Note

LOCAL TITLE: PHARMACY CLINIC

STANDARD TITLE: PHARMACY MEDICATION MGT NOTE

DATE OF NOTE: DEC 06, 2018@09:01 ENTRY DATE: DEC 06,
2018@09:01:56

AUTHOR: ROXBURGH, ZACHARY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

S: Patient presents to pharmacy clinic for management of hypertension.
Patient
seen following med rec request from PCP. Non-VA provider recommended
lisinopril/HCTZ 10/12.5mg daily, patient has not filled or started taking
from
non-VA. Patient previously on lisinopril many years ago from Seattle VA
with no
issues. Patient stopped on his own. Not taking losartan 50mg daily from
Mather
VA. Checking home BP daily and reports from memory.

Medications related to disease management
- Verapamil 120mg BID for cluster headaches
- no current medications specifically for BP

Potential drugs that may contribute to hypertension include:
- NSAIDS, previously indomethacin. Changed to ibuprofen recently

Symptoms of concern: none

Adverse drug effects: denies

Social History:

Tobacco: denies. quit 40+ years ago
ETOH: denies, triggers headaches
Illicit substance use: denies
Dietary intake: limited discussion, defer detailed info at future
appointment
Exercise: deferred
Compliance: good per pt

O:

Hypertension risk factors:

- ☐ smoking/tobacco use: pk/yr
- ☒ Dyslipidemia
- ☒ Diabetes
- ☒ Male gender
- ☒ Age greater than 60 years
- ☐ family history of coronary vascular disease (CVD)

Vitals:

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN	WT (LB)	P OX
11/27/18 @ 1233	97.8	63	16		7	187.4	96
11/27/18 @ 1233				140/79			
10/30/18 @ 1236	98.3	64	18	123/73	3	187.5	97

Home readings: checking daily. per memory
135-155/75-85

Clinic Readings:

Left: 144/86 p 71
Second: 153/83 p 68

Allergy/ADR: PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) IBUPROFEN 800MG TABLET TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN IF YOU ARE TAKING THIS)	ACTIVE

Active Non-VA Medications	Status
1) Non-VA ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL 2 PUFFS MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2) Non-VA ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML 1 BULLET (2ML) NEBULIZER TWICE A DAY	ACTIVE
3) Non-VA BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 BULLET (0.5MG/2ML) NEBULIZER TWICE A DAY	ACTIVE
4) Non-VA CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB 2000UNIT MOUTH ONCE A DAY	ACTIVE
5) Non-VA INDOMETHACIN 25MG CAPSULE 50MG MOUTH TWICE A DAY	ACTIVE
6) Non-VA LOSARTAN 50MG TABLET 50MG MOUTH ONCE A DAY **not taking. Never started from Mather VA	ACTIVE

- 7) Non-VA METFORMIN HCL 500MG TABLET 500MG MOUTH 3 TIMES A DAY ACTIVE
- 8) Non-VA MOMETASONE FUROATE 220MCG ORAL INHL 60 1 PUFF MOUTH TWICE A DAY ACTIVE
- 9) Non-VA MONTELUKAST 10MG TABLET 10MG MOUTH EVERY EVENING ACTIVE
- 10) Non-VA OTHER HERBAL/OTC/NON-VA MED CAP/TAB FROVATRIPTAN 2.5MG TABLET MOUTH AS DIRECTED ACTIVE
- 11) Non-VA ROSUVASTATIN CA 40MG TABLET 20MG MOUTH EVERY EVENING ACTIVE
- 12) Non-VA SILDENAFIL 100MG TABLET 50MG MOUTH AS DIRECTED ACTIVE
- 13) Non-VA SUMATRIPTAN SUCCINATE 6MG/0.5ML RLF KIT 1 REFILL SYRINGE (6MG/0.5ML) UNDER THE SKIN AS DIRECTED ACTIVE
- 14) Non-VA TOPIRAMATE 200MG TAB 200MG MOUTH TWICE A DAY ACTIVE
- 15) Non-VA TRIAMCINOLONE 0.025% CR. 1GM A THIN LAYER AFFECTED AREA(S) TWICE A DAY ACTIVE
*not taking. requesting d/c
- 16) Non-VA VERAPAMIL HCL 240MG SA TAB 120MG MOUTH EVERY MORNING ACTIVE
**BID, not once daily

Updated below to non-VA meds:

- lidocaine
- DHE
- ASA 81mg

Labs:

Hemoglobin A1C

Collection DT	Spec	A1C%
10/25/2018 08:30	BLOOD	6.3 H

10/25/2018	GLUCOSE	118.00 H	70- 109
10/25/2018	UREA NITROGEN	20.00	8- 25
10/25/2018	CREATININE, SERUM	1.00	0.7- 1.3
10/25/2018	SODIUM	142.00	136- 146
10/25/2018	POTASSIUM	4.10	3.6- 5.3
10/25/2018	CHLORIDE	107.00	102- 114
10/25/2018	CO2	29.00	24- 32
10/25/2018	ANION GAP	10.00	8- 16

10/25/2018	EGFR	74.00	60-
10/25/2018	COLOR, URINE	YELLOW	-
10/25/2018	APPEARANCE	SL CLOU Y	-Clear
10/25/2018	SPECIFIC GRAVITY	1.03	1.003-1.030
10/25/2018	PH, URINE	6.00	4.8- 7.5
10/25/2018	PROTEIN, URINE	1.00	NEG-TRACE
10/25/2018	GLUCOSE, URINE	NEG	- Neg
10/25/2018	KETONES, URINE	NEG	- Neg
10/25/2018	UROBILINOGEN		- 1.1
10/25/2018	BLOOD, URINE	NEG	NEG- NEG
10/25/2018	LEUKOCYTE ESTERASE	NEG	-NEGATIV
10/25/2018	NITRITE, URINE	NEG	- Neg
10/25/2018	RBC/HPF, URINE		0- 2
10/25/2018	WBC/HPF, URINE		0- 5
10/25/2018	BACTERIA, URINE	Rare	-Rare
10/25/2018	SQUAMOUS EPITHELIAL		0- 1
10/25/2018	MUCUS, URINE	Few	-
10/25/2018	CREATININE, SERUM	1.00	0.7- 1.3
10/25/2018	POTASSIUM	4.10	3.6- 5.3
10/25/2018	AST (SGOT)	19.00	13- 33
10/25/2018	ALT (SGPT)	14.00	7- 31
10/25/2018	CHOLESTEROL	142.00	140- 200
10/25/2018	TRIGL2	91.00	35- 200
10/25/2018	HDL	54.00	35- 67
10/25/2018	LDL 2	70.00	- 119

A:

BLOOD PRESSURE, Goal = 140/90 or 130/80, At goal? ☐ yes ☒ no

- BP not at goal in clinic and consistent with previous clinic visits. Home BP

above goal or boarderline and consistent with clinic readings

- Patient previously on lisinopril and tolertated.
- Pertinent labs and pertinent diagnoses and history reviewed. Appropriate to

start ACEi and thiazide at this time

- Patient has BP cuff and log at home. Will bring to next appointment.
- Complete med rec completed of non-VA and Mather VA meds from patient list.

Patient has refills from Mather VA and will continue filling per PCP instructions and contact clinic when needing transferring of rxs.

- Will start BP medication as recommended by non-VA. Will follow up close for

BP monitoring and med titration PRN.

P:

HTN:

- start lisinopril/HCTZ 10/12.5mg daily

=====
Risks and benefits of medication and alternatives to current plan were discussed. Medication counseling was provided on drug dose, schedule, storage, potential side effects, and significant drug interactions. A drug information handout will be provided with each prescription and the patient was advised to review and contact pharmacy if any questions.

The patient was advised to contact his/her primary care team or pharmacy clinic if questions or concerns. If any signs/symptoms of emergency, the patient was advised must seek emergency medical attention/call 911 as appropriate. The patient and or the patient's caregiver expressed satisfactory understanding of the medication regimen and is expected to be compliant with the regimen. If the patient did not have a current list of

medications, one was provided to the patient.

Follow up:

[x] With pharmacy clinic - 4 weeks in person

Time spent with patient [] 15 min [x] 30 min

PBM PharmD Pharmacotherapy Rem V10:

PHARMACIST INTERVENTIONS:

HYPERTENSION

Medication Intervention(s)

Initiate new medication

Nonpharmacologic intervention made

Medication reconciliation

Adjust dose, frequency, duration and/or dosage form of medication

Discontinue medication

Initiate medication

MEDICATION RECONCILIATION:

Medication Reconciliation-Updated/changes made.

The active medication list, including Non-VA medications, remote active VA meds, recently expired VA prescription (90-180 days) and recently discontinued VA prescription (90-180 days) and pending medication orders, was reviewed with the patient and caregiver.

The following discrepancies were identified and actions taken:

The following is an updated list of active medications. The importance

of managing medication information was explained to the patient/caregiver especially when medications are discontinued, changed,

or added. Patient/caregiver was reminded to carry a current medication

list at all times and provide this medication list to each provider

involved with his/her care. The patient does not have any non-VA

medications if none are listed.

Active Outpatient Medications (including Supplies):

IBUPROFEN 800MG TABLET TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ARTHRITIS PAIN WITH A MEAL **MEDICATION GUIDE** (DO NOT TAKE INDOMETHACIN IF YOU ARE TAKING THIS)	ACTIVE
LISINOPRIL 10/HCTZ 12.5MG TABLET TAKE 1 TABLET BY MOUTH (S) EVERY MORNING FOR BLOOD PRESSURE	ACTIVE
Non-VA ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL 2 PUFFS MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
Non-VA ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML 1 BULLET (2ML) NEBULIZER TWICE A DAY	ACTIVE
Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE A DAY	ACTIVE
Non-VA BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 BULLET (0.5MG/2ML) NEBULIZER TWICE A DAY	ACTIVE
Non-VA CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB 2000UNIT MOUTH ONCE A DAY	ACTIVE
Non-VA INDOMETHACIN 25MG CAPSULE 50MG MOUTH TWICE A DAY	ACTIVE
Non-VA LIDOCAINE 4% TOP SOLN A SMALL AMOUNT AFFECTED AREA(S) 4 TIMES A DAY AS NEEDED	ACTIVE
Non-VA METFORMIN HCL 500MG TABLET 500MG MOUTH 3 TIMES A DAY	ACTIVE
Non-VA MOMETASONE FURATE 220MCG ORAL INHL 60 1 PUFF MOUTH TWICE A DAY	ACTIVE
Non-VA MONTELUKAST 10MG TABLET 10MG MOUTH EVERY EVENING	ACTIVE
Non-VA OTHER HERBAL/OTC/NON-VA MED CAP/TAB FROVATRIPTAN 2.5MG TABLET MOUTH AS DIRECTED	ACTIVE
Non-VA OTHER-ENTER NAME IN COMMENTS FIELD 1 TABLET MOUTH	ACTIVE
Non-VA PANTOPRAZOLE 40MG EC TABLET 40MG MOUTH ONCE A DAY	ACTIVE
Non-VA ROSUVASTATIN CA 40MG TABLET 20MG MOUTH EVERY EVENING	ACTIVE
Non-VA SILDENAFIL 100MG TABLET 50MG MOUTH AS DIRECTED	ACTIVE
Non-VA SUMATRIPTAN SUCCINATE 6MG/0.5ML RLF KIT 1 REFILL SYRINGE (6MG/0.5ML) UNDER THE SKIN AS DIRECTED	ACTIVE
Non-VA TOPIRAMATE 200MG TAB 200MG MOUTH TWICE A DAY	ACTIVE
Non-VA VERAPAMIL HCL 240MG SA TAB 120MG MOUTH TWICE A DAY	ACTIVE

/es/ ZACHARY J. ROXBURGH PHARM.D.

CLINICAL PHARMACIST AUBURN CBOC, 530-889-4921

Signed: 12/06/2018 16:20

Neurology Secure Messaging

Details

Date entered: November 30, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DAWN Y TAYLOR

Signed by: DAWN Y TAYLOR

Date signed: November 30, 2018

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: NOV 30, 2018@14:42:47 ENTRY DATE: NOV 30,
2018@11:42:47

AUTHOR: TAYLOR,DAWN Y

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

-----Original Message-----

Sent: 11/28/2018 12:12 PM

From: CAMPBELL, RONALD

To: Neurology - Mather.N

Subject: Amivig

I was asked to review Amivig as a possible maintenance medication option for treatment of chronic cluster headaches.

Questions

1. Once I begin taking Amivig are my current abortive Med options off the table for as long as I am taking this medication i.e. DHE-45, Sumatriptan, Frovotriptan? I am assuming so.

2. How often is Amivig injected? Is Amivig an intramuscular or subq injection?

Regards;

Ron Campbell 2701
Meadow Vista

-----Original Message-----

Sent: 11/28/2018 05:55 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Amivig

Mr. Campbell,

If you choose the Amivig you can continue the abortive medications and it is a subcutaneous injection once a month.

Thanks
Dawn Y. Taylor, RN
Care Manager, Neurology
Mather VAMC

-----Original Message-----

Sent: 11/29/2018 03:27 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Amivig

Plaease advise Dr MCCRANEY I would like to proceed with Amivig

Thanks

Ron Campbell

2701

-----Original Message-----

Sent: 11/30/2018 02:42 PM

From: TAYLOR, DAWN

To: CAMPBELL, RONALD

Subject: Amivig

Mr. Campbell,

I will forward your message to Dr. McCraney.

Thank you,

Dawn Y. Taylor, RN

Care Manager, Neurology

VAMC

/es/ Dawn Y. Taylor, RN, MSN, CCM

Case Manager, Neurology Clinic, SAC

Signed: 11/30/2018 11:42

Receipt Acknowledged By:

12/20/2018 14:29 /es/ David P. McCraney,

MD

Staff

Neurologist

ADMINISTRATIVE NOTE

Details

Date entered: November 29, 2018**Location:** IOANNIS A. LOUGARIS VAMC**Written by:** ELLEN Y SPIKES**Signed by:** ELLEN Y SPIKES

Date signed: November 29, 2018

Note

LOCAL TITLE: ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: NOV 29, 2018@15:03 ENTRY DATE: NOV 29,
2018@15:03:21
AUTHOR: SPIKES, ELLEN Y EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Per TVC Alert:

The relocation to station "SIERRA FOOTHILLS VA CLINIC (#654GA)" for the patient "CAMPBELL, RONALD CLARK" has completed. The patient must be unassigned from all PACT assignments at all stations other than station "SIERRA FOOTHILLS VA CLINIC (#654GA)".

/es/ ELLEN Y SPIKES
PCMM Program Specialist
Signed: 11/29/2018 15:03

PRIMARY CARE SECURE MESSAGING

Details

Date entered: November 27, 2018
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: RICHARD A BUKSNAITIS
Signed by: RICHARD A BUKSNAITIS
Date signed: November 27, 2018

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: NOV 27, 2018@14:24:18 ENTRY DATE: NOV 27,
2018@11:24:18
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 11/26/2018 03:46 PM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: General Inquiry

Hello,

MESSAGE FROM DR. LWIN:

Ibuprofen 800mg bid prn(as needed) ordered.
Please advise to stop Indomethacin from Kaiser med list. He is not to take
both
ibuprofen and Indomethacin.

/es/ HTWE H. LWIN,MD
PHYSICIAN

-----Original Message-----

Sent: 11/26/2018 09:09 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: General Inquiry

Thank Dr Lwin for me
I have been taking Aleve with Indomethacine with both of these meds listed
on

my profiles.

I will check with Neurology immediately regarding discontinuing this medication

Ron Campbell

-----Original Message-----

Sent: 11/27/2018 10:48 AM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: General Inquiry

Hello,

Message sent to Dr. Lwin

-----Original Message-----

Sent: 11/27/2018 02:21 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: General Inquiry

Does cessation of Indomethacine require a taper down regimen or can I
cease
dosage all at once and begin taking Ibuprofen as soon as it is received?

Additionally I notice Aleve is a Neoproxin not as I had indicated

Ron C

-----Original Message-----

Sent: 11/27/2018 02:24 PM
From: BUKSNAITIS, RICHARD
To: CAMPBELL, RONALD
Subject: General Inquiry

Hello,

I will forward your message to Dr. Lwin

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 11/27/2018 11:24

Receipt Acknowledged By:
11/27/2018 11:59 /es/ HTWE H.
LWIN,MD

PHYSICIAN

11/27/2018 ADDENDUM STATUS: COMPLETED
Can stop indomethacin immediately once he starts Ibuprofen.

/es/ HTWE H. LWIN,MD
PHYSICIAN
Signed: 11/27/2018 12:00

Receipt Acknowledged By:
11/27/2018 12:04 /es/ RICHARD A
BUKSNAITIS

RN,BSN,CEN

11/27/2018 ADDENDUM STATUS: COMPLETED
Notified vet via secure messaging.

/es/ RICHARD A BUKSNAITIS
RN,BSN,CEN
Signed: 11/27/2018 12:04

12/03/2018 ADDENDUM STATUS: COMPLETED
Pt sent prescription lisinopril/hctz 10/12.5mg from Kaiser provider due to
increase blood pressure.
Pt is already on Losartan 50mg daily for BP (from Mather VA), assuming his

Kaiser doctor is not aware of it. Pt CANNOT take both losartan and lisinopril.

Please advise him to let his Kaiser provider know of all his current med list.

If his BP is not controlled, please schedule in Pharm D clinic for BP follow up and med adjustment.

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 12/03/2018 08:00

Receipt Acknowledged By:

12/03/2018 08:22 /es/ RICHARD A

BUKSNAITIS

RN, BSN, CEN

12/03/2018 ADDENDUM

STATUS: COMPLETED

Spoke with vet and informed vet, per PCP Lwin,

Pt sent prescription lisinopril/hctz 10/12.5mg from Kaiser provider due to increase blood pressure.

Pt is already on Losartan 50mg daily for BP (from Mather VA), assuming his Kaiser doctor is not aware of it. Pt CANNOT take both losartan and lisinopril.

Please advise him to let his Kaiser provider know of all his current med list.

If his BP is not controlled, please schedule in Pharm D clinic for BP follow up and med adjustment.

Veteran stated that he does not take losartan 50 mg daily; he got the prescription recently but never started the medication.

Veteran also stated that he is seen by Kaiser for his BP follow-up and med adjustment and declined Pharm D clinic at the VA at this time

/es/ RICHARD A BUKSNAITIS

RN, BSN, CEN

Signed: 12/03/2018 08:25

Receipt Acknowledged By:

12/03/2018 08:37 /es/ HTWE H.
LWIN, MD

PHYSICIAN

12/03/2018 ADDENDUM STATUS: COMPLETED

Losartan was ordered in 3/22/18 from Mather, NOT recently.

Please advise pt to bring all his current medication bottles and schedule
in

Pharm D clinic for med reconciliation.

Until all his meds were reviewed by Pharm D, I will not order any new med.

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 12/03/2018 08:39

Receipt Acknowledged By:

12/03/2018 08:53 /es/ RICHARD A
BUKSNAITIS

RN, BSN, CEN

12/03/2018 ADDENDUM STATUS: COMPLETED

Spoke with vet and informed vet, per PCP Lwin,

Losartan was ordered in 3/22/18 from Mather, NOT recently.

Please advise pt to bring all his current medication bottles and schedule
in

Pharm D clinic for med reconciliation.

Until all his meds were reviewed by Pharm D, I will not order any new med.

Veteran agreed

/es/ RICHARD A BUKSNAITIS

RN, BSN, CEN

Signed: 12/03/2018 08:54

NFDR Consult

Details

Date entered: November 27, 2018

Location: MARTINEZ VA MEDICAL CENTER

Written by: ROBERT A MALMSTROM

Signed by: ROBERT A MALMSTROM

Date signed: November 27, 2018

Note

LOCAL TITLE: NFDR Consult
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT
DATE OF NOTE: NOV 27, 2018@12:42 ENTRY DATE: NOV 27,
2018@12:42:20
AUTHOR: MALMSTROM, ROBERT A EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

68 y/o male with h/o cluster headache with request for filter needle 18g blunt

per note:
patient uses this with his DHE injection
He is getting his DHE through Kaiser

a/p: Request for needle, 18g filtered blunt to be used to draw DHE out of glass ampule is approved and if patient is compliant, no renewal request is required.
However, this item is not in the drug file and will need to be added. Will take about 7 business days to process. Rx will be entered on or after 12/5/18.

/es/ Robert A. Malmstrom, Pharm.D.
Clinical Pharmacist
Signed: 11/27/2018 12:54

AUB-RN CLINIC NOTE

Details

Date entered: November 27, 2018
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: RICHARD A BUKSNAITIS
Signed by: RICHARD A BUKSNAITIS
Date signed: November 27, 2018

Note

LOCAL TITLE: AUB-RN CLINIC NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: NOV 27, 2018@12:38 ENTRY DATE: NOV 27,
2018@12:38:25
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

S: Veteran came into PCP office to get his blood pressure checked. Veteran stated that he was at his neurology appointment yesterday and his blood pressure was 187/92; his neurologist said to please go to your PCP to get your blood pressure checked. Veteran denies any symptoms at this time. Veteran takes blood pressure medications as prescribed

O: Vital Signs: See vital signs charting notes in CPRS

B/P:140/79

A/P: veteran appears stable and in no acute distress

Lab ordered: None

Patient education: Take blood pressure medications as prescribed

F/U: As needed

Consultant: Dr. Lwin

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 11/27/2018 12:44

Receipt Acknowledged By:

11/27/2018 14:02 /es/ HTWE H.

LWIN,MD

PHYSICIAN

Neurology 11000

Details

Date entered: November 26, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DAVID MCCRANEY

Signed by: DAVID MCCRANEY

Date signed: November 26, 2018

Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: NOV 26, 2018@14:19 ENTRY DATE: NOV 26,
2018@14:19:15

AUTHOR: MCCRANEY, DAVID

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

68m with chronic cluster headache. Was seen here years ago, then was followed at Davis.

Presently on verapamil, indocin and topamax

Lithium didn't work out. Had tremors, plus evidently had elevated levels. Also for what it's worth he had a lot of side effects due to Elavil.

Complains bitterly about fragmented sleep pattern. Using an oxygen concentrator helps.

He uses frovatriptan, high flow oxygen, or injectable DHE as needed for acute pain.

Currently having headaches every day. Usually within two hours of sleep. Mostly at night. Right eye, droopy eye lid. 20-90 minutes.

Exam normal.

IMPRESSION

Cluster headache. Typical ictus, but he's not cycling any more.

He hasn't tried sphenopalatine ganglion block yet. I'll set him up with lidocaine and will have him read up on the implantable stimulator.

Also I'm very interested in a trial of Aimovig. He will read up on that too.

RTC one month.

/es/ David P. McCraney, MD

Staff Neurologist

Signed: 11/26/2018 15:01

PRIMARY CARE SECURE MESSAGING**Details****Date entered:** November 26, 2018**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** RICHARD A BUKSNAITIS**Signed by:** RICHARD A BUKSNAITIS**Date signed:** November 26, 2018**Note**

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: NOV 26, 2018@12:40:58 ENTRY DATE: NOV 26,
2018@09:40:59
AUTHOR: BUKSNAITIS,RICHARD EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PRIMARY CARE SECURE MESSAGING Has ADDENDA ***

-----Original Message-----

Sent: 11/26/2018 12:31 PM
From: CAMPBELL, RONALD
To: **AUB PACT TEAM 3
Subject: Medication Request
Attachments: 69487E09-6794-4A71-999A-57B20861CD11.png (265.92 KB)

At 10/30 appointment pain meds were discussed. Shoulders, knees, hip and back

pain due to arthritis, inflammation, disc issues etc (VA ortho files/disability

findings/your notes) has increased due to weather and holiday activity.

I would like to resume an 800mg Tab IBUPROFEN regimen at this time as I had

previously with success recently at Kaiser.

Please let me know how to proceed on this.

Regards

Ron Campbell 2701

-----Original Message-----

Sent: 11/26/2018 12:40 PM

From: BUKSNAITIS, RICHARD

To: CAMPBELL, RONALD

Subject: Medication Request

Hello,

I will forward your message and image to Dr. Lwin

/es/ RICHARD A BUKSNAITIS

RN,BSN,CEN

Signed: 11/26/2018 09:40

Receipt Acknowledged By:

11/26/2018 11:18 /es/ HTWE H.

LWIN,MD

PHYSICIAN

11/26/2018 ADDENDUM

STATUS: COMPLETED

Ibuprofen 800mg bid prn ordered.

Please advise to stop indomethacin from Kaiser med list. He is not to take both

ibuprofen and indomethacin.

/es/ HTWE H. LWIN,MD

PHYSICIAN

Signed: 11/26/2018 11:20

Receipt Acknowledged By:

11/26/2018 12:47 /es/ RICHARD A
BUKSNAITIS

RN, BSN, CEN

11/26/2018 ADDENDUM

STATUS: COMPLETED

Notified vet via secure messaging.

/es/ RICHARD A BUKSNAITIS
RN, BSN, CEN
Signed: 11/26/2018 12:47

Neurology Secure Messaging

Details

Date entered: November 20, 2018**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** DAWN Y TAYLOR**Signed by:** DAWN Y TAYLOR**Date signed:** November 20, 2018

Note

LOCAL TITLE: Neurology Secure Messaging
STANDARD TITLE: NEUROLOGY SECURE MESSAGING
DATE OF NOTE: NOV 20, 2018@10:57:05 ENTRY DATE: NOV 20,
2018@07:57:05
AUTHOR: TAYLOR, DAWN Y EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 11/02/2018 12:58 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Cluster Headache Medication INJECTIONS

Dr Pick is aware I take DHE 45 injections for Cluster Headaches prescribed originally by Dr Lenearts at UC Davis now by Kaiser. The VA cannot make these
this available to me at this time.

This medicarion is provided in a glass vial. Kaiser now wants me to utilize a

FILTER NEEDLE 18GX1.MIS BD M
in order to reduce the chance of glass shard contamination.

My question

Can I get these prescribed by Dr Pick?

My DHE-45 copay at Kaiser is already prohibitive on my fixed income and the
addidion of these fancy filter syringes....well, you get the point!

Thanks for your help on this Dawn!

I hope you and your family are doing well, Dawn.

God Bless

Ron Campbell
2701

-----Original Message-----

Sent: 11/02/2018 01:33 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Cluster Headache Medication INJECTIONS

Mr. Campbell,

Dr. Pick is no longer here and he left last May shortly after your follow up appointment. He was a temporary provider. The VAMC pharmacy has to approve the medication first and then you can get it prescribed here. You will need a follow up with another provider. Dr. Remler comes on Wednesday's 2 times a month you can call and get scheduled on his calendar or make an appointment with another Neurologist. please call 916-843-2732 to schedule. I will ask someone to reach out to you. I am asking someone to reach out to you to schedule, also we are booked out currently until January 2019, just letting you know

Thank you,
Dawn Y. Taylor, RN
Care Manager Neurology
Mather VAMC

-----Original Message-----

Sent: 11/02/2018 02:46 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Cluster Headache Medication INJECTIONS

I'm requesting the outside provider program. The VA says the medication is not manufactured. Strange since I inject it about 5 times a week! Dr Pick thought that was odd also!

Let's see where it goes!

Thanks for your super fast response!
You are SO PROFESSIONAL!

Ron

-----Original Message-----

Sent: 11/02/2018 02:46 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Cluster Headache Medication INJECTIONS

I'm requesting the outside provider program. The VA says the medication is not manufactured. Strange since I inject it about 5 times a week! Dr Pick thought that was odd also!

Let's see where it goes!

Thanks for your super fast response!
You are SO PROFESSIONAL!

Ron

-----Original Message-----

Sent: 11/02/2018 03:02 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Cluster Headache Medication INJECTIONS

Your welcome

-----Original Message-----

Sent: 11/02/2018 03:03 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Cluster Headache Medication INJECTIONS

thank you,

I have this information

-----Original Message-----

Sent: 11/19/2018 11:40 AM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Cluster Headache Medication INJECTIONS

I had a fall yeaterday in a parking lot diring an eventnand Paramedics suggested I report it to my Neurologist

Anything new on the outside provider request for a Cluster Headache or Migraine Specialist? Is VA still working with/referring to Dr Lenearts at UC Davis? That's who I wasreferred to before by Dr Appearance and saw for 2 yrs on my own insurance with success before I lost insurance

Just FYI

HAPPY THANKSGIVING

Ron Campbell 2701

-----Original Message-----

Sent: 11/19/2018 12:31 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Cluster Headache Medication INJECTIONS

Mr. Campbell,

If you injured yourself during the fall you need to be seen and examined in the Emergency Department. As far as seeing an outside provider, the VAMC sees that you are being followed by someone on the outside and they will not send you to

another outside provider.

Please go ahead and get an appointment so that you can be followed, We are into

January and February with our providers. Are you willing to see Dr. Remler?

Also it is best to keep a regular appointment so that you don't run into this problem of not being able to get an appointment when you want or need one.

Thank you,

Dawn Y. Taylor, RN
Care Manager, Neurology
Mather VAMC

-----Original Message-----

Sent: 11/19/2018 01:17 PM
From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Cluster Headache Medication INJECTIONS

I will need a regular neurologist for the medications currently prescribed.

I have not, however, had an attending neurologist knowledgeable about my disease review my condition, progress, medications or treatment in some time.

Dr Remler never did that. I was under care at UC Davis at the time I saw Dr Remler. Dr Remler supported.

I need a headache specialist for treatment I've been treating myself

Ron

-----Original Message-----

Sent: 11/19/2018 01:17 PM

From: CAMPBELL, RONALD
To: Neurology - Mather.N
Subject: Cluster Headache Medication INJECTIONS

I will need a regular neurologist for the medications currently prescribed.

I have not, however, had an attending neurologist knowledgeable about my disease review my condition, progress, medications or treatment in some time.

Dr Remler never did that. I was under care at UC Davis at the time I saw Dr Remler. Dr Remler supported.

I need a headache specialist for treatment I've been treating myself

Ron

-----Original Message-----

Sent: 11/20/2018 10:56 AM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Cluster Headache Medication INJECTIONS

Mr. Campbell,

Please make a neurology follow up appointment. Also, there is no way you are treating yourself if you are prescribed medication. Also, you have seen Dr.

Pick in the past. Please call 916-843-2732 to schedule a follow up appointment.

I am also going to inform Dr. Remler of your concerns. We have other Neurologist here who are permanent, There is Dr. McCraney and Dr. Harris you can schedule an appointment with either of them. I am going to have someone reach out to schedule you an appointment.

Thank you,
Dawn Y. Taylor, RN
Care Manager, Neurology
Mather VAMC

/es/ Dawn Y. Taylor, RN, MSN, CCM
Case Manager, Neurology Clinic, SAC
Signed: 11/20/2018 07:57

Receipt Acknowledged By:
11/20/2018 08:57 /es/ Michael P Remler,
MD

Chief, Neurology

Service

11/20/2018 ADDENDUM STATUS: COMPLETED
I called patient phone 2 times this morning regarding a neuro f/u. Phone
just
rang and rang. 2nd call rang rang rang then hung up.

/es/ SANDRA F LEWIS
HEALTH BENEFITS ADVISOR
Signed: 11/20/2018 08:49

ADMINISTRATIVE NOTE

Details

Date entered: November 1, 2018
Location: IOANNIS A. LOUGARIS VAMC
Written by: ELLEN Y SPIKES
Signed by: ELLEN Y SPIKES
Date signed: November 1, 2018

Note

LOCAL TITLE: ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: NOV 01, 2018@08:41 ENTRY DATE: NOV 01,
2018@08:41:43
AUTHOR: SPIKES, ELLEN Y EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Per TVC Alert:

MPACT CREATED and awaiting approvals due to request for patient "CAMPBELL,
RONALD CLARK" for a Primary Care team assignment at station "SIERRA
FOOTHILLS VA
CLINIC (#654GA)".

/es/ ELLEN Y SPIKES
PCMM Program Specialist
Signed: 11/01/2018 08:42

TVC NOTE

Details

Date entered: October 31, 2018
Location: IOANNIS A. LOUGARIS VAMC
Written by: ANDREW C EVANS
Signed by: ANDREW C EVANS
Date signed: October 31, 2018

Note

LOCAL TITLE: TVC NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: OCT 31, 2018@15:11 ENTRY DATE: OCT 31,
2018@15:11:59
AUTHOR: EVANS, ANDREW C EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

--Received PCMM alert for change of Primary VA Provider.

--Clinical data reviewed by this TVC and approved permanent relocation.

--Care transferred to: Sierra Nevada HCS (Reno VA)

--10/30/18: completed New pt eval and Primary care established.

--previous Primary VA Provider was Sacramento

/es/ Andrew Evans, RN
Traveling Veteran Coordinator
Signed: 10/31/2018 15:12

Receipt Acknowledged By:
11/01/2018 08:40 /es/ ELLEN Y
SPIKES
PCMM Program
Specialist

PC-ASSIGNMENT/REASSIGNMENT

Details

Date entered: October 31, 2018
Location: IOANNIS A. LOUGARIS VAMC
Written by: ELLEN Y SPIKES
Signed by: ELLEN Y SPIKES
Date signed: October 31, 2018

Note

LOCAL TITLE: PC-ASSIGNMENT/REASSIGNMENT
STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE
DATE OF NOTE: OCT 31, 2018@15:05 ENTRY DATE: OCT 31,
2018@15:05:38

AUTHOR: SPIKES, ELLEN Y EXP COSIGNER:
URGENCY: STATUS:

COMPLETED

Patient has completed a new patient appointment on Oct 30, 2018.

Patient has been assigned to AUB PACT Team 03/Dr Lwin
for Primary Care follow up care.

Future Appointments: No Future Appointments Scheduled

Medications:

Computer is the source for the following medication list:

Active Non-VA medications

=====

Non-VA ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL
Non-VA ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML
Non-VA BUDESONIDE 0.5MG/2ML INH SUSP 2ML
Non-VA CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB
Non-VA INDOMETHACIN 25MG CAPSULE
Non-VA LOSARTAN 50MG TABLET
Non-VA METFORMIN HCL 500MG TABLET
Non-VA MOMETASONE FUROATE 220MCG ORAL INHL 60
Non-VA MONTELUKAST 10MG TABLET
Non-VA OTHER HERBAL/OTC/NON-VA MED CAP/TAB
Non-VA ROSUVASTATIN CA 40MG TABLET
Non-VA SILDENAFIL 100MG TABLET
Non-VA SUMATRIPTAN SUCCINATE 6MG/0.5ML RLF KIT
Non-VA TOPIRAMATE 200MG TAB
Non-VA TRIAMCINOLONE 0.025% CR. 1GM
Non-VA VERAPAMIL HCL 240MG SA TAB

/es/ ELLEN Y SPIKES
PCMM Program Specialist
Signed: 10/31/2018 15:06

PC-MD NOTE**Details****Date entered:** October 30, 2018**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** HTWE H LWIN**Signed by:** HTWE H LWIN**Date signed:** October 30, 2018**Note**

LOCAL TITLE: PC-MD NOTE
STANDARD TITLE: PRIMARY CARE PHYSICIAN E & M NOTE
DATE OF NOTE: OCT 30, 2018@13:23 ENTRY DATE: OCT 30,
2018@13:23:53
AUTHOR: LWIN, HTWE H EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Name CAMPBELL, RONALD CLARK
68 year old MALE
SSN# 546-80-2701
Date OCT 30, 2018

CHIEF COMPLAINTS: To establish health care in Auburn clinic.

HPI:

Pt came for primary care initial evaluation.
He was seen in Seattle VA and Mather Va before.
He also has lmd at Kaiser Roseville.
He has chronic cluster headache, f/up with neurology at Mather. on several
meds.
He has HTN, BP is good and normal today.
He has hyperlipidemia. on rosuvastatin. LDL at goal.
He has DM, on metformin. A1C 6.3, stable.
He has COPD, stable on current inhalors.

He has prostate cancer s/p surgery in 2010 and then radiation in 2012. his gleason score was 9. his PSA is <0.01 now.

He has OA knees, no new c/o.

He has right shoulder pain, he has h/o torn biceps in right shoulder. now having

pain with ROM. he was seen by ortho at Mather, MRI 1/22/18 showed:

Impression:

1. Disruption of the long head of biceps tendon with distal retraction is consistent with provided clinical history.
2. Short segment delamination of the upper fibers of the subscapularis at the myotendinous junction.
3. Mild supraspinatus and infraspinatus tendinosis.
4. Mild to moderate acromioclavicular joint degenerative changes.
5. Mild rotator interval edema; please correlate with

symptoms

of adhesive capsulitis.

Stated he can't do PT due to worsening pain. he stated he is doing spa treatment, stretching and aleve.

He stated he had trouble with sleep due to his headache. he is seeing psychologist at Kaiser.

ROS:

- Constitutional: wt loss(-), anorexia(-), fever/chills/sweating(-/-/-), general weakness(-), sleep disturbances(-)
- EENT: blurred vision(-), diplopia(-), ear pain(-), runny nose(-), tinnitus(-), hoarseness(-), sinus congestion(-)
- Cardiac: chest pain(-), SOB(-), orthopnea(-), PND(-), palpitation(-), ankle swelling(-), intermittent claudication(-),
- Pulm: cough/sputum(-/-), hemoptysis(-), pleuritic pain(-), wheezing(-)
- GI: abdominal pain(-), change of BM(-), diarrhea/constipation(-/-), blood in stool(-), tenesmus(-)
- GU: frequency(-), nocturia(-), dysuria(-), foamy urine/red urine(-/-), hesitancy(-), urgency(-), incontinence(-)
- Musculoskeletal: back pain(-), leg pain(-), hands/wrists pain(-/-), morning

stiffness(-), neck pain (-)

- Endocrine: excessive hunger(-), heat intolerance(-), cold intolerance(-)
- CNS: headache(-), dizziness/vertigo(-/-), fainting(-), blackout(-), loss of balance(-), weakness (-), numbness(-), tremor (-)
- Skin: bruising(-), hives(-), rashes(-)

ACTIVE MEDICAL PROBLEMS

COPD - Chronic Obstructive Pulmonary DisHTN - Hypertension (SCT 38341003)
Hyperlipidemia (SCT 55822004) Diabetes Mellitus Type 2 (SCT 44054006)
OA - Osteoarthritis (SCT 396275006) Prostate Cancer (SCT 254900004)
Chronic cluster headache (SCT 230473009) Adjustment Disorder with Mixed Emotional Features (SCT 55668003)

ALLERGIES :

No Allergy Assessment
Food Allergies: None

IM - Immunizations

Immunization	Series Date	Facility	Reaction
Info			

INFLUENZA, UNSPECIFIED FORMULATIO*	10/21/2018 KAISER PER*

ST - Skin Tests

No data available

PERTINENT FAMILY HISTORY

Both parents were deceased. Mother died at age 87, she has lung cancer.
Father
died at age 90, he had CAD with CABG at age 80s
He has 2 sisters, both are in good health.

SOCIAL HISTORY:

He is married, he has 4 children.

He denies smoking, quit in for >40 yrs

He denies alcohol use, stated it triggers his headache.

MEDICATIONS:

Active Outpatient Medications (including Supplies):

see Mather med list

ON EXAMINATION :

- Temperature : 98.3 F [36.8 C] (10/30/2018 12:36)
- Blood Pressure : 123/73 (10/30/2018 12:36)
- Pulse Rate : 64 (10/30/2018 12:36)
- Respiration : 18 (10/30/2018 12:36)
- Pain : 3 (10/30/2018 12:36)
- Body Mass Index : BMI not available without height

- AAO X 3, no acute distress.
- Ear: Clear.
- Nose: No congestion.
- Mouth: Moist, no ulcer.
- Throat: No congestion, no tonsillar enlargement.
- Neck: No rigidity, no JVD, no bruits.
- Cardiovascular: S1 and S2.
- Resp: Good air entry. Normal percussion. Ronchi (-), Creptitations (-)
- GI: Soft, nontender. No rebound tenderness. Bowel sounds normal.
No mass, hepatomegaly, or splenomegaly.
- Lymph: No adenopathy
- Musculoskeletal: Muscle strength and tone normal. No tenderness
- Neuro: No asymmetry on cranial nerves II - XII.
Motor: normal tone 2/4, equal,
Power: 5/5 equal,
DTR: 2/4 equal
Sensory: equal, and intact.
- Ext: No edema, pulses (++)

- LAB RESULTS:

Specimen Collected: OCT 25, 2018@08:30:20

Test Name	Result	Units	Ref. Range
25 OH VITAMIN D	39.9	ng/mL	30 - 100

Comment: Ordering Provider: Htwe H Lwin MD

Specimen Collected: OCT 25, 2018@08:30:17

Test Name	Result	Units	Ref. Range
COLOR, URINE	YELLOW		-
APPEARANCE	SL CLOUD		Ref: Clear -
SPECIFIC GRAVITY	1.026		1.003 - 1.030
PH, URINE	6		4.8 - 7.5
PROTEIN, URINE	1+		NEG - TRACE
GLUCOSE, URINE	NEG		Ref: Neg -
KETONES, URINE	NEG		Ref: Neg -
BLOOD, URINE	NEG		NEG - NEG
UROBILINOGEN	<2.0	mg/dL	Ref: <=1.1 -
NITRITE, URINE	NEG		Ref: Neg -
WBC/HPF, URINE	0-5	/hpf	0 - 5
RBC/HPF, URINE	0-2	/hpf	0 - 2
SQUAMOUS EPITHELIAL	0-5	/hpf	0 - 1
BACTERIA, URINE	Rare	/hpf	Ref: Rare -
MUCUS, URINE	Few	/hpf	-
LEUKOCYTE ESTERASE	NEG		Ref: NEGATIVE -

Comment: Ordering Provider: Htwe H Lwin MD

Specimen Collected: OCT 25, 2018@08:30:15

Test Name	Result	Units	Ref. Range
PSA (Since 6/13/98)	<0.01	ng/mL	0 - 4.0

Comment: Ordering Provider: Htwe H Lwin MD

Specimen Collected: OCT 25, 2018@08:30:13

Test Name	Result	Units	Ref. Range
SODIUM	142	mmol/L	136 - 146
POTASSIUM	4.1	mmol/L	3.6 - 5.3
CHLORIDE	107	mmol/L	102 - 114
CO2	29	mmol/L	24 - 32
GLUCOSE	118 H	mg/dL	70 - 109

UREA NITROGEN	20	mg/dL	8 - 25
CREATININE, SERUM	1.0	mg/dL	0.7 - 1.3
ANION GAP	10	mmol/L	8 - 16
PO4	2.8	mg/dL	2.2 - 4.3
CALCIUM	9.0	mg/dL	8.8 - 10.3
PROTEIN, TOTAL	6.3	g/dL	5.9 - 7.9
ALBUMIN	4.5	gm/dL	3.5 - 4.7
ALKALINE PHOSPHATASE	63	IU/L	37 - 108
AST (SGOT)	19	IU/L	13 - 33
T.BILIRUBIN	0.5	mg/dL	0.4 - 1.3
ALT (SGPT)	14	IU/L	7 - 31
EGFR	74	mL/min	Ref: >=60 -
CHOLESTEROL	142	mg/dL	140 - 200
TRIGLYCERIDE (Since 11/6/97)	91	mg/dL	35 - 200
HDL	54	mg/dL	35 - 67
LDL-CALC Since 11/6/97	70	mg/dL	Ref: <=119 -

Comment: Ordering Provider: Htwe H Lwin MD

Specimen Collected: OCT 25, 2018@08:30:11

Test Name	Result	Units	Ref. Range
-----	-----	-----	-----
HEMOGLOBIN A1C	6.3 H	%	4.1 - 6.0

Comment: Ordering Provider: Htwe H Lwin MD

Specimen Collected: OCT 25, 2018@08:30:09

Test Name	Result	Units	Ref. Range
-----	-----	-----	-----
WBC	5.69	K/uL	4.0 - 11.0
RBC	4.92	M/uL	4.7 - 6.1
HGB	15.2	g/dL	14 - 18
HCT	45.8	%	39 - 52.5
MCV	93.1	fL	85 - 102
MCH	30.9	pg	28 - 38
MCHC	33.2	g/dL	32 - 36
RDW-CV	12.6	%	11 - 14
PLT	255	K/uL	128 - 412
MPV	10.8	fL	8.69 - 12.56
Lymph %	27.2	%	24 - 39
MONO %	6.9	%	4.4 - 12
NEUT %	62.7	%	50 - 68

EOS %	2.1	%	0	-	5
BASO %	0.7	%	0.0	-	1.0
LYMPH #	1.55	K/u1	1	-	4.3
MONO #	0.39	K/u1	0.18	-	1.3
NEUT #	3.57	K/u1	2.0	-	7.5
EOSIN #	0.12	K/u1	0.0	-	0.6
BASO #	0.04	K/u1	0	-	0.1
IG #	0.02	K/uL	0	-	0.04
IG %	0.4	%	0	-	1

Comment: Ordering Provider: Htwe H Lwin MD

ASSESSMENT/PLAN:

COPD - Chronic Obstructive Pulmonary - controlled with current inhalors

HTN - Hypertension- stable BP

Hyperlipidemia- LDL at goa.

Diabetes Mellitus Type 2- controlled, A1C 6.3.

OA - Osteoarthritis- knees and shoulders, continue aleve prn

Prostate Cancer - stable PSA <0.01

Chronic cluster headache - f/up in neurology. on several meds

Adjustment Disorder with Mixed Emotional Features- f/up with psychologist at

Kaiser

RTC 6 months with labs. Call for earlier appointment if any concerns arise.

Over 80% of this 60 minutes appointment were spent in face to face discussion, counselling, and examination regarding veteran's medical issues and plan of care.

PATIENT EDUCATION:

The patient was informed of findings, recommendations and plans of management

of his/her medical

problems and patient verbalizes understanding.

Any Life style modification (DIET, SMOKING, EXERCISE, ETC) that could improve

the veteran's health and welfare were discussed and recommendations for implementing those changes were made, with veteran's full understanding.

All labs have been reviewed with patient.
All medications have been reviewed including proper dosing, potential side effects and necessary precautions. The patient verbalizes understandings.

Pneumococcal PCV13 (Prevnar13):

Prior pneumococcal vaccination

The patient has previously received the pneumococcal conjugate vaccine PCV13 (Prenar 13).

Date: June 26, 2014

Location: Mather Pharmacy

Written documentation: JLV/vistaweb

The patient has previously received the pneumococcal polysaccharide vaccine PPSV23 (Pneumovax).

Date: February 9, 2015

Location: Mather Pharmacy

Tdap Immunization:

Prior Tdap vaccination

The patient has previously received the Tetanus, Diphtheria vaccine (Td).

Date: August, 2012 Exact date is unknown

Location: Seattle Va Medical Center

DIABETIC EYE EXAM:

Patient had diabetic eye exam previously.

Exam Result: Abnormal

Date: October, 2017 Exact date is unknown

Location: Mather eye clinic

DIABETIC FOOT EXAM:

1.Patient's foot was visually examined at this encounter.

Exam Result: Normal

2. Patient's foot pedal pulses were examined at this encounter.

Exam Result: Normal

3.Patient's foot sensation was measured at 3 or more locations with SW 5.07 monofilament at this encounter.

Exam Result: Normal

DIABETIC UA (on ACE?):

Labs have been ordered.

TEST RESULTS NOTIFICATION:

I have reviewed with the patient/caregiver the interval test results since the patient's last visit.

Follow-Up Pos PTSD/Depression/SI:

I have reviewed the results of the Mental Health screens and have evaluated the patient. Based on the evaluation, the following disposition plan will be implemented:

Patient declines further intervention or evaluation at this time. Contact information and instructions for accessing emergency services provided.

Comment: receiving treatment at Kaiser

Avg Risk Colorectal Cancer Screen:

AVERAGE RISK colorectal cancer screening is due based on information available to this clinical reminder

Prior/outside colonoscopy results:

Date: February 18, 2014

Colonoscopy reminder set 3 months from OCT 30, 2018.

MEDICATION RECONCILIATION:

Medication Reconciliation-No Changes.

The active medication list, including Non-VA medications, remote active VA meds, recently expired VA prescription (90-180 days) and recently discontinued VA prescription (90-180 days) and pending medication orders was reviewed with the patient and/or caregiver. There were no discrepancies identified. Patient and/or caregiver was provided a current reconciled list of medications and reminded to carry current medication list at all times. The following is a current list of active medications. The patient does not have any Non-VA medications if none are listed.

Active Outpatient Medications (including Supplies):

No Medications Found

/es/ HTWE H. LWIN, MD
PHYSICIAN

Signed: 10/30/2018 14:04

AUB-MEDICATION MANAGEMENT NOTE**Details****Date entered:** October 30, 2018**Location:** SIERRA FOOTHILLS VA CLINIC-NV**Written by:** HTWE H LWIN**Signed by:** HTWE H LWIN**Date signed:** October 30, 2018**Note**

LOCAL TITLE: AUB-MEDICATION MANAGEMENT NOTE

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: OCT 30, 2018@13:17 ENTRY DATE: OCT 30,
2018@13:17:11

AUTHOR: LWIN, HTWE H

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Medication reconciliation completed, including non-VA medications, and discrepancies, if identified, were resolved. Medication changes reflected in medication orders and were reviewed with the patient/caregiver. An updated list of reconciled medications have been provided to the patient. The following is a complete list of medications, including non-VA meds. Patient does not have any non-VA meds if none are listed.

Active Outpatient Medications (including Supplies):

TOPIRAMATE 200MG TAB - ACTIVE 180 TAKE ONE TABLET BY MOUTH TWICE A
DAY FOR
HEADACHE PREVENTION

(NORTHERN CALIFORNIA HCS)

TRIAMCINOLONE ACETONIDE 0.025% CREAM - ACTIVE 80 APPLY SMALL AMOUNT
TOPICALLY TWICE A DAY FOR RASH

(NORTHERN CALIFORNIA HCS)

INDOMETHACIN 25MG CAP - ACTIVE 360 TAKE TWO CAPSULES BY MOUTH EVERY
MORNING

AND TAKE TWO CAPSULES EVERY
DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD ----- DOSAGE
CHANGE

(NORTHERN CALIFORNIA HCS)

VERAPAMIL HCL 120MG SA TAB - ACTIVE 180 TAKE ONE TABLET BY MOUTH
TWICE A

DAY ----- NOTE CHANGE IN FORMULATION
AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS

(NORTHERN CALIFORNIA HCS)

CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB - ACTIVE 100 TAKE ONE TABLET BY
MOUTH

ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO
IMPROVE BONE STRENGTH.

(NORTHERN CALIFORNIA HCS)

LOSARTAN 50MG TAB - ACTIVE 60 TAKE ONE TABLET BY MOUTH ONCE DAILY
FOR

BLOOD PRESSURE

(NORTHERN CALIFORNIA HCS)

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL - ACTIVE 3 INHALE 2 PUFFS BY
ORAL

INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE
BREATHING.

(NORTHERN CALIFORNIA HCS)

SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT - ACTIVE 3 INJECT 1
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR MIGRAINE
HEADACHE - NO MORE THAN 2 INJECTIONS IN 24 HOUR PERIOD. DO NOT USE
WITHIN 24 HOURS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.

(NORTHERN CALIFORNIA HCS)

FROVATRIPTAN 2.5MG TAB PKG 9 - ACTIVE 3 TAKE ONE TABLET BY MOUTH
ONCE

DAILY AS NEEDED : - TAKE 1ST DOSE AT
ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED.
DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE
HEADACHES

(NORTHERN CALIFORNIA HCS)

MOMETASONE 200MCG/ACTUAT 120D ORAL INHL - ACTIVE 1 INHALE 1
PUFF BY

ORAL INHALATION TWICE A DAY -FOR BREATHING.

(NORTHERN CALIFORNIA HCS)

ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML - ACTIVE 60 USE 1 PILLOW OF

15MCG/2ML IN NEBULIZER TWICE A DAY - FOR BREATHING.

(NORTHERN CALIFORNIA HCS)

BUDESONIDE 0.5MG/2ML INH SUSP 2ML - ACTIVE 60 1 RESPULE
(0.5MG/2ML)

NEBULIZER TWICE A DAY - FOR BREATHING.

(NORTHERN CALIFORNIA HCS)

METFORMIN HCL 500MG TAB - ACTIVE 270 TAKE ONE TABLET BY MOUTH
THREE

TIMES A DAY WITH FOOD - FOR DIABETES

(NORTHERN CALIFORNIA HCS)

SILDENAFIL CITRATE 100MG TAB - ACTIVE 2 TAKE ONE-HALF TABLET BY
MOUTH AS

DIRECTED ONE HOUR BEFORE SEXUAL
ACTIVITY.

(NORTHERN CALIFORNIA HCS)

MONTELUKAST NA 10MG TAB - ACTIVE 90 TAKE ONE TABLET BY MOUTH
AT

BEDTIME FOR ASTHMA/ALLERGY PREVENTION.

(NORTHERN CALIFORNIA HCS)

ROSUVASTATIN CA 40MG TAB - ACTIVE/SUSP 45 TAKE ONE-HALF TABLET BY
MOUTH

ONCE DAILY - TO LOWER CHOLESTEROL.

(NORTHERN CALIFORNIA HCS)

/es/ HTWE H. LWIN, MD

PHYSICIAN

Signed: 10/30/2018 14:06

HEALTH PROMOTION EDUCATION

Details

Date entered: October 30, 2018

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: BARBARA M MARTINEZ

Signed by: BARBARA M MARTINEZ

Date signed: October 30, 2018

Note

LOCAL TITLE: HEALTH PROMOTION EDUCATION
STANDARD TITLE: PRIMARY CARE EDUCATION NOTE
DATE OF NOTE: OCT 30, 2018@12:29 ENTRY DATE: OCT 30,
2018@12:29:50
AUTHOR: MARTINEZ, BARBARA M EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

ALLERGIES AS DISPLAYED IN VISTA: No Allergy Assessment
(Enter allergies on the cover sheet.)

Patient/family state(s): (+) New allergies:
penicilin

Tobacco Use Screening (LOCAL):

Patient stopped smoking more than one year ago.

Depression Screening:

PHQ-2+I9

PHQ-2+I9 Depression Screening Score: 4

The score on this administration is 4, which indicates a
POSITIVE screen on the Depression Scale over the past two weeks.

PHQ-2+I9 Suicide Screening Score: 0

The results of this administration indicates a NEGATIVE primary
screen for Risk of Suicide over the last 2 weeks.

Over the past two weeks, how often have you been bothered by the
following problems?

1. Little interest or pleasure in doing things

More than half the days

2. Feeling down, depressed, or hopeless

More than half the days

3. Thoughts that you would be better off dead or of hurting
yourself in some way

Not at all

Advance Health Care Planning:

Patient was given information regarding the preparation of an advance health care plan.

Expresses understanding

Level of Understanding: Good

Patient has a current Advance Directive.

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

PRESSURE ULCER RISK (OPT):

1. Does the Veteran report any current pressure ulcers, a history of pressure ulcers, or a current wound/sore caused by a medical device, such as an artificial limb, cast, brace, splint, oxygen tubing, Foley or condom catheter, tracheostomy, feeding tube, CPAP or other medical device which is rubbing against the outside of the body?

NO

2. Is the Veteran bed-confined or a wheelchair-user?

NO

3. Does the Veteran require assistance to transfer/change position?

NO

The patient is NEGATIVE for pressure ulcer risk.

PTSD Screening:

PC-PTSD-5+I9

PTSD Screening Score: 0

The score for this administration is 0, which indicates a

NEGATIVE screen for PTSD in the past month.

PC-PTSD-5+I9 Suicide Screening Score: 0

The results of this administration revealed suicidal ideation over the last 2 weeks, which indicates a NEGATIVE primary screen for Risk of Suicide.

Questions 1-5 reference a time frame of the past month

Sometimes things happen to people that are unusually or especially frightening, horrible or traumatic.

Have you ever experienced this kind of event?

NO

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

Response not required due to responses to other questions.

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

Response not required due to responses to other questions.

3. Been constantly on guard, watchful, or easily startled?

Response not required due to responses to other questions.

4. Felt numb or detached from people, activities, or your surroundings?

Response not required due to responses to other questions.

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

Response not required due to responses to other questions.

6. Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

Not at All

Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that

you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

In the past three months did you ever run out of food and you were not able to access more food or have the money to buy more food?

No - No Food shortage

Pain Screening:

Patient was educated on the importance of reporting pain using a pain scale of 0-10, understanding pain, risk for pain, the importance of effective pain management, and the pain assessment process. Total elimination of pain is not always possible but can be relieved. Several interventions besides medication may be helpful including social, emotional and physical activities.

Pain Score today:

PAIN: 3

Pain level is greater than 1.

Location of patient's pain:

Site of pain: head

Onset of pain (when pain began):

Comment: 19 years

Patient describes pain as

Comment: continuous

CHARACTER OF PAIN

Summary: Aching

Home Oxygen Renewal Due:

Is the patient receiving home oxygen from the VA?

Yes

Is the patient due for a Home Oxygen Evaluation?

No

Personal Health Journal:

Veteran accepted a Personal Health Journal.

PACT COMMUNICATIONS:

Patient provided with information/hand out explaining PACT's concepts, roles and responsibilities and expectations for the patient.

Patient's preferred health care language: English

Other:

Patient learns best by but not limited to:

Discussion/verbal|Handout/written|Visual/Video

Barriers to learning identified: None

SEASONAL Influenza Vaccine:

Patient received influenza vaccination for the August 2018 - April 2019 Flu season at another location.

Date: October 21, 2018

Location: Kaiser Permanente

/es/ BARBARA M MARTINEZ

LVN

Signed: 10/30/2018 12:36

NON VA CARE OUTSIDE RECORDS

Details

Date entered: October 12, 2018

Location: IOANNIS A. LOUGARIS VAMC

Written by: ELISE J PASSOW

Signed by: ELISE J PASSOW

Date signed: October 12, 2018

Note

LOCAL TITLE: NON VA CARE OUTSIDE RECORDS

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: OCT 01, 2018

ENTRY DATE: OCT 12,

2018@12:09:32

AUTHOR: PASSOW, ELISE J

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

VistA Imaging - Scanned Document

/es/ ELISE J PASSOW

File Clerk

Signed: 10/12/2018 12:09

OUTSIDE RECORDS

Details

Date entered: October 5, 2018

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: MEAGEN B MIDDLETON

Signed by: MEAGEN B MIDDLETON

Date signed: October 5, 2018

Note

LOCAL TITLE: OUTSIDE RECORDS

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: OCT 05, 2018@13:43 ENTRY DATE: OCT 05,
2018@13:43:57

AUTHOR: MIDDLETON, MEAGEN B EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Outside records received from KAISER on DISK.

DISK sent to scanning.

/es/ MEAGEN B MIDDLETON

AMSA

Signed: 10/05/2018 13:44

AUB-PSA TELEPHONE NOTE

Details

Date entered: October 3, 2018

Location: SIERRA FOOTHILLS VA CLINIC-NV

Written by: DEBORAH L SCOTT

Signed by: DEBORAH L SCOTT

Date signed: October 3, 2018

Note

LOCAL TITLE: AUB-PSA TELEPHONE NOTE
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: OCT 03, 2018@12:48 ENTRY DATE: OCT 03,
2018@12:48:33
AUTHOR: SCOTT, DEBORAH L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** AUB-PSA TELEPHONE NOTE Has ADDENDA ***

New patient appt made on:10/30

Lab appt made on:10/25

Diabetic Medication:

☒yes

☐no

Thyriod Medication:

☐yes

☒no

ROI has been faxed to outside PCP or Specialty Care Provider

Kaiser Patient and VA Patient transfer from Mather.

/es/ DEBORAH L SCOTT

Advanced Medical Support Assistant

Signed: 10/03/2018 12:50

Receipt Acknowledged By:

10/03/2018 14:53 /es/ HTWE H.

LWIN, MD

PHYSICIAN

10/03/2018 ADDENDUM

STATUS: COMPLETED

Patient states that he is supposed to be doing labs for Kaiser. Prostates
Cancer

follow up. He will try to bring in order from them before labs on 10/25.
FYI

/es/ DEBORAH L SCOTT
Advanced Medical Support Assistant
Signed: 10/03/2018 12:55

AUB-TELEPHONE CONTACT

Details

Date entered: October 2, 2018
Location: SIERRA FOOTHILLS VA CLINIC-NV
Written by: DEBORAH L SCOTT
Signed by: DEBORAH L SCOTT
Date signed: October 2, 2018

Note

LOCAL TITLE: AUB-TELEPHONE CONTACT
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: OCT 02, 2018@13:59 ENTRY DATE: OCT 02,
2018@13:59:47
AUTHOR: SCOTT, DEBORAH L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Left a message to call to schedule.

New Patient appointment

/es/ DEBORAH L SCOTT
Advanced Medical Support Assistant
Signed: 10/02/2018 14:00

Primary Care Scheduled Visit 60297

Details

Date entered: August 24, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: RINKY JASMIN WALIA

Signed by: RINKY JASMIN WALIA

Date signed: August 24, 2018

Note

LOCAL TITLE: Primary Care Scheduled Visit 60297

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: AUG 24, 2018@11:18 ENTRY DATE: AUG 24,
2018@11:18:20

AUTHOR: WALIA, RINKY JASMIN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Subjective:

Patient is here today for routine visit. He states that he now has Kaiser coverage and he is currently getting his dihydroergotamine injection from Kaiser. The rest of his medications he is receiving through the VA.

Objective:

VITALS (most recent, as listed in the electronic record):

B/P: 161/75 (08/24/2018 10:45)

161/75 (08/24/2018 10:45)

Pulse: 50 (08/24/2018 10:45)

Temperature: 98 F [36.7 C] (08/24/2018 10:35)

Weight: 190 lb [86.4 kg] (08/24/2018 10:35)

Height: 69 in [175.3 cm] (08/05/2014 10:52)

BMI:

Measurement DT WEIGHT

LB(KG) [BMI]

08/24/2018 10:35 190(86.18) [28*]

03/09/2018 10:21 189(85.73) [28*]

12/27/2017 09:05 187(84.82)[28*]

Pain: 7 (08/24/2018 10:40) (0-10 scale)

General: AOX3, Not in acute respiratory distress

Neck: Supple, No thyromegaly, No bruit

CVS: Normal S1 S2, No murmurs heard

PULM: clear to auscultation bilaterally, no crackles or wheezing heard

Abdomen: Soft, Positive BS, Nontender

EXT: no pitting edema noted.

Lab:

CBC:

SCL1 - Partial CBC

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
03/13/2018 08:41	BLOOD	8.4	14.1	44.1	95.7	32.0	269

CHEM:

LAB CUMULATIVE SELECTED 1

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
GLUCOSE							
03/13/2018 08:41	PLASM	142	4.2	109 H	27	26	0.91
118							
02/13/2018 08:14	PLASM	139	3.6	107 H	25	23	0.98
122 H							
02/08/2016 10:02	PLASM	139	3.7	107 H	23.7	28 H	1.03
137 H							

LAB CUMULATIVE SELECTED 2

Collection DT	Spec	CALCIUM	MG	P04
03/13/2018 08:41	PLASM	9.2		
02/13/2018 08:14	PLASM	9.0	1.9	
02/08/2016 10:02	PLASM	8.8		

LAB CUMULATIVE SELECTED 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST
ALT							
07/24/2018 08:38	PLASM	6.7	4.3	0.7	0.2	76	28
23							
03/13/2018 08:41	PLASM	6.5	4.1	0.7		64	27
25							

CBC

Collection DT	Spec	WBC	HCT	HGB	MCV	PLT
03/13/2018 08:41	BLOOD	8.4	44.1	14.1	95.7	269
02/08/2016 10:02	BLOOD	5.7	46.0	14.8	93.2	212

LIPID:

SCLU - Cholesterol

Collection DT	Spec	CHOL
03/13/2018 08:42	PLASM	168
03/13/2018	LDL CHOLESTEROL	101.00

TSH:

PSA:

SCL1 - PSA

Collection DT	Spec	PSA
03/13/2018 08:41	SERUM	<0.01

UA:

0

Med:Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.	ACTIVE
2) ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML USE 1 PILLOW OF 15MCG/2ML IN NEBULIZER TWICE A DAY - FOR BREATHING.	ACTIVE
3) BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 RESPULE (0.5MG/2ML) NEBULIZER TWICE A DAY - FOR BREATHING.	ACTIVE
4) CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
5) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF	ACTIVE

NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS

SEVERE CLUSTER MIGRAINE HEADACHES

6)	INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD ----- DOSAGE CHANGE	ACTIVE
7)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
8)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD - FOR DIABETES	ACTIVE
9)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY -FOR BREATHING.	ACTIVE
10)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION.	ACTIVE
11)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
12)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
13)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.	ACTIVE
14)	SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24 HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.	ACTIVE
15)	TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE
16)	TRIAMCINOLONE ACETONIDE 0.025% CREAM APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH	ACTIVE
17)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE

Active Non-VA Medications

Status

1)	Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE

18 Total Medications

Assesment/Plan:

1. COPD:continue with neb treatment prn and inhalers
2. Cluster Headaches:
no longer follows up with UC Davis neurologist, Dr.
Leanerts as he has switched insurance compaines
--Continue DHE-45 as prescribed
--Continue Topiramate and Indomethacin as prescribed
--Patient has both Sumatriptan and Frovatriptan available and has been
instructed when and how to use these per his neurologist.
-Patient is also taking dihydroergotamine
-Also uses oxygen as needed
3. Type 2 DM: Patient taking metformin 1000 mg bid.
Patient states that he recently had his hemoglobin A1c checked in Sutter
health
care and will bring in the records.
4. GERD: Symptoms controlled on Protonix
5. HLP: Continue Rosuvastatin.
- 6.Hypertension: Patient takes losartan 50 mg daily. Blood pressure
elevated
today in the clinic however he states that it's well controlled at home.

Nt's current medications were reviewed.

The patient's medication list was updated in CPRS.

A complete medication list was given to the patient.

The patient's most recent laboratories values were reviewed and discussed
with
the patient during this visit.

Dragon dictation software was used to create this note. Please note any
grammatical sound alike or syntax errors are likely dictation errors.

/es/ Rinky Jasmin Walia, MD

Physician, Primary Care

Signed: 08/24/2018 11:45

PC Preventive Health 60498**Details****Date entered:** August 24, 2018**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ANTONIO RAFAEL TOMADA LALIN**Signed by:** ANTONIO RAFAEL TOMADA LALIN**Date signed:** August 24, 2018**Note**

LOCAL TITLE: PC Preventive Health 60498
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: AUG 24, 2018@10:38 ENTRY DATE: AUG 24,
2018@10:38:23
AUTHOR: LALIN, ANTONIO RAFAEL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:

Tdap Immunization:

**See orders

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

Licensed provider notified of positive AUDC score and need for follow-up

Patient Education:

The patient was educated on the benefits of regular exercise including the benefits of exercise related to wt. loss, improved BP and cholesterol control, cardiovascular fitness, strengthening of muscle and bone and reduced stress.

Level of Understanding: Good

Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

In the past three months did you ever run out of food and you were not able to access more food or have the money to buy more food?

No - No Food shortage

Diabetic Foot Care Education:

The following items were reviewed with the patient: 1. the importance of daily foot checks 2. the progression of callouses and blisters to ulcerations and possible infection 3. the importance of daily foot hygiene. Warm (NOT HOT) bathing of the feet, complete drying, and thorough inspection for changes in the condition of the skin constitutes daily foot care. 4. the importance of the use of clean, non-restrictive socks/stockings and well-fitting shoes. 5. the importance of immediate follow-up of any foot injuries or ulcers. The patient should be non-weight bearing, whenever there are lesions on the foot, to prevent further cellular damage.

Nurse Pain Reassessment:

Pain score:

7

The pain is a different pain than previously reported and assessed.

Pain location:

--- Right side of the head

Pain date of onset:

--- 19 years ago

Character of the pain:

--- Aching

Pain relieved by:

--- Medication

Pain exacerbated by:

--- any drink containing alcohol, excessive heat and smoke

Pain affects the patient's ADLs:

Interferes with: Appetite and eating, sleep

Opioid Risk Tool:

OPIOID RISK TOOL (ORT)

Family history of substance abuse:

0 - None

Personal history of substance abuse:

0 - None

Age:

0 - Age greater than 45 (This patient's age is 68)

Psychological Disease:

1 - Depression

Risk Category: Low Risk (0-3)

Total score:

1

Advance Directive Screening:

MEDICAL FORMS SCREENING:

Informed patient that it is up to you to decide if you want an advance directive. Your decision will not affect your access to care.

Informed Veteran that it is your responsibility to provide a copy of your Advance Directive if you have one & if unable to provide a copy of your Advance Directive, you may complete a new Advance Directive. If we do not have a signed copy of your Advance

Directive, there is no way for us to know your wishes. You will be treated as if you don't have one until you either complete a new Advance Directive or provide us with a copy of one you may already have.

Do you have an Advance Directive (DPAHC or Living Will) or a Mental Health Advance Directive on file with us or a copy to give to us today?

The patient indicates that they do not have an Advance Directive.

Veteran does not wish to discuss further with a health care provider at this time.

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or caregiver state the patient is taking (including non-VA prescriptions, over the counter medications, vitamins and herbal supplements)?

Unable to review with patient/caregiver due to the following reason:

-Other: Deferred to pcp.

Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
===		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.	ACTIVE
2)	ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML USE 1 PILLOW OF 15MCG/2ML IN NEBULIZER TWICE A DAY - FOR BREATHING.	ACTIVE
3)	BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 RESPULE (0.5MG/2ML) NEBULIZER TWICE A DAY - FOR BREATHING.	ACTIVE
4)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.	ACTIVE
5)	FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH	ACTIVE

ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
SEVERE CLUSTER MIGRAINE HEADACHES

6)	INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD ----- DOSAGE CHANGE	ACTIVE
7)	LOSARTAN 50MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
8)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD - FOR DIABETES	ACTIVE
9)	MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY -FOR BREATHING.	ACTIVE
10)	MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION.	ACTIVE
11)	PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.	ACTIVE
12)	ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.	ACTIVE
13)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.	ACTIVE
14)	SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24 HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.	ACTIVE
15)	TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION	ACTIVE
16)	TRIAMCINOLONE ACETONIDE 0.025% CREAM APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH	ACTIVE
17)	VERAPAMIL HCL 120MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY ---- NOTE CHANGE IN FORMULATION AND INSTRUCTIONS --- FOR MIGRAINE PROPHYLAXIS	ACTIVE

Inactive Outpatient Medications

Status

=====

===

1)	HYDROCODONE 5MG/ACETAMINOPHEN 325MG TAB TAKE 1 TABLET BY MOUTH TWICE A DAY FOR PAIN - DO NOT TAKE MORE	EXPIRED

THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. FOR
SHOULDER PAIN

Active Non-VA Medications	Status
=====	
===	
1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY	ACTIVE

19 Total Medications No Active Remote Medications for this patient

Vitals:

BP

161/75

Pulse

50

Diabetic with last BP>=140/90:

Repeat BP:

161/75

Diabetic Foot Exams:

The patient had a complete foot inspection completed.

Result of Exam: Normal

Exam (req'd): No ulcers, blisters, callus

The posterior tibialis and dorsalis pedis pulses are normal bilaterally.

A standard monofilament was used to test foot sensation and the exam was normal.

/es/ Antonio Rafael Tomada Lalin

LVN Primary Care

Signed: 08/24/2018 10:48

Primary Care Interim Note

Details

Date entered: July 19, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: RINKY JASMIN WALIA**Signed by:** RINKY JASMIN WALIA**Date signed:** July 19, 2018**Note**

LOCAL TITLE: Primary Care Interim Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: JUL 19, 2018@08:16 ENTRY DATE: JUL 19,
2018@08:16:29

AUTHOR: WALIA,RINKY JASMIN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Primary Care Interim Note Has ADDENDA ***

patient needs uds

/es/ Rinky Jasmin Walia, MD

Physician, Primary Care

Signed: 07/19/2018 08:17

Receipt Acknowledged By:

07/20/2018 11:04 /es/ Patsy Jones,

LVN

Nursing Service, Primary

Care

07/20/2018 ADDENDUM

STATUS: COMPLETED

11:05a - Veteran identified with date of birth.Pt was notified to come in
for

Urine drug screen per Dr Walia.

/es/ Patsy Jones, LVN

Nursing Service, Primary Care

Signed: 07/20/2018 11:08

Telephone Care VISN 21 Note

Details**Date entered:** July 2, 2018**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** DIEGO A CRUZ-RAMOS**Signed by:** DIEGO A CRUZ-RAMOS**Date signed:** July 2, 2018**Note**

LOCAL TITLE: Telephone Care VISN 21 Note
STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE
DATE OF NOTE: JUL 02, 2018@11:10:06 ENTRY DATE: JUL 02,
2018@11:12:07
AUTHOR: CRUZ-RAMOS,DIEGO A EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Telephone Care VISN 21 Note Has ADDENDA ***

Type of call: *SCHEDULING.

**PATIENT called in for CAMPBELL,RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

pt would like to schedule appt with new pcp as previous one has left. pt
is
dealing with a rash on his leg that was previously been treated by Dr.
Fiechtner. ty

Caller Area: MATHER

Caller Response: *OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 07/02/2018 @ 11:10:06 AM

Ending at: 07/02/2018 @ 11:11:38 AM

Length: 1 minutes.

Author: CRUZ-RAMOS, DIEGO A

/es/ CRUZ-RAMOS, DIEGO A

Signed: 07/02/2018 11:12

Receipt Acknowledged By:

07/03/2018 14:26 /es/ SILVESTRI, JORDYN
DANIELLE

07/03/2018 ADDENDUM

STATUS: COMPLETED

called pt in regards to pt calling in wanting to set up appt with new PCP.
pt

did not answer- left detailed VM stating situation and availability and
that the

1st avail F2F is around 8/14/18. left vets connect callback number if pt
would

like to further schedule this.

/es/ SILVESTRI, JORDYN DANIELLE

Signed: 07/03/2018 14:28

Medical Clerk Note

Details

Date entered: June 4, 2018**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MARY MARSH**Signed by:** MARY MARSH**Date signed:** June 4, 2018**Note**

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: JUN 04, 2018@11:06 ENTRY DATE: JUN 04,
2018@11:06:25

AUTHOR: MARSH, MARY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

WHO IS CALLING: Other: call to patient

REASON FOR CALL: call to pt to reschedule 07/10/18 appt with sac pact 12.
Left
message for pt to
please call back and re-schedule this appt.

TIME PATIENT WILL BE HOME FOR RETURN CALL: Jun 4, 2018

MESSAGE MAY BE LEFT WITH: Patient

CALLER'S MOOD: Calm

DISPOSITION: Note forwarded to PCP, Note forwarded to RN

ADDRESS: 1521 WHITEHORSE ROAD
MEADOW VISTA, CALIFORNIA 95722

AGE: 68 y.o.

PCP: FIECHTNER, BRIDGET KAYE

FUTURE APPOINTMENT(S):
MAS CLINIC VISITS FUTURE
06/25/2018 09:40 SAC DERM S LESION S00D

Letter Reminders

RECALL DATE CLINIC
Oct 10, 2018 RECALL () SAC EYE CORBETT 2

/es/ Mary Marsh
MEDICAL SUPPORT ASSISTANT
Signed: 06/04/2018 11:08

Receipt Acknowledged By:
06/06/2018 18:14 /es/ FRANCISCO
CARRILLO

Supervisory Medical Support

Assistant

Primary Care Telephone Note

Details

Date entered: May 15, 2018
Location: SACRAMENTO VA MEDICAL CENTER
Written by: JOEL PAUL BRESOLIN
Signed by: JOEL PAUL BRESOLIN
Date signed: May 15, 2018

Note

LOCAL TITLE: Primary Care Telephone Note
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: MAY 15, 2018@16:25 ENTRY DATE: MAY 15,
2018@16:25:30
AUTHOR: BRESOLIN, JOEL PAUL EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

S: while waiting for VA response for oral anti-fungal tx, sought care @ KP
and

initated lamasil PO for 8 weeks, liver enzymes due 2 weeks after starting
A: dermatophytosis/ tinnea pedis
P: liver enzymes to be drawn here to monitor

/es/ Joel Paul Bresolin, FNP, GNP
Emergency Department/C&P
Signed: 05/15/2018 16:28

Receipt Acknowledged By:
05/16/2018 21:31 /es/ Rinky Jasmin Walia,
MD
Physician, Primary
Care

Primary Care Interim Note

Details

Date entered: May 14, 2018
Location: SACRAMENTO VA MEDICAL CENTER
Written by: RINKY JASMIN WALIA
Signed by: RINKY JASMIN WALIA
Date signed: May 14, 2018

Note

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 14, 2018@17:41 ENTRY DATE: MAY 14,
2018@17:41:42
AUTHOR: WALIA,RINKY JASMIN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

unsure if patient has telephone apt with me on 5/15/2018. If so, it needs
to be
cancelled as I am not available. Please cancel all telephone appointments
for me
until further notice.

/es/ Rinky Jasmin Walia, MD
Physician, Primary Care
Signed: 05/14/2018 17:42

PACT Telephone Note

Details

Date entered: May 7, 2018
Location: SACRAMENTO VA MEDICAL CENTER
Written by: TUNJA L BROWN
Signed by: TUNJA L BROWN
Date signed: May 7, 2018

Note

LOCAL TITLE: PACT Telephone Note
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: MAY 07, 2018@16:34 ENTRY DATE: MAY 07,
2018@16:34:21
AUTHOR: BROWN, TUNJA L EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** PACT Telephone Note Has ADDENDA ***

called Veteran per TAN message REL "Pt sched for CM TAP 050718 @ 1400, pt
called
to check on status of call, pt refused TAN for ringworm that is spreading"

Spoke with Veteran, full name and DOB verified. veteran states that last
year he
had ringworm and was prescribed

TRIAMCINOLONE ACETONIDE 0.025% CREAM
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH

Veteran states that the ringworms are in both feet and spreading. veteran
states

that he was told by previous PCP that a pill form would be ordered if the cream does not work. Veteran states that he is using the rest of the cream but it is not working as effectively as it did. Veteran states that he is now in Maui on his honeymoon but need an F2F for assessment. Veteran states that he will be back on Thursday.

MSA. Please schedule F2F with surrogate PCP per veteran's request. RE: Ringworm bilateral feet. Thank You.

/es/ Tunja Brown, RN, MSN-MHA
Staff Nurse, Care Manager
Signed: 05/07/2018 16:41

Receipt Acknowledged By:
05/10/2018 11:41 /es/ JUREK, JACQUELINE
RAE

05/09/2018 12:20 /es/ Rinky Jasmin Walia,
MD
Physician, Primary
Care
for BRIDGET KAYE
FIECHTNER

05/09/2018 ADDENDUM STATUS: COMPLETED
tried calling pt, phone rang multiple times with no answer, no vm set up

/es/ JUREK, JACQUELINE RAE

Signed: 05/09/2018 14:47

05/10/2018 ADDENDUM STATUS: COMPLETED
lmom letting pt know appt with sac pact bronze has been cx due to cm not working

in pc, pt was also informed that they need to sched an appt with the pcp -
sac
pact 12 to set ring worm looked at left vets connect

/es/ JUREK, JACQUELINE RAE

Signed: 05/10/2018 11:42

TCP Telephone Care Staff Note

Details

Date entered: May 7, 2018

Location: MARTINEZ VA MEDICAL CENTER

Written by: CHERI KAY MCGOOGAN

Signed by: CHERI KAY MCGOOGAN

Date signed: May 7, 2018

Note

LOCAL TITLE: TCP Telephone Care Staff Note
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: MAY 07, 2018@15:48:23 ENTRY DATE: MAY 07,
2018@15:51:25
AUTHOR: MCGOOGAN, CHERI KAY EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Type of call: *SCHEDULING.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

Pt sched for CM TAP 050718 @ 1400, pt called to check on status of call,
pt

refused TAN for ringworm that is spreading

Caller Area: MATHER

Caller Response: *OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 05/07/2018 @ 3:48:23 PM

Ending at: 05/07/2018 @ 3:50:34 PM

Length: 2 minutes.

Author: MCGOOGAN, CHERI KAY

/es/ CHERI KAY MCGOOGAN

Signed: 05/07/2018 15:51

Receipt Acknowledged By:

05/09/2018 10:51 /es/ Rinky Jasmin Walia,
MD

Physician, Primary

Care

for BRIDGET KAYE

FIECHTNER

05/07/2018 16:41 /es/ Tunja Brown, RN, MSN-
MHA

Staff Nurse, Care

Manager

for BEVERLY A

GAMU

Telephone Care VISN 21 Note

Details**Date entered:** April 28, 2018**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** SARAH QUADRI**Signed by:** SARAH QUADRI**Date signed:** April 28, 2018**Note**

LOCAL TITLE: Telephone Care VISN 21 Note
STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE
DATE OF NOTE: APR 28, 2018@14:50:37 ENTRY DATE: APR 28,
2018@14:57:12
AUTHOR: QUADRI, SARAH EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Type of call: SYMPTOM.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.
Other:
full name.

Contact Phone Number: (206)295-2554

Comments:

Sarah(C2701) per MSA Re; medication dosage cardiovascular in brain."

Caller Area: MATHER

Caller Response: ER-OTHER

FINANCIAL DISCLAIMER

The following disclaimer was read to the caller:

Patient was instructed, 'This is not an authorization for VA
Payment and also 'To have hospital contact the nearest VA

Facility for transfer upon stabilization.

Chief Complaint: Headache

Patient/Caller agrees with plan.

Class Code: Other specified counseling.

Triage Note

Phone Triage

Sat Apr 28 2018 14:53:06 GMT-0700 (Pacific Daylight Time)

Demographics

68 y/o Male

Results

CC: Headache

Recommended Follow-up Interval: Now

Recommended Follow-up Location: Emergency department, other

Modifier: Distance from hospital

Values and Measures

Pain scale: 10

Duration of CC: 18 Hours

Positive Responses

HPI: headache, severe

HPI: headache, worst ever experienced

Negative Responses

Denies: HPI: fever, subjective

Denies: HPI: head injury, within past 10 days

Denies: HPI: mental status change, confusion

Veteran Education

Verbal Education Provided:

Based on your responses, you should be treated in the emergency room.

Take action:

You need to see a doctor now or your condition could worsen.
Consider calling an ambulance.

Nurse Notes:

Veteran states worst headache in his life 10/10 pain, past 18 hours;
denies
recent head injury, facial drooping, difficulty speaking/walking,
dizziness.

VHG Recommends: NOW EMERGENCY: TAN advised veteran to be taken to the local
ED
for immediate evaluation.

No patient education given, veteran en route to ED.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Original call started at: APR 28, 2018 @ 13:11 (Call was suspended)
- BANKS,IVY APR 28, 2018@13:11:32 - APR 28, 2018@13:12:57
- BANKS,IVY APR 28, 2018@14:48:36 - APR 28, 2018@14:49:03

Ending at: 04/28/2018 @ 2:56:50 PM
Length: 8 minutes. (Call was suspended. This call length is the total
amount of
time spent "active" in Telecare Record Manager.)

Author: QUADRI,SARAH

/es/ Sarah Quadri, RN, BSN
TLC Advice Nurse
Signed: 04/28/2018 14:57

Receipt Acknowledged By:
05/02/2018 11:05 /es/ Rinky Jasmin Walia,
MD
Physician, Primary
Care
for BRIDGET KAYE
FIECHTNER

Patient Appointment Reminder Letter

Details

Date entered: April 26, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: JORDYN DANIELLE SILVESTRI

Signed by: JORDYN DANIELLE SILVESTRI

Date signed: April 26, 2018

Note

LOCAL TITLE: Patient Appointment Reminder Letter

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: APR 26, 2018@13:53 ENTRY DATE: APR 26,
2018@13:53:37

AUTHOR: SILVESTRI, JORDYN DA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:

10535 Hospital Way, Mather, CA 95655-1200

APR 26, 2018

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

We have been trying to reach you via the telephone numbers you have listed on your chart but unfortunately, have had no success. We are trying to contact you regarding rescheduling your appointment you had set with Dr. Fiechtner on July 10, 2018 at 9:45am. Unfortunately, your provider has decided to no longer continue working at the VA and start a different journey. However, you will still be in the SAC PACT 12 care team and we will have covering providers to take care of all of your needs during this time.

Please call us at the Vets Connect line 1-800-382-8287 to reschedule this appointment and if you have any further questions.

THANK YOU FOR YOUR SERVICE!

Sincerely,

/es/ Jordyn D. Silvestri
SUPERVISORY MSA

Patient Record Number 7468482

Report of Contact

Details

Date entered: April 25, 2018**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** JORDYN DANIELLE SILVESTRI**Signed by:** JORDYN DANIELLE SILVESTRI**Date signed:** April 25, 2018**Note**

LOCAL TITLE: Report of Contact

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: APR 25, 2018@16:35 ENTRY DATE: APR 25,
2018@16:35:55

AUTHOR: SILVESTRI, JORDYN DA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

called pt in regards to rescheduling appt with PCP due to clinic change.
left

detailed VM stating situation and if pt would like to reschedule to please
call

us back at the vets connect line to do so.

/es/ SILVESTRI, JORDYN DANIELLE

Signed: 04/25/2018 16:37

PC Secure Message**Details****Date entered:** April 21, 2018**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** BRIDGET KAYE FIECHTNER**Signed by:** BRIDGET KAYE FIECHTNER**Date signed:** April 21, 2018**Note**

LOCAL TITLE: PC Secure Message
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 21, 2018@12:14:46 ENTRY DATE: APR 21,
2018@10:14:47
AUTHOR: FIECHTNER, BRIDGET K EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

-----Original Message-----

Sent: 04/19/2018 12:09 PM
From: CAMPBELL, RONALD
To: **Fiechtner, B (Primary Care) - Mather
Subject: Recommended Blood Pressure Medication

Cluster headaches have flared up the last 8 Daly's and DHE-45; Oxygen and Frovotriptan prophylaxis measures have become less effective and headaches are much more frequent.

This is more than unusual and MAY be a result of dropping the VERAPAMIL 3/25/18.

This was a test to see if my years of taking Verapamil was; in fact; having any effect on the cluster headaches since I am still chronic.

I have contracted Dr Pick in Neurology with this info and will advise you of his reply and recommendation so we can adjust the blood pressure plan if necessary

Ron Campbell
2701

-----Original Message-----

Sent: 04/21/2018 01:14 PM
From: FIECHTNER, BRIDGET

To: CAMPBELL, RONALD
Subject: Recommended Blood Pressure Medication

Good morning, Mr. Campbell,

I am sorry to hear about the headaches as I know devastating this can be. Please let me know if you end up restarting the Verapamil and holding the Losartan.

I do want you to know that I will be leaving the VA at the end of this month due to family obligations. It has been a true pleasure getting to know you. There will be a doctor covering for me at all times and will be receiving the results of the ongoing tests that I have ordered. If you do not receive the results, please send an e-mail such as this to request them.

I wish you all the best and will remember you fondly.

Take care!

Sincerely,

Bridget K. Fiechtner, MD
Primary Care Physician

/es/ Bridget K. Fiechtner, MD
Physician, Primary Care
Signed: 04/21/2018 10:14

Neurology Secure Messaging

Details

Date entered: April 19, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: DAWN Y TAYLOR

Signed by: DAWN Y TAYLOR

Date signed: April 19, 2018

Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: APR 19, 2018@16:17:52 ENTRY DATE: APR 19,
2018@14:17:52

AUTHOR: TAYLOR,DAWN Y

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

*** Neurology Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 03/12/2018 12:04 PM

From: CAMPBELL, RONALD

To: Neurology - Mather.@" data-bbox="68 553 299 572" data-label="Text">

Subject: Verapamil

Dr Lenearts @ UC Davis directedmy care for chronic cluster headaches prior to my coming under the care of Dr Pic at the VA recently

With Sept '17 breakthroughs in management of the headaches the next atep was to eliminate medications that had peoven to be ineffective. Verapamil was targeted

I am in contact with my primary VA care provider who will prescribe a blood pressure medication as soon as Verapamil is eminated from my cluster headache regimen.

Please advise if there is a procedure for coming off of the medication

Ron Campbell 2701

-----Original Message-----

Sent: 03/12/2018 02:31 PM

From: TAYLOR, DAWN

To: CAMPBELL, RONALD

Subject: Verapamil

Mr. Campbell,

You are taking the Verapamil prophylactically for headaches, as far as I know there isn't a procedure to stop the medication, you can contact your primary care provider and ask them if you need to be tapered off of the medication since they plan to start a new blood pressure medication. I will inform Dr. Pick that you want the Verapamil discontinued. If you have any further questions or concerns please let me know. If you need a follow up appointment with Dr. Pick, please call 916-843-2732.

Thank you,
Dawn Y. Taylor, RN
Care Manager, Neurology
Mather VAMC

-----Original Message-----

Sent: 03/13/2018 11:15 AM

From: TAYLOR, DAWN

To: CAMPBELL, RONALD

Subject: Verapamil

Mr. Campbell,

I discussed it with Dr. Pick and he said you can stop taking the Verapamil and

he has discontinued the drug. Please let me know if you need anything else.

Thank you,
Dawn

-----Original Message-----

Sent: 04/19/2018 11:59 AM
From: CAMPBELL, RONALD
To: Neurology - Mather.@
Subject: Verapamil

Please advise Dr Pick that I stopped taking the Verapamil on 3/24 as we had planned.

In the past 8 days there has been a noticeable increase in frequency of cluster headaches and reduction of effectiveness of the DHE-45, Oxygen and Frovotriptan propholaxis measures I current utilize.

It appears the Verapamil WAS having an affect on headache management

I think a reintroduction of Verapamil is in order in order to see if this IS the variable and;of course to help settle this down.

I still have about a two week supply

Please let me know Dr Pick's response

Ron Campbell
2701

-----Original Message-----

Sent: 03/13/2018 08:50 AM

From: CAMPBELL, RONALD
To: Neurology - Mather.@
Subject: Verapamil

The Verapamil was originally prescribed by Dr Appearance at the VA prior to my going to UC Davis. That's why I thought it appropriate to seek VA Neurology/Dr.Pick advice regarding cessation. I

Thanks

-----Original Message-----

Sent: 04/19/2018 05:17 PM
From: TAYLOR, DAWN
To: CAMPBELL, RONALD
Subject: Verapamil

Mr. Campbell,

I will forward your message to Dr. Pick.

Thank you,
Dawn Y. Taylor, RN
Care Manager, Neurology Clinic
Mather VAMC

/es/ Dawn Y. Taylor, RN, MSN, CCM
Case Manager, Neurology Clinic, SAC
Signed: 04/19/2018 14:17

Receipt Acknowledged By:
04/19/2018 15:29 /es/ Peter W. Pick,
MD

Staff

Neurologist

04/19/2018 ADDENDUM

STATUS: COMPLETED

04/19/2018

Neurology Addendum

He made stop taking verapamil immediately, without a taper in the dose.

/es/ Peter W. Pick, MD

Staff Neurologist

Signed: 04/19/2018 15:30

PC Secure Message

Details

Date entered: March 21, 2018**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** BRIDGET KAYE FIECHTNER**Signed by:** BRIDGET KAYE FIECHTNER**Date signed:** March 21, 2018

Note

LOCAL TITLE: PC Secure Message

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 21, 2018@23:23 ENTRY DATE: MAR 21,
2018@21:23:35

AUTHOR: FIECHTNER,BRIDGET K EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 03/18/2018 08:37 PM

From: CAMPBELL, RONALD

To: **Fiechtner, B (Primary Care) - Mather

Subject: Recommended Blood Pressure Medication

I am taking Dihyergotamine Mesylate that is currently controlling the
cluster
headaches

I located a warning against the following

heart or blood pressure medication such as diltiazem (Cardizem, Dilacor, Tiazac), nicardipine (Cardene), quinidine (Quin-G), or verapamil (Calan, Covera, Isoptin, Verelan); or

-----Original Message-----

Sent: 03/22/2018 12:23 AM

From: FIECHTNER, BRIDGET

To: CAMPBELL, RONALD

Subject: Recommended Blood Pressure Medication

Good evening, Mr. Campbell,

Unfortunately, I have lost brownie points on my speedy replies as I became back logged with messages while taking a couple days of leave.

1. For the blood pressure, upon discontinuation of the Verapamil, I would recommend starting Losartan 50 mg daily. This has benefit in protecting the kidneys in the setting of diabetes. I considered a beta blocker, which may be useful in the setting of your headaches, but voted against it given your lung disease. I have ordered the Losartan. After taking the medication for 10-14 days, I would like you to return to the clinic for a blood pressure check and a follow up lab to check your kidney function and potassium level, as these can be affected by the Losartan.

2. Now, on to recent lab results:

A) Your Vitamin D level is slightly low. I would like you to begin Vitamin D

2000 units daily. I have ordered this for you, but this can be obtained over-the-counter as well.

B) Your LDL (bad cholesterol) is 101. Given that you are diabetic this number should be <100. Given that you are on Rosuvastatin (Crestor) which is a high potency statin, I am not anxious to increase the dose and the risk of side effects. I would like to check this again in 6 months and, if not improved at that time, increase the dose of Rosuvastatin.

C) Good news . . . your PSA remains undetectable.

Please let me know if you have any further questions and take care!

Sincerely,

Bridget K. Fiechtner, MD
Primary Care Physician

/es/ Bridget K. Fiechtner, MD
Physician, Primary Care
Signed: 03/21/2018 21:23

Informed Consent

Details

Date entered: March 19, 2018

Location: NORTHERN CALIFORNIA HCS

Written by: APRA SOOD

Date signed: None recorded

Note

LOCAL TITLE: Informed Consent

STANDARD TITLE: PROCEDURE CONSENT

DATE OF NOTE: MAR 19, 2018@09:24:06 ENTRY DATE: MAR 19,
2018@09:24:31

AUTHOR: SOOD, APRA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Signature Informed Consent for

SKIN - BIOPSY - SHAVE (SHAVE BIOPSY OF SKIN)

1. Anatomical Location: Left cheek

2. Informed consent was obtained at 9:23 AM on March 19, 2018.

The full consent document can be accessed through Vista Imaging.

3. Patient name: CAMPBELL, RONALD CLARK

4. The patient HAS decision-making capacity.

5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):

Abnormal lesion on the skin. To test skin for disease.

7. Treatment/procedure: This procedure involves cutting off a thin slice of abnormal skin for testing. This is called biopsy.

Your skin will be numbed with a local anesthetic. A local anesthetic is a drug causing loss of feeling in the exact area of the biopsy.

The outermost layers of the affected skin will be shaved off. This may be done using a scalpel, razor blade, or other sharp instrument.

Your doctor may apply a chemical to stop bleeding, may use an electric current, or put pressure on the skin to stop bleeding.

The shaved skin will be sent to a lab to be tested.

You will not need stitches. Your doctor will place ointment and a bandage on your wound.

8. Neither anesthesia nor moderate sedation will be used.

9. Consent to Blood Products (if applicable):

It is not expected that blood products will be used in this treatment/procedure.

10. Practitioner obtaining consent: Sood, Apra (MEDICAL PHYSICIAN)

11. Supervising practitioner: Sood, Apra (MEDICAL PHYSICIAN)

12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):

13. Witness Name(s):

14. Comments:

Comprehension Check Procedure2|DM

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 03/19/2018
by: IMED IMED-SERVER

Dermatology Consult 15013

Details

Date entered: March 19, 2018
Location: SACRAMENTO VA MEDICAL CENTER
Written by: APRA SOOD
Signed by: APRA SOOD
Date signed: March 19, 2018

Note

LOCAL TITLE: Dermatology Consult 15013
STANDARD TITLE: DERMATOLOGY CONSULT
DATE OF NOTE: MAR 19, 2018@09:21 ENTRY DATE: MAR 19,
2018@09:21:20
AUTHOR: SOOD, APRA EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

*** Dermatology Consult 15013 Has ADDENDA ***

DERMATOLOGY CLINIC NOTE

MAR 19, 2018

Age: 67 Sex: MALE Race:WHITE

Patient identified with name, SSN and DOB

CC: new growth

HISTORY:

Location: Left cheek

Duration: 4 months

Symptoms: none

Treatment(s): neosporin--did not help

PAST HISTORY:

History of skin cancer: NMSCs, BCCs x 2 on the back when he was in college,

and SCC on the right flank 2011, treated at VA in Seattle. History of numerous sunburns in childhood.

FAMILY HISTORY:

History of skin cancer: NMSC in father

PHYSICAL EXAMINATION:

General: Alert & in no distress.

Examination of the face:

Left cheek with a 3 mm pink keratotic papule

DIAGNOSIS/RECOMMENDATION(S): NUB--ISK vs NMSC left cheek

Neoplasm of uncertain behavior

Shave biopsy performed to establish and confirm diagnosis

Patient re-identified with two identifiers

Risks, benefits, alternatives and personnel required for shave biopsy reviewed

with patient. Patient and physician agree as to site(s) to be biopsied.

Informed

consent obtained and patient wishes to proceed.

Site(s) prepped with alcohol and anesthetized with 1% lidocaine with epinephrine. Shave of lesion(s) performed. Specimen(s) sent for pathology. 50%

ALCL and bandaging applied.

Wound care instructions provided to patient, understanding verbalized.

Patient

asked to call office if results not conveyed in 2 weeks, or for any other questions or concerns

FOLLOW UP: pending bx and 2-3 months for skin check

/es/ Apra Sood, MD

Staff Physician-Dermatology

Signed: 03/19/2018 09:41

03/23/2018 ADDENDUM

STATUS: COMPLETED

Microscopic exam/diagnosis: (Date Spec taken: Mar 19, 2018)

SKIN, LEFT CHEEK (SHIN BIOPSY): TRAUMATIZED INVERTED FOLLICULAR KERATOSIS

Left message re benign results

/es/ Apra Sood, MD

Staff Physician-Dermatology

Signed: 03/23/2018 09:44

06/28/2018 ADDENDUM

STATUS: COMPLETED

Returned Veteran call to reschedule appointment; Unable to leave voice mail

because it is not set-up.

/es/ EDMOND, BOBBY J

MSA

Signed: 06/28/2018 13:27

Sleep Disorder Consult 60528

Details

Date entered: March 13, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NNENNA L UDENYI NNEDUM

Signed by: NNENNA L UDENYI NNEDUM

Date signed: March 13, 2018

Note

LOCAL TITLE: Sleep Disorder Consult 60528

STANDARD TITLE: SLEEP MEDICINE CONSULT

DATE OF NOTE: MAR 13, 2018@11:13 ENTRY DATE: MAR 13, 2018@11:13:18

AUTHOR: UDENYI NNEDUM, NNENN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

SD download completed.

Primary Diagnosis Sleep Apnea (OSA)

94660 CPAP Initiations and Management

COMPLIANCE SUMMARY:

Date range: 2/2/2018- 3/3/2018

Percent days with Device Usage:	70.0
Average usage all days:	3 hrs. 16 mins.
Average usage days used:	4 hrs. 40 mins.
Average time in large leak per day:	19 mins. 54 secs.
Average AHI:	4.2
CPAP/BIPAP pressure:	4-20 cmH20
Average % of night in Periodic Breathing:	0.4%
Average Central Apnea index:	0.2
Average Obstructive Apnea index:	0.7
Average Hypopnea index:	3.3
Average RERA index:	1.2

Average vibratory snore index: 9.0

Veteran was here for machine checked and also for sd card download

/es/ Nnenna L. Udenyi Nnedum, Health Tech

Health Tech/Sleep

Signed: 03/13/2018 11:23

PC Secure Message

Details

Date entered: March 12, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BRIDGET KAYE FIECHTNER

Signed by: BRIDGET KAYE FIECHTNER

Date signed: March 12, 2018

Note

LOCAL TITLE: PC Secure Message

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: MAR 12, 2018@08:43 ENTRY DATE: MAR 12,
2018@06:43:33

AUTHOR: FIECHTNER,BRIDGET K EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

-----Original Message-----

Sent: 03/10/2018 09:50 PM

From: CAMPBELL, RONALD

To: **Fiechtner, B (Primary Care) - Mather

Subject: Test Inquiry

1. I was mistaken regarding my last outside pulmonary test. It was completed

10/2/17 at Sutter in Auburn. I wil secure a copy next week from Dr Bonacci

2. Deterioration in breathing performance may be in part to drug interaction.

9/17 I began injecting dihydroergotamine mesylate (DHE-45) I found today on RX.com a red flag interaction warning with Budesonide.

3. I also found on RX.com an interaction warning against taking Vereapamil with the DHE-45. I will discuss this with my VA neurologist and , should verapamil be dropped, you and I will need to come up with a DHE-45 compatible blood pressure medication solution

Thanks for all of your hard work for me. It is VERY much appreciated

Ron Campbell
Meadow Vista

-----Original Message-----

Sent: 03/12/2018 09:43 AM
From: FIECHTNER, BRIDGET
To: CAMPBELL, RONALD
Subject: Test Inquiry

Good morning, Mr. Campbell,

Thank you for the additional information. Please let me know if the Verapamil is stopped as you will definitely need an alternative medication for your blood pressure at that time.

Take care and have a good day!

Sincerely,

Bridget K. Fiechtner, MD
Primary Care Physician

/es/ Bridget K. Fiechtner, MD
Physician, Primary Care
Signed: 03/12/2018 06:43

PC Preventive Health 60498

Details

Date entered: March 9, 2018
Location: SACRAMENTO VA MEDICAL CENTER
Written by: KYLE SNOW
Signed by: KYLE SNOW
Date signed: March 9, 2018

Note

LOCAL TITLE: PC Preventive Health 60498
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: MAR 09, 2018@10:21 ENTRY DATE: MAR 09,
2018@10:21:13
AUTHOR: SNOW, KYLE EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Clinical Reminders:

Vitals:

Weight

189 lb (85.9 kg)

Pain

3

BP

155/83

Pulse

75

Temperature

97.4 F (36.3 C)
Respiratory Rate
18

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or caregiver state the patient is taking (including non-VA prescriptions, over the counter medications, vitamins and herbal supplements)?

Unable to review with patient/caregiver due to the following reason:

-Other: med inventory deferred to physcian for med list greater than 10

Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
===	
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.	ACTIVE
2) ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML USE 1 PILLOW OF 15MCG/2ML IN NEBULIZER TWICE A DAY - FOR BREATHING.	ACTIVE
3) BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 RESPULE (0.5MG/2ML) NEBULIZER TWICE A DAY - FOR BREATHING.	ACTIVE
4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE CLUSTER MIGRAINE HEADACHES	ACTIVE
5) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY - FOR PAIN - REMOVE AFTER 12 HOURS. APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS. APPLY TO MOST PAINFUL AREA.	ACTIVE
6) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD - FOR DIABETES	ACTIVE
7) MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF	ACTIVE

- BY ORAL INHALATION TWICE A DAY -FOR BREATHING.
- 8) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE
BEDTIME FOR ASTHMA/ALLERGY PREVENTION.
 - 9) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY - FOR STOMACH ACID.
 - 10) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.
 - 11) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR
MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24
HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING
ERGOTAMINE/ERGOT-CONTAINING DRUGS.
 - 12) TRIAMCINOLONE ACETONIDE 0.025% CREAM APPLY SMALL ACTIVE
AMOUNT TOPICALLY TWICE A DAY FOR RASH
 - 13) VERAPAMIL HCL 120MG TAB TAKE TWO TABLETS BY MOUTH ACTIVE (S)
TWICE A DAY FOR HEADACHE PROPHYLAXIS

- Inactive Outpatient Medications Status
=====
- ===
- 1) INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EXPIRED
EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT
12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD
----- DOSAGE CHANGE
 - 2) TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A EXPIRED
DAY FOR HEADACHE PREVENTION

- Active Non-VA Medications Status
=====
- ===
- 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY ACTIVE

16 Total Medications No Active Remote Medications for this patient

/es/ Kyle Snow, LVN
Staff LVN, Primary Care
Signed: 03/09/2018 10:26

Primary Care Note

Details

Date entered: March 9, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: BRIDGET KAYE FIECHTNER

Signed by: BRIDGET KAYE FIECHTNER

Date signed: April 15, 2018

Note

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: MAR 09, 2018@10:15 ENTRY DATE: APR 15,
2018@15:52:35

AUTHOR: FIECHTNER,BRIDGET K EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

The patient was identified by the with the following methods: Name, DOB,
and
SSN.

The patient is a 68 year old MALE here to follow up.

CHIEF COMPLAINT / REASON FOR VISIT:

Cough

Intermittent burning around left scrotum

Right shoulder pain

Skin lesions

HISTORY OF PRESENT ILLNESS:

Mr. Campbell is a pleasant 67 y/o male with a PMH significant for COPD with possible superimposed restrictive lung disease per his history, as well as longstanding hx of cluster headaches, prostate Ca, type 2 DM, vitamin D deficiency, and HLP who presents for scheduled follow up.

Patient reports that he is having more difficulty breathing once again. He has had return of his cough. He has been using his inhalers and nebulized solutions as directed. He is concerned that his new CPAP machine may not be adequate as he has needed BiPAP settings due to prior CO2 retention. He was previously followed by Dr. Bonacci in the Sutter system, but patient is transitioning all of his care to the VA at this time.

Patient reports a new burning discomfort around his left scrotal area. He has not noticed any warmth or swelling. He has had no dysuria, hematuria or other symptoms. It is somewhat positional and he notices it more in certain positions. It is aggravated when his clothing rubs on the scrotum.

He has been seen by Orthopedics here for his right shoulder pain and is awaiting an appointment to be seen at the SFVA for this.

He has a lesion on his left cheek that has not been healing. He has a prior hx of skin cancer.

REVIEW OF SYSTEMS:

All other systems were reviewed and were found to be negative.

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. History of malignant neoplasm of prostate FIECHTNER, BRIDG	11/05/16
2. Dysthymia BAHTEN, REGINA S	02/08/16
3. Chronic pain syndrome BAHTEN, REGINA S	12/08/15

4. Cervical radiculitis (SNOMED CT 11049006)	07/23/14	LEE, JEAN
5. Depressive Disorder NOS *	04/02/14	
BAHTEN, REGINA S		
6. Cluster headache (SNOMED CT 193031009)	02/07/14	
APPERSON, MICHEL		
7. Chronic obstructive lung disease	09/22/17	
FIECHTNER, BRIDG		
8. Benign hypertension	11/26/13	CHANG, MYO
S		
9. Hyperlipidemia (SNOMED CT 55822004)	11/05/16	
FIECHTNER, BRIDG		
10. Type 2 diabetes mellitus (SNOMED CT 44054006)	11/05/16	
FIECHTNER, BRIDG		
11. Headache (SNOMED CT 25064002)	02/04/16	
REMLER, MICHAEL		
12. Carcinoma, Prostate	11/26/13	CHANG, MYO
S		
13. Arthralgias NOS	11/26/13	CHANG, MYO
S		
14. Impotence	11/26/13	CHANG, MYO
S		
15. Vitamin D deficiency (SNOMED CT 34713006)	11/26/13	CHANG, MYO
S		

MEDICATIONS:

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY -
TO
LOWER CHOLESTEROL.

CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB Sig: TAKE ONE TABLET BY MOUTH
ONCE
DAILY - FOR VITAMIN D SUPPLEMENT TO IMPROVE BONE STRENGTH.

VERAPAMIL TAB 120MG TAKE TWO TABLETS BY MOUTH TWICE A DAY FOR HEADACHE
PROPHYLAXIS

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Sig: INHALE 2 PUFFS BY ORAL
INHALATION
EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.

METFORMIN HCL 500MG TAB Sig: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY
WITH
FOOD - FOR DIABETES

MOMETASONE 200MCG/ACTUAT 120D ORAL INHL Sig: INHALE 1 PUFF BY ORAL
INHALATION
TWICE A DAY -FOR BREATHING.

FROVATRIPTAN 2.5MG TAB PKG 9 Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY AS
NEEDED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE
AFTER
2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS SEVERE
CLUSTER
MIGRAINE HEADACHES

SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT Sig: INJECT 1 CARTRIDGE
(6MG/0.5ML)
UNDER THE SKIN AS NEEDED FOR MIGRAINE HEADACHE - NO MORE THAN 2
INJECTIONS IN
24 HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING
ERGOTAMINE/ERGOT-CONTAINING DRUGS.

MONTELUKAST NA 10MG TAB Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR
ASTHMA/ALLERGY PREVENTION.

BUDESONIDE 0.5MG/2ML INH SUSP 2ML Sig: 1 RESPULE (0.5MG/2ML) NEBULIZER
TWICE
A DAY - FOR BREATHING.

ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML Sig: USE 1 PILLLOW OF 15MCG/2ML IN
NEBULIZER TWICE A DAY - FOR BREATHING.

LIDOCAINE 5% PATCH Sig: APPLY 1 PATCH TO SKIN ONCE DAILY - FOR PAIN -
REMOVE
AFTER 12 HOURS. APPLY TO CLEAN & DRY SKIN HOLDING FIRMLY IN PLACE FOR
10-15

SECONDS. APPLY TO MOST PAINFUL AREA.

PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -
FOR
STOMACH ACID.

SILDENAFIL CITRATE 100MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH AS
DIRECTED
ONE HOUR BEFORE SEXUAL ACTIVITY.

TRIAMCINOLONE ACETONIDE 0.025% CREAM Sig: APPLY SMALL AMOUNT TOPICALLY
TWICE
A DAY FOR RASH

Active Non-VA Meds

=====
===

1) ASPIRIN ENTERIC COATED 81MG MOUTH ONCE DAILY

UPDATED LIST GIVEN TO PATIENT AT END OF VISIT

ALLERGIES:
PENICILLIN, PREDNISONE

PHYSICAL EXAMINATION:

Vitals - most recent

BMI: 28.0
Height: 69 in [175.3 cm] (08/05/2014 10:52)
Weight: 189 lb [85.9 kg] (03/09/2018 10:21)
Temp: 97.4 F [36.3 C] (03/09/2018 10:21)
Pulse: 75 (03/09/2018 10:27)
Respirations: 18 (03/09/2018 10:21)
BP: 151/78 (03/09/2018 10:27)
Pain: 3 (03/09/2018 10:21)

General:

Alert and Oriented X 3
Well nourished/developed
Well hydrated

Head:

Normocephalic

Atraumatic

Eyes B/L:

EOMI

PERRLA

Ears:

Externally normal

Hearing grossly intact

Tympanic membranes intact

Mouth:

mucosa moist

Neck B/L:

No bruits

Chest B/L:

CTA

No wheezes

No rales

Heart:

Regular rate

Grossly regular rhythm

No murmurs

Abdomen:

Non-distended

Extremities B/L:

No clubbing

No cyanosis

No edema

Neurologic:

C.N. II-XII grossly intact

No gross motor deficits

Non-slurred speech

No focal deficits

ALL RECENT LABS WERE REVIEWED WITH THE PATIENT

PERTINENT LAB RESULTS:

Patient will complete fasting lab work in the next few days.

ASSESSMENT/PLAN: The patient is a 68 year old MALE with:

1. COPD with possible concomitant restrictive lung disease: Patient is transitioning care to VA.
 - Inhalers and nebulized treatments have been continued as patient was prescribed by his prior pulmonologist Dr. Bonacci.
 - Will repeat PFTs with ABG to insure no ongoing CO2 retention.
 - Once data available, can consider referral to Pulmonary Clinic here.
2. Cluster Headaches: Continue to follow up with UC Davis neurologist, Dr. Leanerts.
 - Continue DHE-45 as prescribed
 - Continue Topiramate and Indomethacin as prescribed
 - Patient has both Sumatriptan and Frovatriptan available and has been instructed when and how to use these per his neurologist.
3. Type 2 DM: Patient taking metformin 1000 mg bid.
 - Will check A1C now.
 - Will need to update eye and foot exams at next visit.
4. GERD: Symptoms controlled on Protonix
5. HLP: Continue Rosuvastatin. At goal with LDL <100.
6. ED: Sildenafil is effective. Continue prn.
7. Left Scrotal Burning: Sounds more neuropathic in origin.
 - Will obtain US of scrotum to insure there is no underlying pathology.There is no skin changes or other changes noted at this time.
8. Left cheek neoplasms: Given telangiectasias and appearance, this is concerning for BCCa at this time and have submitted consult to Derm.
9. Right Shoulder Pain: Due to rotator cuff issues as seen on MRI. Awaiting evaluation and recommendations at SFVA.
10. HCM: Vaccinations are up to date. CSP Feb 2014 and due in 2019. PSA remains undetectable.

FOLLOW UP:
4 months.

MAS CLINIC VISITS FUTURE

04/17/2018 11:00 SAC ANC RAD ULT/OTH
06/25/2018 09:40 SAC DERM S LESION SOOD
07/10/2018 09:45 SAC PACT 12

Letter Reminders

RECALL DATE	CLINIC
Oct 10, 2018	RECALL () SAC EYE CORBETT 2

EDUCATION: The patient acknowledges and endorses the care plan delineated above.

**See clinical reminders below for additional educational efforts:

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Bridget K. Fiechtner, MD
Physician, Primary Care
Signed: 04/15/2018 16:17

Telephone Care VISN 21 Note

Details**Date entered:** March 2, 2018**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** BRADLEY DAVID PORTER**Signed by:** BRADLEY DAVID PORTER**Date signed:** March 2, 2018**Note**

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: MAR 02, 2018@10:02:48 ENTRY DATE: MAR 02,
2018@10:04:45

AUTHOR: PORTER, BRADLEY DAVI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

*** Telephone Care VISN 21 Note Has ADDENDA ***

Type of call: INFORMATION.

**PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

wanted MRI results faxed over to Kaiser Permanente. ROI said he would push
results out two weeks ago.

Thank you

Caller Area: MATHER

Caller Response: *OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 03/02/2018 @ 10:02:48 AM

Ending at: 03/02/2018 @ 10:04:29 AM

Length: 1 minutes.

Author: PORTER, BRADLEY DAVID

/es/ PORTER, BRADLEY DAVID

Call Center MSA McClellan

Signed: 03/02/2018 10:04

Receipt Acknowledged By:

03/02/2018 22:29 /es/ Bridget K. Fiechtner,
MD

Physician, Primary

Care

03/02/2018 ADDENDUM

STATUS: COMPLETED

Please contact patient and see if he is needing the results or the actual images

sent to Kaiser. If he is needing the images, it is best that he goes to Radiology and ask for the images to be placed on a disc and take it there himself.

Thank you.

/es/ Bridget K. Fiechtner, MD

Physician, Primary Care

Signed: 03/02/2018 22:30

Receipt Acknowledged By:

03/06/2018 11:26 /es/ JUREK, JACQUELINE
RAE

03/06/2018 ADDENDUM

STATUS: COMPLETED

pt needs all imaging from radiology department, nothing pc can do, pt
states he
will go to radiology on friday

/es/ JUREK, JACQUELINE RAE

Signed: 03/06/2018 11:30

Receipt Acknowledged By:

* AWAITING SIGNATURE *

SWAN, NEPHTERIA

SPECIALTY CLINIC TELEPHONE /CONTACT NOTE

Details

Date entered: February 6, 2018**Location:** SAN FRANCISCO VAMC**Written by:** MOSES J SALAZAR**Signed by:** MOSES J SALAZAR**Date signed:** February 6, 2018

Note

LOCAL TITLE: SPECIALTY CLINIC TELEPHONE /CONTACT NOTE

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: FEB 06, 2018@10:41 ENTRY DATE: FEB 06,
2018@10:41:23

AUTHOR: SALAZAR, MOSES J

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Call to Veteran

Provider: Orthopedic Resident

Regarding: Orthopedic Consult

Comment: C1-First call to Veteran(unsuccesful scheduling): Left Voice Mail. L1-Unable to schedule letter sent by mail to Veteran. Will have 14 days to call and schedule.

/es/ Moses Salazar, MSA

SFVAMC

Signed: 02/06/2018 10:41

PATIENT NOTIFICATION LETTER -- CALL TO SCHEDULE APPOINTMENT

Details

Date entered: February 6, 2018

Location: SAN FRANCISCO VAMC

Written by: MOSES J SALAZAR

Signed by: MOSES J SALAZAR

Date signed: February 6, 2018

Note

LOCAL TITLE: PATIENT NOTIFICATION LETTER -- CALL TO SCHEDULE APP

STANDARD TITLE: TEAM LETTERS

DATE OF NOTE: FEB 06, 2018@10:41

ENTRY DATE: FEB 06,

2018@10:41:55

AUTHOR: SALAZAR, MOSES J

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

RONALD CLARK CAMPBELL
1521 WHITEHORSE RD
MEADOW VISTA, CALIFORNIA 95722

Date: FEB 06, 2018

Dear Ronald Clark Campbell,
We have been trying to reach you by telephone to schedule a(n) Orthopedic Consult appointment for you, but have been unable to do so. We are eager to meet your healthcare needs, so please call 415-379-5672 to schedule your appointment.

If we do not hear back from you in the next fourteen days, this appointment request will be reviewed by your doctor(s) and may be discontinued. As such, please call us at your earliest convenience.

Sincerely,

Moses Salazar, MSA, SFVAMC

/es/ Moses Salazar, MSA
SFVAMC

Signed: 02/06/2018 10:42

Orthopedic 14333

Details

Date entered: January 30, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: HERMAN MOEHRING

Signed by: HERMAN MOEHRING

Date signed: February 6, 2018

Note

LOCAL TITLE: Orthopedic 14333
STANDARD TITLE: ORTHOPEDIC SURGERY NOTE
DATE OF NOTE: JAN 30, 2018@14:00 ENTRY DATE: FEB 01,
2018@11:58:44
AUTHOR: MOEHRING, HERMAN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

PATIENT NAME: CAMPBELL, RONALD

HISTORY:

This patient is well known to Orthopedic Clinic and has been evaluated and treated for very symptomatic right shoulder pain. He had an MRI recently, which showed disruption of long head of biceps, which we knew from clinical examination, but also some delamination of upper fibers of subscapularis at myotendinous junction. There was not a distinct tear fortunately in supraspinatus or infraspinatus, but rather inflammation defined as tendinosis. He also had moderate AC joint degenerative changes.

INTERVAL HISTORY:

Since the patient was last seen, general health has been stable.

CURRENT MEDICATIONS:

No change.

PHYSICAL EXAMINATION:**GENERAL:**

Pleasant, 67-year-old male who has no lower extremity complaints today. He is miserable with right shoulder pain and only gets 3 or 4 hours of sleep per night.

MUSCULOSKELETAL:

Focused examination of upper extremities reveals full range of motion of left shoulder and all other joints. No observable pathology. Neurovascular function intact.

Right or symptomatic shoulder reveals very painful arc of motion above 90 degrees. With effort, he is able to get to 130 degrees of abduction and about same of forward elevation. He can only internally rotate to SI joint with pain. Satisfactory grip strength. Neurovascular function intact.

DIAGNOSIS:

Rotator cuff syndrome, right shoulder.

DISPOSITION:

For comfort today, I injected shoulder anteriorly just lateral to coracoid process under strictly aseptic technique prepping first with alcohol and then Betadine. I used 6 cc of 0.5% Marcaine mixed with 40 mg of Depo-Medrol. He tolerated this well and had improved, pain free motion at time of discharge.

I also sent a consult to our colleagues in San Francisco for their evaluation and recommendations. They will look at the patient's history and MRI, and call him if they think they can help him.

D: 01/30/2018

T: 01/31/2018

Job number: 1917265

LRM/CMTS

\$end:

/es/ Herman Moehring, MD

Orthopaedic, Fee Basis

Signed: 02/06/2018 08:15

CPAP/BIPAP Sleep Therapy Consult

Details

Date entered: January 9, 2018

Location: SACRAMENTO VA MEDICAL CENTER

Written by: NNENNA L UDENYI NNEDUM

Signed by: NNENNA L UDENYI NNEDUM

Date signed: February 28, 2018

Note

LOCAL TITLE: CPAP/BIPAP Sleep Therapy Consult

STANDARD TITLE: SLEEP MEDICINE CONSULT

DATE OF NOTE: JAN 09, 2018@14:45 ENTRY DATE: JAN 09,
2018@14:45:50

AUTHOR: UDENYI NNEDUM, NNENN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Veteran was here to receive a new CPAP machine with pressure set at 8cmH20
per

prescription for obstructive sleep apnea. Veteran had a sleep study done
outside

VA in Grass Valley in 11/15/2016. Veteran was given instructions on the
following. Pts. was asked to follow up in 1 month.

- 1) Proper use and care of equipment.
- 2) Printed cleaning instructions were given to the patient.
- 3) Written Instructions for ordering new supplies

Patient was issued:

One Respironics DreamStation Auto CPAP machine

Model # DSX400H11 SN# J191392821F85

One humidifier, heated

SN# H1911667790A

Tubing #PR-15

This includes the following accessories:

User manuals

Data Card

Power cord

Carrying Case

1 Pollen Filter #1122446

6 Ultra-fine filters #1122447

Resprionics AmaraView Air FFM
Model # 1090670 Size Medium

~~~~~

G47.33 Obstructive Sleep Apnea

94660 POS AIRWAY PRESSURE CPAP  
99070 SPECIAL SUPPLIES PHYS/QHP  
99212 OFFICE/OUTPATIENT VISIT EST

/es/ Nnenna L. Udenyi Nnedum, Health Tech  
Health Tech/Sleep  
Signed: 02/28/2018 11:16

## Radiology Administrative Note

### Details

**Date entered:** January 7, 2018  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** NEPHTERIA SWAN  
**Signed by:** NEPHTERIA SWAN  
**Date signed:** January 7, 2018

### Note

LOCAL TITLE: Radiology Administrative Note  
STANDARD TITLE: RADIOLOGY ADMINISTRATIVE NOTE  
DATE OF NOTE: JAN 07, 2018@10:20 ENTRY DATE: JAN 07,  
2018@10:20:40  
AUTHOR: SWAN, NEPHTERIA EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANHCSS)

RADIOLOGY APPOINTMENT TRACKING NOTE

Attempted to schedule the patient:

1st call

MRI

Date desired: Jan 9, 2018

No preference

Type of MRI Exam:

Upper Extremity: right Shoulder

IV Contrast:

Without contrast

"No Contact" letter sent stating patient needs to call to schedule an imaging test.

Comments:

RADIOLOGY SCHEDULING NO CONTACT LETTER

JAN 07, 2018

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

DEAR MR. RONALD CLARK CAMPBELL

We are attempting to schedule you for an imaging test ordered by your provider. We have attempted to contact you at the phone number listed in our database and have been unsuccessful. Please contact us within 14 days

of date this letter to schedule your appointment for: MRI

You can reach us at:

916-843-7454 - MRI, Mather/Redding

We look forward to assisting you in scheduling your imaging test.

Sincerely,

/es/ Nephtheria Swan  
Medical Support Assistant

Patient Record Number 7468482

## Orthopedics Consult

### Details

**Date entered:** January 2, 2018  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** HERMAN MOEHRING  
**Signed by:** HERMAN MOEHRING  
**Date signed:** January 4, 2018

### Note

LOCAL TITLE: Orthopedics Consult  
STANDARD TITLE: ORTHOPEDIC SURGERY CONSULT  
DATE OF NOTE: JAN 02, 2018@10:30      ENTRY DATE: JAN 03,  
2018@11:38:17  
AUTHOR: MOEHRING, HERMAN      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

PATIENT NAME: CAMPBELL, RONALD

### HISTORY:

This generally healthy, 67-year-old male presents with a chief complaint of severe right shoulder pain present for the past 3 or 4

months. He does not recall a specific injury. He has had some issues with his shoulder with intermittent pain, occasional popping sensation, and remote rupture of the long head of the biceps. He does not recall any previous injections in this shoulder, although he does believe that he had some cortisone injections in his left shoulder, which currently is minimally symptomatic. He has excellent range of motion in his left shoulder without pain.

He has had previous knee injuries while playing football at the Naval Academy and states that his knee is trashed, however, he is not in severe pain. He does not have any specific complaints of giving way, locking, et cetera. His main complaint is of his right shoulder.

#### ASSOCIATED MEDICAL PROBLEMS:

Cluster headaches, type 2 diabetes mellitus, other entities as listed.

#### CURRENT MEDICATIONS:

As listed and reviewed by me today.

#### PHYSICAL EXAMINATION:

GENERAL: Very pleasant, white male who gives the above history. He really has no lower extremity complaints of pain today despite his history of knee injury in the past. MUSCULOSKELETAL: Focused examination of the upper extremities reveals full range of motion of the left or asymptomatic shoulder. Neurovascular function intact. Biceps muscle and tendon unit intact as well, good grip strength. Right shoulder reveals longstanding rupture of the long head of the biceps with distal migration of the muscle mass with some atrophy. He can only abduct to about 100 degrees before he has significant pain, forward elevation about the same. Internal rotation to the SI joint and the lumbosacral junction with effort. Satisfactory grip strength. Neurovascular function intact.

#### DIAGNOSIS:

Likely rotator cuff tear, right shoulder.

#### DISPOSITION:

For his comfort today, I have injected his right shoulder under strictly aseptic technique with 4 cc of 0.5% Marcaine and 2 cc of Depo-Medrol. He tolerated this well and had significant reduction in

pain in his shoulder at the time of discharge. I have ordered an MRI of his shoulder and advised him to make an appointment with us after he has had the study done so that we can go over it with him.

D: 01/02/2018

T: 01/03/2018

Job number: 1903730

LRM/CMTS

\$end:

/es/ Herman Moehring, MD

Orthopaedic, Fee Basis

Signed: 01/04/2018 08:29

## NFDR Consult

### Details

**Date entered:** December 29, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** THANH-BINH THI LE

**Signed by:** ROBERT A MALMSTROM

**Date signed:** December 29, 2017

### Note

LOCAL TITLE: NFDR Consult

STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT

DATE OF NOTE: DEC 29, 2017@14:02      ENTRY DATE: DEC 29,  
2017@14:02:27

AUTHOR: LE, THANH-BINH THI      EXP COSIGNER: MALMSTROM, ROBERT A

URGENCY:      STATUS:

COMPLETED

RONALD CLARK CAMPBELL is a 67 y/o WHITE MALE patient with cluster-migraine headaches requesting dihydroergotamine IM injections. Pt is currently prescribed sumatriptan succinate inj, verapamil 120mg 2 tabs daily, indomethacin 25mg cap 2 capsules twice daily, lidocaine patch, and topiramate

200mg twice daily for abortive and prophylaxis of cluster migraines. Per 12/27/17 neurology note, pt is also currently taking dihydroergotamine 1mg IM daily prn severe headaches.

HPI per chart review:

Severe daily headaches since 2014. The pain is sharp and boring. There are no associated paresis, paresthesias, nausea, or vomiting. The duration of the individual headaches is 12:40 0.5 hours and the headaches recur every 1.0-1.5 hours. The headaches occur over 12-15 hours per day. The headaches become worse during clusters throughout the year, without any variation in the season of the year.

He has taken multiple medications to abort the headaches and as prophylaxis, with minimal success. Sumatriptan nasal spray was ineffective. Sumatriptan 6 mg subcutaneously daily is partially effective. Frova 2.5 mg orally daily is effective. Dihydroergotamine (sees DHE) 1 mg intramuscularly is effective. High flow oxygen by nasal mask is effective. Indomethacin has been ineffective.

Current medications:

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                         | Status |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                         |                                                                                                                                                                         |        |
| 1)                            | ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML USE 1 PILLOW OF 15MCG/2ML IN NEBULIZER TWICE A DAY - FOR BREATHING.                                                                | ACTIVE |
| 2)                            | BUDESONIDE 0.5MG/2ML INH SUSP 2ML 1 RESPULE (0.5MG/2ML) NEBULIZER TWICE A DAY - FOR BREATHING.                                                                          | ACTIVE |
| 3)                            | INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD<br>----- DOSAGE CHANGE | ACTIVE |

- |     |                                                                                                                                                                                                                                                          |        |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 4)  | LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN ONCE DAILY -<br>FOR PAIN - REMOVE AFTER 12 HOURS. APPLY TO CLEAN &<br>DRY SKIN HOLDING FIRMLY IN PLACE FOR 10-15 SECONDS.<br>APPLY TO MOST PAINFUL AREA.                                                        | ACTIVE |
| 5)  | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH<br>THREE TIMES A DAY WITH FOOD - FOR DIABETES                                                                                                                                                           | ACTIVE |
| 6)  | MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF<br>BY ORAL INHALATION TWICE A DAY -FOR BREATHING.                                                                                                                                                  | ACTIVE |
| 7)  | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT<br>BEDTIME FOR ASTHMA/ALLERGY PREVENTION.                                                                                                                                                            | ACTIVE |
| 8)  | PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH<br>ONCE DAILY - FOR STOMACH ACID.                                                                                                                                                                   | ACTIVE |
| 9)  | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                             | ACTIVE |
| 10) | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                                               | ACTIVE |
| 11) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1<br>CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR<br>MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24<br>HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING<br>ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE |
| 12) | TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A<br>DAY FOR HEADACHE PREVENTION                                                                                                                                                                     | ACTIVE |
| 13) | TRIAMCINOLONE ACETONIDE 0.025% CREAM APPLY SMALL<br>AMOUNT TOPICALLY TWICE A DAY FOR RASH                                                                                                                                                                | ACTIVE |
| 14) | VERAPAMIL HCL 120MG TAB TAKE TWO TABLETS BY MOUTH<br>TWICE A DAY FOR HEADACHE PROPHYLAXIS                                                                                                                                                                | ACTIVE |

## Pending Outpatient Medications

Status

- =====
- |    |                                                                                                                                                                                                                           |         |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1) | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH<br>ONCE DAILY AS NEEDED : - TAKE 1ST DOSE AT ONSET OF<br>MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF<br>NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | PENDING |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|

## Active Non-VA Medications

Status

- =====
- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

16 Total Medications



Computerized Problem List is the source for the following:

|                                                                      |          |            |
|----------------------------------------------------------------------|----------|------------|
| 1. History of malignant neoplasm of prostate<br>FIECHTNER, BRID      | 11/05/16 |            |
| 2. Dysthymia<br>BAHTEN, REGINA                                       | 02/08/16 |            |
| 3. Chronic pain syndrome<br>BAHTEN, REGINA                           | 12/08/15 |            |
| 4. Cervical radiculitis (SNOMED CT 11049006)                         | 07/23/14 | LEE, JEAN  |
| 5. Depressive Disorder NOS *<br>BAHTEN, REGINA                       | 04/02/14 |            |
| 6. Cluster headache (SNOMED CT 193031009)<br>APPERSON, MICHE         | 02/07/14 |            |
| 7. Chronic obstructive lung disease<br>FIECHTNER, BRID               | 09/22/17 |            |
| 8. Benign hypertension<br>S                                          | 11/26/13 | CHANG, MYO |
| 9. Hyperlipidemia (SNOMED CT 55822004)<br>FIECHTNER, BRID            | 11/05/16 |            |
| 10. Type 2 diabetes mellitus (SNOMED CT 44054006)<br>FIECHTNER, BRID | 11/05/16 |            |
| 11. Headache (SNOMED CT 25064002)<br>REMLER, MICHAEL                 | 02/04/16 |            |
| 12. Carcinoma, Prostate<br>S                                         | 11/26/13 | CHANG, MYO |
| 13. Arthralgias NOS<br>S                                             | 11/26/13 | CHANG, MYO |
| 14. Impotence<br>S                                                   | 11/26/13 | CHANG, MYO |
| 15. Vitamin D deficiency (SNOMED CT 34713006)<br>S                   | 11/26/13 | CHANG, MYO |

#### Vitals - most recent

BP: 135/80 (12/27/2017 09:05)

Pulse: 64 (12/27/2017 09:05)

Height: 69 in [175.3 cm] (08/05/2014 10:52)

Weight: 187 lb [85.0 kg] (12/27/2017 09:05) BMI: 27.7

|               |      |    |   |    |     |     |       |
|---------------|------|----|---|----|-----|-----|-------|
| Collection DT | Spec | NA | K | CL | CO2 | BUN | CREAT |
|---------------|------|----|---|----|-----|-----|-------|

|                  |       |       |     |       |      |      |        |
|------------------|-------|-------|-----|-------|------|------|--------|
| 02/08/2016 10:02 | PLASM | 139   | 3.7 | 107 H | 23.7 | 28 H | 1.03   |
| 08/19/2015 09:07 | PLASM | 147 H | 4.6 | 112 H | 29.7 | 20   | 1.12 H |
| 06/11/2015 08:20 | PLASM | 142   | 3.8 | 112 H | 26.5 | 19   | 0.88   |

| Collection DT    | Spec  | ALT | AST |
|------------------|-------|-----|-----|
| 02/08/2016 10:02 | PLASM | 25  | 24  |

Vasoconstrictive effects of SUMAtriptan Succinate Subcutaneous/  
Frovatriptan  
and

Dihydroergotamine Mesylate Injection may be additive. Co-administration  
with

Dihydroergotamine Mesylate Injection within 24 hours of each other is  
contraindicated in the official package labeling for Frovatriptan  
Succinate

Oral

SUMAtriptan Succinate Subcutaneous.

Reference:

VISN 21 Dihydroergotamine Limitations Criteria -

=====  
Recommendation:

=====

[X]: This request is not approvable because it does not meet drug use  
criteria (DUC) referred to in this note. Specifically, triptans and  
dihydroergotamine should not be used in combination.

If there is additional information which was not included in this  
assessment,

please add a comment to this consult and provide this information. The  
information provided will be used to re-evaluate this request.

/es/ Robert A. Malmstrom, Pharm.D.

Clinical Pharmacist  
Signed: 12/29/2017 14:42  
for Thanh-binh Le, Pharm.D.  
Anticoagulation Clinical Pharmacy Specialist

/es/ Robert A. Malmstrom, Pharm.D.  
Clinical Pharmacist  
Cosigned: 12/29/2017 14:42

## Neurology 11000

### Details

**Date entered:** December 27, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** PETER W PICK  
**Signed by:** PETER W PICK  
**Date signed:** December 27, 2017

### Note

LOCAL TITLE: Neurology 11000  
STANDARD TITLE: NEUROLOGY E & M NOTE  
DATE OF NOTE: DEC 27, 2017@09:35      ENTRY DATE: DEC 27,  
2017@09:35:44  
AUTHOR: PICK,PETER W      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

\*\*\* Neurology 11000 Has ADDENDA \*\*\*

VAMC Northern California, Sacramento, CA  
Neurology Evaluation

Chief Complaint: Severe recurrent headaches since 2014.

History of Present Illness (HPI): This 67-year-old ambidextrous white male has  
had severe daily headaches since 2014. The pain is sharp and boring and  
occurs

in his right eye and the area of his right temporal mandibular joint. It involves the right periorbital region and right maxillary and mandibular areas

of his face. Then the pain spreads to involve the entire right hemicranium.

There is tearing involving his right eye and rhinorrhea involving the right

nostril area there are no associated paresis, paresthesias, nausea, or vomiting.

The duration of the individual headaches is 12:40 0.5 hours and the headaches

recur every 1.0-1.5 hours. The headaches occur over 12-15 hours per day.

The

headaches become worse during clusters throughout the year, without any variation in the season of the year.

He has taken multiple medications to abort the headaches and as prophylaxis,

with minimal success. Sumatriptan nasal spray was ineffective.

Sumatriptan 6

mg subcutaneously daily is partially effective. Frova 2.5 mg orally daily is

effective. Dihydroergotamine (sees DHE) 1 mg intramuscularly is effective.

High

flow oxygen by nasal mask is effective. Indomethacin has been

ineffective. He

takes verapamil 120 mg, 2 tablets orally twice per day as prophylaxis. He uses

a lidocaine 5% patch topically daily. He takes Topamax 200 mg 1 tablet orally

twice per day.

He developed moderate aching pain in the anterior aspect of the right shoulder

joint in October 2017. Forward flexion and abduction of the right arm to 90°

produces severe aching pain in the right shoulder joint. He cannot forward flex

or abduct his right arm more than 90°. The right shoulder girdle muscle strength is decreased. The right arm strength may be mildly decreased.

The

right hand grip strength is normal. He has no paresthesias or other pain involving the right upper extremity. He has full active range of motion of the left upper extremity, without pain, or weakness, or paresthesias. He has no neck pain.

He incurred a right knee injury when playing football in 1969, with 4 surgical procedures, including 2 arthroscopic procedures, on the right knee from 1969-1972; and he has had chronic numbness of the entire right leg and foot since 1969. He has chronic aching pain throughout the right knee, aggravated by standing and walking. He incurred a torn right Achilles tendon in 1999, but this is not painful. The strength of the lower extremities is normal. His balance and gait are normal. He has no back pain. His bladder and bowel function are normal.

Past Medical History (PMH): Right knee injury when playing football in 1969, with 4 surgical procedures, including 2 arthroscopic procedures, on the right knee from 1969-1972; and he has had chronic numbness of the entire right leg and foot since 1969. Torn right Achilles tendon in 1999. Thoracic back skin cancer treated with laser surgery at the VA Hospital in Seattle, Washington in 2012, by history. Radical prostatectomy in 2012 in Seattle, Washington for prostate cancer, followed by external beam radiation therapy in Seattle, Washington in 2013. Hypertension since 2013. Severe cluster headaches since 2014. Diabetes mellitus type 2 since 2014, treated with an oral hypoglycemic agent. Depression in 2014. COPD since 2016.

Family History (FH): His father died with pneumonia at age 90 years. His mother died at age 87 years with congestive heart failure. He is to sisters are healthy. His son and 3 daughters are healthy.

Social History (SH): He is a high school and college graduate. He earned a master's degree in economics. He worked in sales and marketing. He is married and lives with his wife.

Military History: He served in active duty in the US Navy from 1968-1971. This included a tour of active duty in the US Navy in Vietnam in 1971, during the Vietnam War. He served on a ship in the South China Sea and on land at the Danang Air Force Base in Vietnam. He does not think that he was exposed to agent orange.

Review of Systems (ROS):

Habits: Tobacco: He smoked 2 packs of cigarettes per day for 30 years, but stopped using tobacco in 1999. Alcohol: N  
No use of illegal drugs.

Allergies: Penicillin results in swallowing. Prednisone resulted in oral swallowing.

Medications: Verapamil 120 mg, 2 tablets orally twice per day as prophylaxis.

Lidocaine 5% patch topically daily.

Topamax 200 mg 1 tablet orally twice per day.

Metformin hydrochloride, 500 mg, 1 tablet orally 3 times per day.

Frova, 2.5 mg, 1 tablet orally daily, when necessary for severe headache.

Skin: Thoracic back skin cancer treated with laser surgery at the VA Hospital in Seattle, Washington in 2012, by history. There are surgical scars overlying the right knee.

Head: N

Eyes: His visual acuity is good for each eye, with glasses.

Ears: N

Nose: He says that he has a sore in the left nostril. It is not hemorrhagic.

Mouth: N

Pharynx: N

Neck: N

Endocrine: Pituitary: N

Thyroid: N

Adrenals: N

Pancreas: Diabetes mellitus type 2 since 2014. He takes metformin hydrochloride

500 mg, 1 tablet orally 3 times per day.

Reproductive: N

Hematologic: N

Oncologic: Thoracic back skin cancer treated with laser surgery at the VA Hospital in Seattle, Washington in 2012, by history.

Radical prostatectomy in 2012 in Seattle, Washington for prostate cancer, followed by external beam radiation therapy in Seattle, Washington in 2013.

Chest: N

Breasts: N

Pulmonary: N

Cardiac: N

Vascular: Hypertension since 2013.

Lymphatic: N

Abdomen: N

Genitalia: Radical prostatectomy in 2012 in Seattle, Washington for prostate

cancer, followed by external beam radiation therapy in Seattle, Washington in

2013. He urinate spontaneously. There are no dysuria, hematuria, or urinary

incontinence.

Musculoskeletal:

Back: N

Upper Extremities: See history of present illness and PMH.

Lower Extremities: See history of present illness and PMH.

Neuropsychiatric: See HPI and PMH.

## Physical Exam:

Vital Signs: His height is 69 inches. His weight is 187 pounds. Heart rate is 64/m. The blood pressure is 135/80 mm Hg. The respiratory rate is 18/m. The temperature is 97.2°F.

General: The patient is a tall, well developed, elderly, ambidextrous white male in no acute distress.

Skin: There are surgical scars overlying the right knee.

Head: No lesions detected. There is no pain on palpation over the cranium. The temporomandibular joints open without pain or crepitation.

Eyes: No lesions of the sclera conjunctiva. The visual acuity is 20/40 for each

eye, using a near vision chart with glasses. The fundi are negative.

Ears: N

Nose: No lesions detected.

Mouth: N

Pharynx: N

Neck: no palpable masses or asymmetry.

Endocrine: Pituitary: N

Thyroid: N

Oncologic: N

Chest: N

Breasts: N

Pulmonary: No dyspnea. Percussion: N Breath sounds: N

Cardiac: No cardiomegaly. Regular rhythm. S1, S2: N

Vascular: The pulses are regular, normal in amplitude. There are no bruits, edema, or cyanosis.

Lymphatic: N

Abdomen: No organomegaly. No palpable masses. The bowel sounds are normal.

There is no pain on palpation.

Genitalia: Not examined.

## Musculoskeletal:

Neck: no asymmetry or muscle atrophy. The patient can flex the neck to 70 degrees, extend it to 20 degrees, rotate it to the left and right to 70 degrees,



and abduct it to the left and right to 30°. These maneuvers produce no pain.

Back: The patient can flex the back to 90 degrees, extend it to 30 degrees,

rotate it to the left and right to 40 degrees, and abduct it to the left and

right to 30 degrees. These maneuvers produce no pain. There is no pain on palpation over the back. There is no paravertebral muscle spasm.

Upper Extremities: No muscle atrophy. He can forward flex and abduct his right

arm actively and passively to 90°, but no further. He can adduct the right arm

to 50°, and rotate it against mild resistance internally to 90° and externally

to 70°. Forward flexion and abduction of the right arm to these extents and

internal and external rotation of the right arm against mild resistance produce

severe aching pain in the anterior aspect of the right shoulder joint area there

is moderate aching pain on palpation over the anterior aspect of the right shoulder joint .Active and passive range of motion of the other joints of the

right upper extremity are full, without pain. Active and passive range of motion of the joints of the left upper extremity are perform fully, without pain

There are no joint deformities. Palpation over other portions of the upper

extremities results in no pain. Tinel's sign is negative bilaterally.

Modified Froment's sign is negative bilaterally.

Lower Extremities: No muscle atrophy. Active and passive range of motion are

full, without pain. There are no joint deformities. Palpation results in no

pain. The straight leg raising test is negative bilaterally.

Neurologic Exam:

Mental Status: Alert and oriented to person, place, date, and situation.  
The

affect is appropriate. He is polite and cooperative. There are no hallucinations, flight of ideas, or tangential thought processes. There is no psychosis. There is no overt depression or anxiety. Intellect: N  
Insight: N  
Judgment: N      Knowledge: N    Attention: N    Conversation: N    Remote Memory: N  
Recent Memory: N      Recall: 4 of 5 items immediately.

Cortical: There are no aphasia or drift. There is no visual field deficit to confrontation testing.

Cranial Nerves: I: not tested.

II: The pupils are equal in size, reactive to light and accommodation. The pupil diameters are 3.0 mm.

III, IV, VI: The extraocular movements are intact. There is no diplopia. There is no ptosis.

V: The muscle power is grade 5 bilaterally. Sensation to pinprick and light touch are intact bilaterally.

VII: The muscle power is grade 5 bilaterally.

VIII: Hearing is intact bilaterally. The Weber test localizes in the midline.

The Rinne test is positive for each ear.

IX, X: The palate elevates symmetrically. There is no dysarthria. The gag reflex is intact.

XI: The muscle power is grade 5 bilaterally.

XII: The tongue protrudes in the midline. The tongue power is grade 5 bilaterally.

Cerebellar: There is no nystagmus. The finger to nose test is intact bilaterally. The heel-knee-shin test is intact bilaterally.

Motor: The muscle tone is normal. The tendon reflexes are grade 2, except for absent Achilles reflexes. There are no adventitious movements. There is no

Babinski sign. The muscle power for the upper extremities is grade 5 throughout.

The muscle power for the lower extremities is grade 5 throughout. The stance is normal. The balance is steady. The Romberg test is negative. The gait is normal. He walked on his toes and heels and perform tandem gait well.

Sensory: Pinprick and light touch sensation are moderately decreased throughout

the entire right leg and foot. Joint position sensation is intact.

Vibratory

sensation is decreased over the right ankle.

Key: N is normal or negative.

Laboratory Data: A cranial CT scan was performed on 02/03/2014.

The 07/08/2014 MRI scan of the cervical spine showed mild bulging cervical discs

at C3-C4 more prominently than at C4 to C5.

The 04/27/2015 chest x-ray was negative.

The 09/24/2015 ultrasound study of the abdomen was negative.

The 12/08/2017 right shoulder x-rays showed mild to moderate osteoarthritis

involving the right glenohumeral joint and mild osteoarthritis involving the

right acromioclavicular joint.

The 02/08/2016 serum PSA was not detectable.

Diagnoses: 1. Severe daily cluster migraine headaches since 2014.

2. Diabetes mellitus type 2 since 2014. He is treated with metformin hydrochloride.

3. Severe right shoulder arthropathy due to degenerative osteoarthritis since October 2017.

4. Posttraumatic right knee arthropathy since 1969, secondary to playing football. He underwent 4 surgical procedures on the right knee from 1969-1972, including 2 arthroscopic procedures. He has had chronic posttraumatic right

peroneal and tibial sensory neuropathies since that injury in 1969.

Discussion: He has had severe daily cluster migraine headaches since 2014. He

takes verapamil 120 mg, 2 tablets orally twice per day as prophylaxis. He takes

Topamax 200 mg 1 tablet orally twice per day, as prophylaxis. He uses a lidocaine 5% topical patch, daily. He uses dihydroergotamine (DHE), 1 mg intramuscularly daily as necessary for severe headache. He uses high flow oxygen by nasal mask daily, as necessary for headache. Frova has been effective; and I have ordered this medication at 2.5 mg, 1 tablet orally daily

as necessary for severe headache. I also ordered DHE 1 mg intramuscularly daily

as necessary for severe headache, since this medication has been effective. He

uses sumatriptan 6 mg subcutaneously daily as necessary for severe headache, with minimal relief.

He has had diabetes mellitus type 2 since 2014. He is treated with metformin

hydrochloride, 500 mg, 1 tablet orally 3 times daily.

He has had a severe right shoulder arthropathy due to degenerative osteoarthritis since October 2017. He has a right rotator cuff disorder. He

will be evaluated by an orthopedic surgeon in 2018.

He has had a posttraumatic right knee arthropathy since 1969, secondary to playing football. He underwent 4 surgical procedures on the right knee from

1969-1972, including 2 arthroscopic procedures. He has had chronic posttraumatic right peroneal and tibial sensory neuropathies since that injury in 1969.

His long-term prognosis is fair.

I have discussed the neurological disorder(s), their pathology, neurophysiology,

clinical course, laboratory tests, and prognosis with the patient. The patient understands and accepts what I have said.

Plan: The patient will receive care from the primary care physician. The patient will return to the neurology clinic in 6 months.

/es/ PETER W PICK

Signed: 12/27/2017 10:37

03/12/2018 ADDENDUM

STATUS: COMPLETED

03/12/2018

Neurology Addendum

Problem: headaches

I discontinued the Verapamil SR, at the patient's request. He is being treated by a private neurologist.

/es/ Peter W. Pick, MD

Staff Neurologist

Signed: 03/12/2018 13:03

11/02/2018 ADDENDUM

STATUS: COMPLETED

Patient was to f/u in neuro on or by 6/26/18. No availability in neuro until

January 9, 19, patient interested in Community Care. Please submit a Community Care Neuro referral.

/es/ SANDRA F LEWIS

HEALTH BENEFITS ADVISOR

Signed: 11/02/2018 11:25

Receipt Acknowledged By:

11/02/2018 11:46 /es/ Morgan Harris,

MD

## Staff

Physician

12/31/2018 13:49

/es/ David P. McCraney,

MD

## Staff

Neurologist

11/02/2018 13:58

/es/ Dawn Y. Taylor, RN, MSN,

CCM

Case Manager, Neurology Clinic,

SAC

## Primary Care Telephone Note

### Details

**Date entered:** December 26, 2017**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** BRIDGET KAYE FIECHTNER**Signed by:** BRIDGET KAYE FIECHTNER**Date signed:** December 26, 2017

### Note

LOCAL TITLE: Primary Care Telephone Note

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: DEC 26, 2017@11:59 ENTRY DATE: DEC 26,  
2017@11:59:22

AUTHOR: FIECHTNER,BRIDGET K EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

PRIMARY CARE TELEPHONE NOTE

CAMPBELL, RONALD CLARK

(206)295-2554

ASSIGNED PCP: FIECHTNER,BRIDGET KAYE

The Patient was identified by NAME & SSN.

Patient wanted to discuss results of recent shoulder X-ray. He received the report and noticed that there was no significant abnormality on his x-ray and that he still has significant pain in the shoulder.

Discussed with patient that a plain x-ray only reveals bony pathology or malalignment. Had discussed with patient that his is likely a rotator cuff or other tendon problem that is giving him his pain. He has a follow-up appointment in orthopedics scheduled for tomorrow for further evaluation. He verbalized understanding.

Patient acknowledges and agrees with above noted care plan.

TOTAL CALL TIME: 5 mins

#### MAS CLINIC VISITS FUTURE

|                  |                           |
|------------------|---------------------------|
| 12/26/2017 12:00 | SAC PACT 12 PHONE         |
| 12/27/2017 09:00 | SAC NEURO LOCUM 2         |
| 01/02/2018 10:30 | SAC ORTHO HERMAN MOEHRING |
| 01/09/2018 11:00 | SAC SLEEP DROP-IN         |
| 01/18/2018 10:30 | SAC GENERAL NEUROLOGY     |
| 01/19/2018 13:00 | SAC PHYS THER PHAN NEW    |
| 03/09/2018 10:15 | SAC PACT 12               |
| 03/13/2018 10:00 | SAC SLEEP DROP-IN         |

#### Letter Reminders

| RECALL DATE  | CLINIC                       |
|--------------|------------------------------|
| Oct 10, 2018 | RECALL ( ) SAC EYE CORBETT 2 |

/es/ Bridget K. Fiechtner, MD  
Physician, Primary Care  
Signed: 12/26/2017 12:05

## PC Secure Message

### Details

**Date entered:** December 15, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** BRIDGET KAYE FIECHTNER

**Signed by:** BRIDGET KAYE FIECHTNER

**Date signed:** December 15, 2017

### Note

LOCAL TITLE: PC Secure Message

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: DEC 15, 2017@09:23      ENTRY DATE: DEC 15,  
2017@06:24:34

AUTHOR: FIECHTNER,BRIDGET K    EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

-----Original Message-----

Sent: 12/11/2017 11:55 AM

From: CAMPBELL, RONALD

To: \*\*Fiechtner, B (Primary Care) - Mather

Subject: General Inquiry

Nebulizer & Medication change from private Medicare provider to VA

Following my appointment with you on the 8th, Pulmonary advised me that my nebulizer & medication must be prescribed by my primary.

I currently do 2 treatments per day. 1 AM -1 PM of

BROVANA 15mcg\*/2 mL. 1 AM & PM

AND

Budesonide Inhalation Suspension 0.5 mg / 2 mL 1 AM & PM



RON CAMPBELL. 2701

-----Original Message-----

Sent: 12/15/2017 09:23 AM

From: FIECHTNER, BRIDGET

To: CAMPBELL, RONALD

Subject: General Inquiry

Good morning, Mr. Campbell,

I apologize for the delay in response as Secure Messaging has not been working reliably on the VA side in the past few days. It appears to be fixed now.

I have ordered both of your nebulizer treatments. However, they are both non-formulary. I have submitted requests for both of them and will let you know if both are approved as requested or if we are asked to try an alternative. If they recommend an alternative, I will let you know and you can let me know if you have tried it before and if it worked or not.

Take care and have a great weekend!

Sincerely,

Bridget K. Fiechtner, MD  
Primary Care Physician

/es/ Bridget K. Fiechtner, MD  
Physician, Primary Care  
Signed: 12/15/2017 06:24

## NFDR Consult

### Details

**Date entered:** December 15, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** ROBERT A MALMSTROM

**Signed by:** ROBERT A MALMSTROM

**Date signed:** December 15, 2017

### Note

LOCAL TITLE: NFDR Consult  
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT  
DATE OF NOTE: DEC 15, 2017@08:32      ENTRY DATE: DEC 15,  
2017@08:32:46  
AUTHOR: MALMSTROM, ROBERT A      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

67 y/o male with h/o COPD with superimposed restrictive lung disease  
with request for arformoterol nebulizer suspension

Per note:

There were administration problems with agent(s) on current formulary.

AGENTS : No sustained clinical improvement with inhalers.

Additional information:

ADMINISTRATION PROBLEMS : Did not have sustained clinical response.  
"Patient has been clinically stable with no required  
admissions on current regimen of Brovana bid and Budesonide bid as  
prescribed  
by his Pulmonologist."

Prior trials include:

- 1) mometasone inhaler
- 2) formoterol
- 3) olodaterol/tiotropium
- 4) albuterol
- 5) montelukast

a/p: Patient with trials of dry powder formulation of mometasone, formoterol and respimat formulation of olodaterol/tiotropium. Additionally, patient has restrictive airway disease which may not allow proper use of metered dose inhalers or DPI formulations. Request for arformoterol nebulized solution is approved and if patient is compliant, no renewal request is required. Rx entered for mail as requested.

/es/ Robert A. Malmstrom, Pharm.D.  
Clinical Pharmacist  
Signed: 12/15/2017 08:34

## NFDR Consult

### Details

**Date entered:** December 15, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** ROBERT A MALMSTROM  
**Signed by:** ROBERT A MALMSTROM  
**Date signed:** December 15, 2017

### Note

LOCAL TITLE: NFDR Consult  
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT  
DATE OF NOTE: DEC 15, 2017@08:19      ENTRY DATE: DEC 15, 2017@08:19:08  
AUTHOR: MALMSTROM, ROBERT A      EXP COSIGNER:  
URGENCY:      STATUS:

COMPLETED

\*\*\* NFDR Consult Has ADDENDA \*\*\*

67 y/o male with h/o COPD with superimposed restrictive lung disease  
with request for Budesonide nebulizer suspension

Per note:

There were administration problems with agent(s) on current formulary.

AGENTS : No sustained clinical improvement with inhalers.

Additional information:

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Prior trials include:

- 1) mometasone inhaler
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a/p: Patient with trials of dry powder formulation of mometasone,  
formoterol  
and respimat formulation of olodaterol/tiotropium. Additionally, patient  
has  
restrictive airway disease which may not allow proper use of metered dose  
inhalers or DPI formulations. Request for budesonide nebulized solution  
is  
approved and if patient is compliant, no renewal request is required. Rx  
entered for mail as requested.

/es/ Robert A. Malmstrom, Pharm.D.  
Clinical Pharmacist

Signed: 12/15/2017 08:25

12/15/2017 ADDENDUM

STATUS: COMPLETED

Patient still has active Rx for mometasole oral inhaler with fill date of 9/22/17. Will d/c this Rx, but please comment on consult if it needs to be continued.

/es/ Robert A. Malmstrom, Pharm.D.

Clinical Pharmacist

Signed: 12/15/2017 08:31

Receipt Acknowledged By:

12/15/2017 12:50 /es/ Bridget K. Fiechtner,  
MD

Physician, Primary

Care

## CPAP/BIPAP Sleep Therapy Consult

### Details

**Date entered:** December 8, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** SHARON USELMANN

**Signed by:** SHARON USELMANN

**Date signed:** December 8, 2017

### Note

LOCAL TITLE: CPAP/BIPAP Sleep Therapy Consult

STANDARD TITLE: SLEEP MEDICINE CONSULT

DATE OF NOTE: DEC 08, 2017@16:18 ENTRY DATE: DEC 08,  
2017@16:18:56

AUTHOR: USELMANN, SHARON

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

NON-VA SLEEP STUDY IN VISTA IMAGING AND CPAP MACHINE AND MASK REQUESTED.

/es/ Sharon UseImann, MIT  
Cardiopulmonary Technician  
Signed: 12/08/2017 16:21

## PC Preventive Health 60498

### Details

**Date entered:** December 8, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** SARAH D GOMEZ  
**Signed by:** SARAH D GOMEZ  
**Date signed:** December 8, 2017

### Note

LOCAL TITLE: PC Preventive Health 60498  
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO  
DATE OF NOTE: DEC 08, 2017@14:28 ENTRY DATE: DEC 08,  
2017@14:28:32  
AUTHOR: GOMEZ, SARAH D EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

### Clinical Reminders:

#### Vitals:

|                 |      |                                     |
|-----------------|------|-------------------------------------|
| Most recent VS: | Wt.  | 186 lb [84.5 kg] (12/08/2017 14:26) |
|                 | BP   | 158/84 (12/08/2017 14:26)           |
|                 | HR   | 75 (12/08/2017 14:26)               |
|                 | Temp | 97 F [36.1 C] (12/08/2017 14:26)    |
|                 | BMI  | 27.5                                |

### Patient Education:

#### Barriers to Learning

The patient has no noted or self-perceived barriers to learning.

#### Readiness to Learn

The patient is ready to learn and is receptive.

## Braden Skin Risk Assessment:

No impairment or abnormality in sensory perception, moisture, activity, mobility, nutrition, or friction.

## Barriers to Education Not Recorded:

The patient has no noted or self-perceived barriers to learning.  
The patient is ready to learn and is receptive.

## Nutrition Screening:

The patient notes no significant weight change.

Most recent measurements:

| Measurement DT   | WEIGHT<br>LB(KG)[BMI] |
|------------------|-----------------------|
| 12/08/2017 14:26 | 186(84.37)[28*]       |
| 09/22/2017 10:50 | 182(82.55)[27]        |
| 02/09/2017 09:30 | 187(84.82)[28*]       |
| 10/25/2016 10:27 | 200(90.72)[30*]       |

Ht. 69 in [175.3 cm] (08/05/2014 10:52)

BMI 27.5

## Depression Screening:

PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

## Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or caregiver state the patient is taking (including non-VA prescriptions, over the counter medications, vitamins and herbal supplements)?

Yes

## Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications   |                                                                                                                                                                                                                                              | Status  |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| =====                           |                                                                                                                                                                                                                                              |         |
| ===                             |                                                                                                                                                                                                                                              |         |
| 1)                              | INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD<br>----- DOSAGE CHANGE                                                                      | ACTIVE  |
| 2)                              | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD - FOR DIABETES                                                                                                                                                  | ACTIVE  |
| 3)                              | MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY -FOR BREATHING.                                                                                                                                         | ACTIVE  |
| 4)                              | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION.                                                                                                                                                   | ACTIVE  |
| 5)                              | PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.                                                                                                                                                          | ACTIVE  |
| 6)                              | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                    | ACTIVE  |
| 7)                              | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                                      | ACTIVE  |
| 8)                              | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24 HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE  |
| 9)                              | TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION                                                                                                                                                            | ACTIVE  |
| 10)                             | TRIAMCINOLONE ACETONIDE 0.025% CREAM APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH                                                                                                                                                       | ACTIVE  |
| 11)                             | VERAPAMIL HCL 120MG TAB TAKE TWO TABLETS BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS                                                                                                                                                       | ACTIVE  |
| Inactive Outpatient Medications |                                                                                                                                                                                                                                              | Status  |
| =====                           |                                                                                                                                                                                                                                              |         |
| ===                             |                                                                                                                                                                                                                                              |         |
| 1)                              | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO                                                                                                                                        | EXPIRED |



IMPROVE BREATHING.

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| ===                                                 |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

13 Total Medications No Active Remote Medications for this patient

Tdap Immunization:

\*\*See orders

/es/ Sarah D. Gomez, LVN  
Nursing Service, Primary Care  
Signed: 12/08/2017 14:32

## Primary Care Note

### Details

**Date entered:** December 8, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** BRIDGET KAYE FIECHTNER  
**Signed by:** BRIDGET KAYE FIECHTNER  
**Date signed:** December 8, 2017

### Note

LOCAL TITLE: Primary Care Note  
STANDARD TITLE: PRIMARY CARE NOTE  
DATE OF NOTE: DEC 08, 2017@14:15 ENTRY DATE: DEC 08,  
2017@15:57:14  
AUTHOR: FIECHTNER,BRIDGET K EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

The patient was identified by the with the following methods: Name, DOB,  
and  
SSN.

The patient is a 67 year old MALE here to follow up.

CHIEF COMPLAINT / REASON FOR VISIT:

Right shoulder pain

HISTORY OF PRESENT ILLNESS:

Mr. Campbell is a pleasant 67 y/o male with a PMH significant for COPD with possible superimposed restrictive lung disease per his history, as well as longstanding hx of cluster headaches, prostate Ca, type 2 DM, vitamin D deficiency, and HLP who presents for acute appointment for right shoulder pain.

Patient reports that he has had long-standing pain in his right shoulder. He states he played football while in the Navy and had a lot of hits to the right shoulder. He states that he has had gradual worsening of his pain over the past year and particularly in the past 3 months. However, in the past 3 weeks his right shoulder pain has been severe and he has had limited range of motion due to the pain. He has pain with external rotation as well as abduction of the shoulder. His shoulder hurts mostly anteriorly. He states that he had been doing yard work and raking which may have exacerbated his symptoms. He has been taking 2 Aleve every morning with modest improvement. He cannot take any other pain medications or narcotics as they are felt to worsen his cluster headaches.

Patient states that he also has been under more stress in the past 2 days as he found out his copayment for his dihydroergotamine was going to increase from

\$100 per month to \$3100 per month. He states that he is now changed over his health care plan to Kaiser and the VA to accommodate this as he will be able to get the dihydroergotamine through Kaiser for an affordable price. He will continue to see his UC Davis neurologist as well as neurology here at the VA.

#### REVIEW OF SYSTEMS:

All other systems were reviewed and were found to be negative.

#### PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

|                                                                       |          |            |
|-----------------------------------------------------------------------|----------|------------|
| 1. History of malignant neoplasm of prostate<br>FIECHTNER, BRIDG      | 11/05/16 |            |
| 2. Dysthymia<br>BAHTEN, REGINA S                                      | 02/08/16 |            |
| 3. Chronic pain syndrome<br>BAHTEN, REGINA S                          | 12/08/15 |            |
| 4. Cervical radiculitis (SNOMED CT 11049006)                          | 07/23/14 | LEE, JEAN  |
| 5. Depressive Disorder NOS *<br>BAHTEN, REGINA S                      | 04/02/14 |            |
| 6. Cluster headache (SNOMED CT 193031009)<br>APPERSON, MICHEL         | 02/07/14 |            |
| 7. Chronic obstructive lung disease<br>FIECHTNER, BRIDG               | 09/22/17 |            |
| 8. Benign hypertension<br>S                                           | 11/26/13 | CHANG, MYO |
| 9. Hyperlipidemia (SNOMED CT 55822004)<br>FIECHTNER, BRIDG            | 11/05/16 |            |
| 10. Type 2 diabetes mellitus (SNOMED CT 44054006)<br>FIECHTNER, BRIDG | 11/05/16 |            |
| 11. Headache (SNOMED CT 25064002)<br>REMLER, MICHAEL                  | 02/04/16 |            |
| 12. Carcinoma, Prostate<br>S                                          | 11/26/13 | CHANG, MYO |
| 13. Arthralgias NOS<br>S                                              | 11/26/13 | CHANG, MYO |
| 14. Impotence<br>S                                                    | 11/26/13 | CHANG, MYO |

15. Vitamin D deficiency (SNOMED CT 34713006)  
S

11/26/13 CHANG, MYO

MEDICATIONS:

-----

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY -  
TO  
LOWER CHOLESTEROL.

PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -  
FOR  
STOMACH ACID.

METFORMIN HCL 500MG TAB Sig: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY  
WITH  
FOOD - FOR DIABETES

MONTELUKAST NA 10MG TAB Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR  
ASTHMA/ALLERGY PREVENTION.

SILDENAFIL CITRATE 100MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH AS  
DIRECTED  
ONE HOUR BEFORE SEXUAL ACTIVITY.

TOPIRAMATE 200MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR  
HEADACHE  
PREVENTION

TRIAMCINOLONE ACETONIDE 0.025% CREAM Sig: APPLY SMALL AMOUNT TOPICALLY  
TWICE  
A DAY FOR RASH

INDOMETHACIN 25MG CAP Sig: TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND  
TAKE  
TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD

-----

## DOSAGE CHANGE

MOMETASONE 200MCG/ACTUAT 120D ORAL INHL Sig: INHALE 1 PUFF BY ORAL  
INHALATION  
TWICE A DAY -FOR BREATHING.

VERAPAMIL HCL 120MG TAB Sig: TAKE TWO TABLETS BY MOUTH TWICE A DAY FOR  
HEADACHE PROPHYLAXIS

SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT Sig: INJECT 1 CARTRIDGE  
(6MG/0.5ML)  
UNDER THE SKIN AS NEEDED FOR MIGRAINE HEADACHE - NO MORE THAN 2  
INJECTIONS IN  
24 HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.

## Active Non-VA Meds

=====  
===

1) ASPIRIN ENTERIC COATED 81MG MOUTH ONCE DAILYTS:

UPDATED LIST GIVEN TO PATIENT AT END OF VISIT

## ALLERGIES:

PENICILLIN, PREDNISONE

## PHYSICAL EXAMINATION:

## Vitals - most recent

BMI: 27.5  
Height: 69 in [175.3 cm] (08/05/2014 10:52)  
Weight: 186 lb [84.5 kg] (12/08/2017 14:26)  
Temp: 97 F [36.1 C] (12/08/2017 14:26)  
Pulse: 75 (12/08/2017 14:26)  
Respirations: 18 (12/08/2017 14:26)  
BP: 158/84 (12/08/2017 14:26)  
Pain: 7 (12/08/2017 14:26)

## General:

Alert and Oriented X 3

No Apparent Distress

Well nourished/developed

Head:

Normocephalic

Atraumatic

Eyes B/L:

EOMI

Ears:

Externally normal

Hearing grossly intact

Tympanic membranes intact

Mouth:

mucosa moist

Neck B/L:

No bruits

Chest B/L:

CTA

No wheezes

No rales

Heart:

Regular rate

Grossly regular rhythm

No murmurs

Neurologic:

C.N. II-XII grossly intact

No focal deficits

Right shoulder: No obvious deformity, redness, swelling; +possible tear of

long head of biceps tendon as noted by asymmetry of biceps muscles; +ttp over

insertion site of biceps; Limited pain with PROM but ROM limited by pain with

IR, ER, and ABduction >60 degrees

IMAGING:

Shoulder x-ray 12/8/17:

Impression:

No acute fracture or dislocation in the right shoulder.

Mild to moderate degenerative changes of the acromioclavicular and mild degenerative changes of the glenohumeral joints.

Clear visualized right lung.

ASSESSMENT/PLAN: The patient is a 67 year old MALE with:

1. Right shoulder pain: exam most consistent with biceps tendonitis and possible tear of patient's long head tendon resulting in asymmetry on exam.

--Discussed exam and anatomy with patient

--Advised him to rest shoulder with no lifting over 5 pounds, ice twice a day if

possible, continue Aleve prn, and trial of lidocaine patches.

--Will refer to PT to improve ROM and pain

--Will refer to Orthopedics to evaluate and determine if patient truly has a

biceps tear as well as other potential pain generators in his shoulder and recommendations for ongoing care.

2. Elevated blood pressure: Patient has not been hypertensive in the past. He

will monitor home blood pressures and let me know if this continues to be elevated.

3. Cluster Headaches: Patient will continue dihydroergotamine as prescribed by his neurologist.

4. HCM: Patient has had his seasonal influenza vaccine.

MAS CLINIC VISITS FUTURE

03/09/2018 10:15 SAC PACT 12

Letter Reminders

| RECALL DATE | CLINIC |
|-------------|--------|
|-------------|--------|

|              |                                 |
|--------------|---------------------------------|
| Feb 13, 2018 | RECALL ( ) SAC GENERAL NEUROLOG |
|--------------|---------------------------------|

|              |                                 |
|--------------|---------------------------------|
| Feb 13, 2018 | RECALL ( ) SAC GENERAL NEUROLOG |
|--------------|---------------------------------|

|              |                              |
|--------------|------------------------------|
| Oct 10, 2018 | RECALL ( ) SAC EYE CORBETT 2 |
|--------------|------------------------------|

EDUCATION: The patient acknowledges and endorses the care plan delineated above.

\*\*See clinical reminders below for additional educational efforts:

## Clinical Reminders:

## Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Bridget K. Fiechtner, MD

Physician, Primary Care

Signed: 12/08/2017 16:12

## TCP Telephone Care Staff Note

### Details

**Date entered:** December 8, 2017

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** JAYCI CRISTEEN ELORZA

**Signed by:** JAYCI CRISTEEN ELORZA

**Date signed:** December 8, 2017

### Note

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: DEC 08, 2017@10:13:11 ENTRY DATE: DEC 08,  
2017@10:20:35  
AUTHOR: ELORZA, JAYCI CRISTE EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Type of call: MEDICATION REFILL.



\*\*PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:  
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

patient called in regards to letting you, he has this kind of equipment  
from  
Apria NIV ASERAL 150 for his pulmonary breathing machine,pt was speaking  
with a  
Sherry in Pulmonary regarding this matter , THANK YOU je

Caller Area: MATHER

Caller Response: \*OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 12/08/2017 @ 10:13:11 AM

Ending at: 12/08/2017 @ 10:18:41 AM

Length: 5 minutes.

Author: ELORZA, JAYCI CRISTEEN

/es/ ELORZA, JAYCI CRISTEEN

Signed: 12/08/2017 10:20

## TCP Telephone Care Staff Note

### Details

**Date entered:** December 8, 2017

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** JESSICA LYNNE ALON AIROSO

**Signed by:** JESSICA LYNNE ALON AIROSO

**Date signed:** December 8, 2017

## Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: DEC 08, 2017@08:30:52 ENTRY DATE: DEC 08,  
2017@08:32:08

AUTHOR: ALON AIROSO, JESSICA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Type of call: OTHER.

\*\*PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:  
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Comments:

pt sche appt to see pcp today for right shoulder pain, getting worse, few  
years, declines TAN - jla

Caller Area: MATHER

Caller Response: \*OTHER

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 12/08/2017 @ 8:30:52 AM

Ending at: 12/08/2017 @ 8:31:57 AM  
Length: 1 minutes.

Author: ALON, JESSICA LYNNE

/es/ ALON, JESSICA LYNNE  
(Call Center MSA McClellan)  
Signed: 12/08/2017 08:32

Receipt Acknowledged By:  
12/08/2017 13:06 /es/ Bridget K. Fiechtner,  
MD  
Physician, Primary  
Care

## Care Management Telephone Encounter Note

### Details

**Date entered:** December 7, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** DAWN Y TAYLOR  
**Signed by:** DAWN Y TAYLOR  
**Date signed:** December 7, 2017

### Note

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: DEC 07, 2017@09:26 ENTRY DATE: DEC 07,  
2017@09:27:01  
AUTHOR: TAYLOR, DAWN Y EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Mr. Campbell identified per VA protocol;

Mr. Campbell states he has found out he can get his medication

(Dihydroergotamine) through Kaiser due to the VAMC pharmacy doesn't carry the medication, no other concerns voiced.

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 12/07/2017 09:59

## Letter to Patient

### Details

**Date entered:** November 22, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** KYLE SNOW  
**Signed by:** KYLE SNOW  
**Date signed:** November 22, 2017

### Note

LOCAL TITLE: Letter to Patient  
STANDARD TITLE: LETTERS  
DATE OF NOTE: NOV 22, 2017@13:48      ENTRY DATE: NOV 22,  
2017@13:48:46  
AUTHOR: SNOW, KYLE      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:  
10535 Hospital Way, Mather, CA 95655-1200

NOV 22, 2017

RONALD CLARK CAMPBELL  
1521 WHITEHORSE ROAD  
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

Your primary care provider, Dr. Fiechtner, has asked me to let you know that she has changed your prescription for Metformin to 500mg three times daily

Unfortunately she was not able to find a value for your creatinine which checks your kidney function in your Sutter labs. She has asked that you come to the lab at your earliest convenience for a blood draw. She needs to have your kidney function checked, as it is needed to continue with the Metformin.

For your convenience, VA Mather laboratory hours are listed below:

VA Mather: Monday thru Friday 7:00 a.m. - 6:00 p.m. and  
Saturday 8:00 a.m. - 1:00 p.m.

Sincerely,

/es/ Kyle Snow, LVN  
Staff LVN, Primary Care

Patient Record Number 7468482

## TCP Telephone Care Staff Note

### Details

**Date entered:** November 20, 2017

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** TRACY YVONNE FAGANS

**Signed by:** TRACY YVONNE FAGANS

**Date signed:** November 20, 2017

### Note

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: NOV 20, 2017@08:51:04 ENTRY DATE: NOV 20,  
2017@08:54:52  
AUTHOR: FAGANS, TRACY YVONNE EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

Type of call: MEDICATION REFILL.

\*\*PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:  
(206)295-2554.

The following identifiers were used to verify this patient: SSN.

Contact Phone Number: (206)295-2554

#### Comments:

Pt states Dr. Vaughn @ Sutter Medical Center is in agreement with you on the increase to 3 tabs of METFORMIN 500MG a day, which means pt will need new prescription because he will need more if he's increasing one more pill a day.  
Thanks in advance.

Caller Area: MATHER

Caller Response: MESSAGE LEFT

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 11/20/2017 @ 8:51:04 AM

Ending at: 11/20/2017 @ 8:54:18 AM

Length: 3 minutes.

Author: FAGANS, TRACY YVONNE

/es/ FAGANS, TRACY YVONNE  
CALL CENTER MSA MCCLELLAN  
Signed: 11/20/2017 08:54

Receipt Acknowledged By:

11/20/2017 18:35           /es/ Bridget K. Fiechtner,  
MD

Physician, Primary

Care

11/20/2017 ADDENDUM

STATUS: COMPLETED

Please let patient know that I have changed his prescription of metformin to 500 mg three times per day.

Unfortunately, I cannot find a value for his creatinine (kidney function) in his Sutter labs. Please have him come to the lab at his earliest convenience for a blood draw to check his kidney function as is needed to continue the metformin.

Thank you.

/es/ Bridget K. Fiechtner, MD  
Physician, Primary Care  
Signed: 11/20/2017 18:37

Receipt Acknowledged By:  
11/22/2017 13:53 /es/ Kyle Snow,  
LVN  
Staff LVN, Primary  
Care

## Care Management Telephone Encounter Note

### Details

**Date entered:** October 25, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** DAWN Y TAYLOR  
**Signed by:** DAWN Y TAYLOR  
**Date signed:** October 25, 2017

### Note

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: OCT 25, 2017@14:19 ENTRY DATE: OCT 25,  
2017@14:19:33  
AUTHOR: TAYLOR,DAWN Y EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Mr. Campbell identified per VA protocol;

RN Neurology Care Manager, gave Mr. Campbell the fax number to fax his prescription for (Dihydroergotamine injections) no other concerns voiced.

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 10/25/2017 14:21



## Care Management Telephone Encounter Note

### Details

**Date entered:** October 23, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DAWN Y TAYLOR

**Signed by:** DAWN Y TAYLOR

**Date signed:** October 23, 2017

### Note

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: OCT 23, 2017@13:50      ENTRY DATE: OCT 23,  
2017@13:50:43

AUTHOR: TAYLOR,DAWN Y

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Mr. Campbell identified per VA protocol;

Mr. Campbell continues to be co-managed with UCDavis and he is now doing an injection(Dihydroergotamine) which has helped to control his headaches and he wants to start getting the medication from the VAMC pharmacy, he states he will have the prescription faxed over for neurologist Remler, no other concerns voiced.

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 10/23/2017 13:55

Receipt Acknowledged By:

10/26/2017 10:22      /es/ Michael P Remler,  
MD

Chief, Neurology

Service

## Optical Eyeglass Prescription

### Details

**Date entered:** October 10, 2017**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MICHAEL JIAHCHING YEN**Signed by:** MICHAEL JIAHCHING YEN**Date signed:** October 10, 2017

### Note

LOCAL TITLE: Optical Eyeglass Prescription

STANDARD TITLE: OPTOMETRY NOTE

DATE OF NOTE: OCT 10, 2017@11:47      ENTRY DATE: OCT 10,  
2017@11:48:01

AUTHOR: YEN, MICHAEL JIAHCHI      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

### OPTICAL EYEGLASS PRESCRIPTION NOTE

Is the item you are ordering for a service connected condition? No

| Rx:       | SPHERE | CYLINDER | AXIS | PD | PRISM | / | SLAB OFF |
|-----------|--------|----------|------|----|-------|---|----------|
| RIGHT:    | +1.00  | +0.75    | 133  |    |       |   |          |
| LEFT :    | +1.25  | +0.75    | 77   |    |       |   |          |
| NEAR ADD: |        | +2.50D   |      |    |       |   |          |

\*\*\*\*\*  
\*

#### \*NOTES ABOUT GLASSES REPLACEMENT:

- New spectacle correction based on refraction performed on OCT 10, 2017
- This Glasses Rx may be dispensed anytime within the next 2 years
- Patient may return directly to Optical Shop to replace broken or lost glasses within 2 years of this Glasses Rx

\*\*\*\*\*

\*

## VA PHYSICIAN AUTHORIZED EXPENSES:

Pair #1: Bifocal

/es/ Michael Yen, MD  
Ophthalmology Resident PGY-3  
Signed: 10/10/2017 11:49

## Ophthalmology Consult 15048

### Details

**Date entered:** October 10, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** MICHAEL JIAHCHING YEN  
**Signed by:** MICHAEL JIAHCHING YEN  
**Date signed:** October 10, 2017

### Note

LOCAL TITLE: Ophthalmology Consult 15048  
STANDARD TITLE: OPHTHALMOLOGY CONSULT  
DATE OF NOTE: OCT 10, 2017@11:15      ENTRY DATE: OCT 10,  
2017@11:15:47  
AUTHOR: YEN, MICHAEL JIAHCHI      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Patient screened by Cliff Shaw

Age: 67 y.o.      Race: WHITE      sex: MALE

Chief Complaint: Here for annual DM exam

HPI:

Pt hasn't been in for DM exam for 3 yrs and has noticed increased blurry vision. Pt would like updated glasses today.

Past Ocular History:

1: Hyperopic astigmat ou

2: NSC ou

3: DM type II without DR

Eye medications:

--none

Past Medical History:

Computerized Problem List is the source for the following:

|                                                                       |          |            |
|-----------------------------------------------------------------------|----------|------------|
| 1. History of malignant neoplasm of prostate<br>FIECHTNER, BRIDG      | 11/05/16 |            |
| 2. Dysthymia<br>BAHTEN, REGINA<br>S                                   | 02/08/16 |            |
| 3. Chronic pain syndrome<br>BAHTEN, REGINA<br>S                       | 12/08/15 |            |
| 4. Cervical radiculitis (SNOMED CT 11049006)                          | 07/23/14 | LEE, JEAN  |
| 5. Depressive Disorder NOS *<br>BAHTEN, REGINA<br>S                   | 04/02/14 |            |
| 6. Cluster headache (SNOMED CT 193031009)<br>APPERSON, MICHEL         | 02/07/14 |            |
| 7. Chronic obstructive lung disease<br>FIECHTNER, BRIDG               | 09/22/17 |            |
| 8. Benign hypertension<br>S                                           | 11/26/13 | CHANG, MYO |
| 9. Hyperlipidemia (SNOMED CT 55822004)<br>FIECHTNER, BRIDG            | 11/05/16 |            |
| 10. Type 2 diabetes mellitus (SNOMED CT 44054006)<br>FIECHTNER, BRIDG | 11/05/16 |            |
| 11. Headache (SNOMED CT 25064002)                                     | 02/04/16 |            |

REMLER, MICHAEL

|                                                    |          |            |
|----------------------------------------------------|----------|------------|
| 12. Carcinoma, Prostate<br>S                       | 11/26/13 | CHANG, MYO |
| 13. Arthralgias NOS<br>S                           | 11/26/13 | CHANG, MYO |
| 14. Impotence<br>S                                 | 11/26/13 | CHANG, MYO |
| 15. Vitamin D deficiency (SNOMED CT 34713006)<br>S | 11/26/13 | CHANG, MYO |

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                                                                                                               | Status     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                                                                                                                                                                                                                                                       | =====      |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS<br>BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO<br>IMPROVE BREATHING.                                                                                                                           | ACTIVE     |
| 2) INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH<br>EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT<br>12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD<br>----- DOSAGE CHANGE                                                                            | ACTIVE     |
| 3) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY WITH FOOD - FOR DIABETES                                                                                                                                                                 | ACTIVE     |
| 4) MOMETASONE 200MCG/ACTUAT 120D ORAL INHL INHALE 1 PUFF<br>BY ORAL INHALATION TWICE A DAY -FOR BREATHING.                                                                                                                                                  | ACTIVE     |
| 5) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT<br>BEDTIME FOR ASTHMA/ALLERGY PREVENTION.                                                                                                                                                            | ACTIVE     |
| 6) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH<br>ONCE DAILY - FOR STOMACH ACID.                                                                                                                                                                   | ACTIVE (S) |
| 7) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                             | ACTIVE     |
| 8) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1<br>CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR<br>MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24<br>HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING<br>ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE     |
| 9) TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A<br>DAY FOR HEADACHE PREVENTION                                                                                                                                                                     | ACTIVE     |
| 10) TRIAMCINOLONE ACETONIDE 0.025% CREAM APPLY SMALL<br>AMOUNT TOPICALLY TWICE A DAY FOR RASH                                                                                                                                                               | ACTIVE     |

11) VERAPAMIL HCL 120MG TAB TAKE TWO TABLETS BY MOUTH      ACTIVE  
TWICE A DAY FOR HEADACHE PROPHYLAXIS

## Active Non-VA Medications

## Status

=====

1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY      ACTIVE

12 Total Medications

Allergies: PENICILLIN, PREDNISONE

## Social History:

## Service Connection:

S/C Disabilities: KNEE CONDITION      10% SC  
S/C Disabilities: IMPAIRMENT OF FEMUR      10% SC  
S/C Disabilities: KNEE CONDITION      10% SC  
S/C Disabilities: TRAUMATIC ARTHRITIS      10% SC  
S/C Disabilities: LOWER LEG CONDITION      20% SC  
S/C Disabilities: BACK STRAIN      20% SC

Marital Status: SEPARATED

Occupation:

Tobacco Use:

Alcohol Use:

Marajuana Use:

Exam:

Patient Mental Status: alert and oriented x3

Pulse: 63 (09/22/2017 10:54)

BP: 117/75 (09/22/2017 10:54)

02/08/2016 HGBA1c      5.90  
06/11/2015 HGBA1c      6.50 H  
05/19/2014 HGBA1c      6.90 H

## Visual acuity:

/ 20/150      sc    PH 20/25      Right Eye  
\ 20/40      -2 sc    PH 20/25      Left Eye

## MRx:

/+1.00 +0.75 x133 20/20  
\+1.25 +0.75 x77 20/25-2

## Pupils: Afferent: none

/ 6 mm Right Eye  
\ 6 mm Left Eye

## Tonometry (icare): Time: 1100

/ 14 mmHg Right Eye  
\ 16 mmHg Left Eye

Dilation: phenylephrine and tropicamide at 11:22am

## Slit Lamp Exam:

|         |             |             |
|---------|-------------|-------------|
| L/L:    | normal      | normal      |
| Conj:   | W&Q         | W&Q         |
| Cornea: | clear       | clear       |
| A/C     | D&Q         | D&Q         |
| Iris:   | normal      | normal      |
|         | no rubeosis | no rubeosis |
| Lens:   | 1+ NS       | 1+ NS       |

## Fundus:

|         |      |      |
|---------|------|------|
| c:d     | 0.30 | 0.30 |
| macula  | wnl  | wnl  |
| vessels | wnl  | wnl  |
| periph  | wnl  | wnl  |

No nvd ou, no nve ou, no csme ou

## LABS:

No HGBA1c results in last 1Y

## IMPRESSION:

1. DM without DR
- No evidence of diabetic retinopath on exam

- Continue glucose management

## 2. Hyperopia

- MRx=Rx

Patient to follow up with Dr Corbett in 1 year for annual diabetic retinopathy check.

Patient understands to call Advice Nurse (800-382-8387) or return to Eye Clinic at any time, if there is any increasing vision loss, redness, or pain in the eye, new flashes or floaters, or purulent discharge.

Medication Reconciliation was accomplished this visit.

The findings, assessment, plan, and management of this patient were carried out under the supervision of the attending physician, Dr. Lien, MD.

/es/ Michael Yen, MD

Ophthalmology Resident PGY-3

Signed: 10/10/2017 15:42

Receipt Acknowledged By:

10/10/2017 17:43 /es/ Vivian Lien,  
MD

Staff

Ophthalmologist

## Patient Education/Pharmacy

### Details

**Date entered:** September 22, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** PETER MANTSCH

**Signed by:** PETER MANTSCH



**Date signed:** September 22, 2017

## Note

LOCAL TITLE: Patient Education/Pharmacy

STANDARD TITLE: PHARMACY EDUCATION NOTE

DATE OF NOTE: SEP 22, 2017@11:45      ENTRY DATE: SEP 22,  
2017@11:45:18

AUTHOR: MANTSCH, PETER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

CAMPBELL, RONALD CLARK is a 67 year old MALE

The patient was identified by stating his/her full name and either 1) full SSN  
or 2) birthdate.

Ht: 69 in [175.3 cm] (08/05/2014 10:52)

Wt: 182 lb [82.7 kg] (09/22/2017 10:50)

Calc. creatinine clearance: CrCl=69.6 ml/min (FEB 08, 2016)

Allergies/ADR: PENICILLIN, PREDNISONE

The patient or the patient's caregiver received counseling on drug indications,  
dose, schedule, storage, potential side effects, and significant drug interactions, and the procedure for obtaining refill prescriptions. The patient or the patient's caregiver expressed satisfactory understanding of the medication regimen and is expected to be compliant with the following regimen.

### Medications:

TRIAMCINOLONE ACETONIDE 0.025% CREAM

APPLY SMALL AMOUNT TOPICALLY TWICE A DAY FOR RASH

MOMETASONE 200MCG/ACTUAT 120D ORAL INHL

INHALE 1 PUFF BY ORAL INHALATION TWICE A DAY -FOR BREATHING.

The following compliance aids were provided to the patient:

\*Written patient medication information sheet (PMI)

/es/ Peter Mantsch, PharmD  
Pharmacist  
Signed: 09/22/2017 11:45

## PC Preventive Health 60498

### Details

**Date entered:** September 22, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** KYLE SNOW  
**Signed by:** KYLE SNOW  
**Date signed:** September 22, 2017

### Note

LOCAL TITLE: PC Preventive Health 60498  
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO  
DATE OF NOTE: SEP 22, 2017@10:49 ENTRY DATE: SEP 22,  
2017@10:49:16  
AUTHOR: SNOW, KYLE EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

### Clinical Reminders:

#### Vitals:

Weight

182 lb (82.7 kg)

Pain

7

BP

136/70

Pulse

68

Temperature

96.8 F (36 C)

Respiratory Rate

18

## Alcohol Use Screen (AUDIT-C):

## Alcohol Screen:

## SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

## Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or caregiver state the patient is taking (including non-VA prescriptions, over the counter medications, vitamins and herbal supplements)?

Unable to review with patient/caregiver due to the following reason:

-Other: med inventory deferred to physician for med list greater than 10

## Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                          | Status |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------|
| =====                         |                                                                                                                          |        |
| ===                           |                                                                                                                          |        |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING. | ACTIVE |
| 2)                            | INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT                        | ACTIVE |

- 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD  
----- DOSAGE CHANGE
- 3) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY WITH FOOD - FOR DIABETES
  - 4) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE  
PUFFS BY ORAL INHALATION ONCE DAILY - FOR  
BREATHING. RINSE MOUTH AFTER USE.
  - 5) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION.
  - 6) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE (S)  
ONCE DAILY - FOR STOMACH ACID.
  - 7) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
  - 8) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN AS NEEDED FOR  
MIGRAINE HEADACHE - NO MORE THAN 2 INJECTIONS IN 24  
HOUR PERIOD. DO NOT USE WITHIN 24 HOURS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.
  - 9) TOPIRAMATE 200MG TAB TAKE ONE TABLET BY MOUTH TWICE A ACTIVE  
DAY FOR HEADACHE PREVENTION
  - 10) VERAPAMIL HCL 120MG TAB TAKE TWO TABLETS BY MOUTH ACTIVE  
TWICE A DAY FOR HEADACHE PROPHYLAXIS

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| ===                                                 |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

11 Total Medications No Active Remote Medications for this patient

#### Vitals:

BP

117/75

Pulse

63

The patient received high dose seasonal influenza immunization  
0.5ml IM today in Left Deltoid.

Lot #: Fluzone; Lot#UI830AA; Expires:3/23/2018

Ordered by: Policy

Indication: prophylaxis for influenza

Complications: Patient tolerated well. No signs or symptoms of adverse reaction noted.

The inactivated seasonal influenza vaccine VIS dated Aug 7, 2015 was given to the patient.

/es/ Kyle Snow, LVN  
Staff LVN, Primary Care  
Signed: 09/22/2017 10:56

## Primary Care Note

### Details

**Date entered:** September 22, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** BRIDGET KAYE FIECHTNER

**Signed by:** BRIDGET KAYE FIECHTNER

**Date signed:** September 22, 2017

### Note

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: SEP 22, 2017@10:15 ENTRY DATE: SEP 22,  
2017@11:26:51

AUTHOR: FIECHTNER, BRIDGET K EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

The patient was identified by the with the following methods: Name, DOB, and SSN.

The patient is a 67 year old MALE here to follow up.

## CHIEF COMPLAINT / REASON FOR VISIT:

Scheduled follow up.

## HISTORY OF PRESENT ILLNESS:

Mr. Campbell is a pleasant 67 y/o male with a PMH significant for COPD with possible superimposed restrictive lung disease per his history, as well as longstanding hx of cluster headaches, prostate Ca, type 2 DM, vitamin D deficiency, and HLP who presents for annual VA PCP appointment.

Patient continues to be followed on a routine basis by his PCP in Auburn, Dr.

Vaughn as well as Dr. Bonacci (Pulmonary) and Dr. Leanerts (neurology).

Patient reports that he has had a difficult time with his cluster headaches. He

states that the last 2 days have been the first time that he has not had a headache in the past 60 days. He was hospitalized in August to begin a dihydroergotamine protocol. He continued to do this at home over the course of

the next 30 days and lost 12 pounds due to feeling tired with decreased appetite, malaise, and some intermittent diarrhea. He states that that this currently resolved.

Patient was also on prednisone for an extended period of time due to his headaches. His A1c has increased slightly to 7.5% on his labs, which can be viewed on VISTAweb done on July 21, 2017.

Patient also was placed on lithium for his headaches. He developed a fixed drug rash on his feet bilaterally. He has been using triamcinolone cream on this with improvement. Lithium was discontinued and will be listed as an allergy.

Patient has had no recent eye exam.

He also reports having a recent cold. He states now that it has improved but he continues to have some postnasal drainage and cough with clear sputum production. He has had no increased shortness of breath, fever or chills.

#### REVIEW OF SYSTEMS:

All other systems were reviewed and were found to be negative.

#### PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

|                                                                       |          |            |
|-----------------------------------------------------------------------|----------|------------|
| 1. History of malignant neoplasm of prostate<br>FIECHTNER, BRIDG      | 11/05/16 |            |
| 2. Dysthymia<br>BAHTEN, REGINA S                                      | 02/08/16 |            |
| 3. Chronic pain syndrome<br>BAHTEN, REGINA S                          | 12/08/15 |            |
| 4. Cervical radiculitis (SNOMED CT 11049006)                          | 07/23/14 | LEE, JEAN  |
| 5. Depressive Disorder NOS *<br>BAHTEN, REGINA S                      | 04/02/14 |            |
| 6. Cluster headache (SNOMED CT 193031009)<br>APPERSON, MICHEL         | 02/07/14 |            |
| 7. Chronic obstructive lung disease<br>GUPTA, MAMATHA                 | 01/30/14 |            |
| 8. Benign hypertension<br>S                                           | 11/26/13 | CHANG, MYO |
| 9. Hyperlipidemia (SNOMED CT 55822004)<br>FIECHTNER, BRIDG            | 11/05/16 |            |
| 10. Type 2 diabetes mellitus (SNOMED CT 44054006)<br>FIECHTNER, BRIDG | 11/05/16 |            |
| 11. Headache (SNOMED CT 25064002)<br>REMLER, MICHAEL                  | 02/04/16 |            |
| 12. Carcinoma, Prostate<br>S                                          | 11/26/13 | CHANG, MYO |
| 13. Arthralgias NOS<br>S                                              | 11/26/13 | CHANG, MYO |
| 14. Impotence<br>S                                                    | 11/26/13 | CHANG, MYO |
| 15. Vitamin D deficiency (SNOMED CT 34713006)<br>S                    | 11/26/13 | CHANG, MYO |

## MEDICATIONS:

-----

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

PANTOPRAZOLE NA 40MG EC TAB    Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -  
FOR  
STOMACH ACID.

ROSUVASTATIN CA 40MG TAB    Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY -  
TO  
LOWER CHOLESTEROL.

VERAPAMIL HCL 120MG TAB    Sig: TAKE TWO TABLETS BY MOUTH TWICE A DAY FOR  
HEADACHE PROPHYLAXIS

MONTELUKAST NA 10MG TAB    Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR  
ASTHMA/ALLERGY PREVENTION.

SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT    Sig: INJECT 1 CARTRIDGE  
(6MG/0.5ML)  
UNDER THE SKIN    AS NEEDED FOR MIGRAINE    HEADACHE - NO MORE THAN 2  
INJECTIONS IN  
24 HOUR PERIOD.    DO NOT USE    WITHIN 24 HOURS OF TAKING

ERGOTAMINE/ERGOT-CONTAINING DRUGS.

TOPIRAMATE 200MG TAB    Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR  
HEADACHE  
PREVENTION

METFORMIN HCL 500MG TAB    Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY WITH  
FOOD -  
FOR DIABETES

MOMETASONE FUROATE 220MCG ORAL INHL 120    Sig: INHALE 2 PUFFS BY ORAL  
INHALATION ONCE DAILY - FOR BREATHING.    RINSE    MOUTH AFTER USE.



INDOMETHACIN 25MG CAP Sig: TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND  
TAKE  
TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD  
-----  
DOSAGE CHANGE

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Sig: INHALE 2 PUFFS BY ORAL  
INHALATION  
EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.

Active Non-VA Meds

=====

1) ASPIRIN ENTERIC COATED 81MG MOUTH ONCE DAILY

UPDATED LIST GIVEN TO PATIENT AT END OF VISIT

ALLERGIES:  
PENICILLIN, PREDNISONE

PHYSICAL EXAMINATION:

Vitals - most recent

BMI: 26.9  
Height: 69 in [175.3 cm] (08/05/2014 10:52)  
Weight: 182 lb [82.7 kg] (09/22/2017 10:50)  
Temp: 96.8 F [36.0 C] (09/22/2017 10:50)  
Pulse: 63 (09/22/2017 10:54)  
Respirations: 18 (09/22/2017 10:50)  
BP: 117/75 (09/22/2017 10:54)  
Pain: 7 (09/22/2017 10:50)

General:

Alert and Oriented X 3  
No Apparent Distress

Head:

Normocephalic  
Atraumatic

Eyes B/L:

EOMI

PERRLA

Ears:

Externally normal  
bilateral cerumen

Mouth:

Throat clear

Neck B/L:

No bruits

Chest B/L:

No rales  
No rhonchi  
+wheezing at end expiration bilaterally

Heart:

Regular rate  
Grossly regular rhythm  
No murmurs

Extremities B/L:

No clubbing  
No cyanosis  
No edema  
+R>L annular rash and sloughing skin

Neurologic:

C.N. II-XII grossly intact  
No gross motor deficits  
Non-slurred speech  
No focal deficits

ALL RECENT LABS WERE REVIEWED WITH THE PATIENT

PERTINENT LAB RESULTS:

Reviewed from Sutter

7/21/2017

A1C 7.5%

PSA 0.00

HDL 78; LDL 85; Tchol 173; TG 52

ASSESSMENT/PLAN: The patient is a 67 year old MALE with:

1. COPD with possible concomitant restrictive lung disease: Patient will

continue to follow up with Dr. Bonacci for further diagnostic testing and treatment.

--Noted to have wheezing as he is recovering from recent URI.

--Recommended that he use Afrin OTC for 1-2 days to dry nasal congestion

--Restart Asmanex 1 puff bid

--Continue Albuterol prn.

2. Cluster Headaches: Continue to follow up with UC Davis neurologist, Dr.

Leanerts.

--Continue DHE-45 as prescribed

--Continue Topiramate and Indomethacin as prescribed

--Patient has both Sumatriptan and Frovatriptan available and has been instructed when and how to use these per his neurologist.

3. Type 2 DM: A1C up slightly to 7.5%. Discussed with patient that I recommend increasing metformin to 1000 mg bid

--He will discuss this with Dr. Vaughn and if he is in agreement, I will change the prescription.

4. GERD: Symptoms controlled on Protonix

5. HLP: Continue Rosuvastatin. At goal with LDL <100.

6. ED: Sildenafil is effect. Continue prn.

7. Fixed drug eruption: Secondary to lithium. Will place this as an allergy

--Continue Triamcinolone cream prn.

8. HCM: Patient received influenza vaccine today. CSP Feb 2014 and due in

2019. PSA remains undetectable.

FOLLOW-UP:

1 year or sooner prn

RECALL DATE

CLINIC

Nov 10, 2017

RECALL (F/U) SAC PACT 12

Feb 13, 2018                RECALL ( ) SAC GENERAL NEUROLOG  
Feb 13, 2018                RECALL ( ) SAC GENERAL NEUROLOG

EDUCATION: The patient acknowledges and endorses the care plan delineated above.

**\*\*See clinical reminders below for additional educational efforts:**

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Diabetes - Hemoglobin A1c:

The following lab tests have been performed at another lab on this patient:

HbA1c 7.0 - 7.9 (done on the outside)

VALUE: 7.5%

Date: July 21, 2017

Location: Sutter Health

/es/ Bridget K. Fiechtner, MD

Physician, Primary Care

Signed: 09/22/2017 11:50

## Care Management Telephone Encounter Note

### Details

**Date entered:** August 15, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DAWN Y TAYLOR

**Signed by:** DAWN Y TAYLOR**Date signed:** August 15, 2017**Note**

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: AUG 15, 2017@11:45      ENTRY DATE: AUG 15,  
2017@11:45:15  
AUTHOR: TAYLOR,DAWN Y      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Veteran identified per VA protocol;

Veteran states he was seen for Cluster headaches at UCDavis Dr. Lenearts and he will be faxing the office notes and medication information, Veteran states he is co-managed by UCDavis and Remler neurologist, veteran voiced no other concerns and stated UC Davis will be faxing the clinic notes and medication changes today or tomorrow.

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 08/15/2017 11:50

Receipt Acknowledged By:  
08/18/2017 12:13      /es/ Michael P Remler,  
MD  
Chief, Neurology  
Service

**TCP Telephone Care Staff Note****Details**

**Date entered:** July 25, 2017

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** TERRI SPANN

**Signed by:** TERRI SPANN

**Date signed:** July 25, 2017

## Note

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUL 25, 2017@11:22:16 ENTRY DATE: JUL 25,  
2017@11:27:21  
AUTHOR: SPANN, TERRI EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

Type of call: MEDICATION REFILL.

\*\*PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:  
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

### Comments:

x6month, blood sugar level has been elevated and UC Davis MEDICAL CENTER  
LABS  
request that his METFORMIN be increased doubled. Please contact patient  
to  
advise. TerriS

Caller Area: MATHER

Caller Response: \*OTHER

PCMM Provider Info:

Primary Care Team: SAC PACT 12

Primary Care Provider: FIECHTNER, BRIDGET KAYE

Chief Complaint: Not applicable to call.

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 07/25/2017 @ 11:22:16 AM

Ending at: 07/25/2017 @ 11:26:20 AM

Length: 4 minutes.

Author: SPANN, TERRI

/es/ SPANN, TERRI

Signed: 07/25/2017 11:27

Receipt Acknowledged By:

07/26/2017 16:49 /es/ Bridget K. Fiechtner,  
MD

Physician, Primary

Care

07/26/2017 ADDENDUM

STATUS: COMPLETED

Called and spoke with patient. He has had to be on Prednisone for  
worsening

cluster headaches and blood sugars have increased. A1C was 7.5%.

Creatinine

has been checked by Sutter PCP and patient will bring me copy of labs.

Prescription changed for metformin from 500 mg daily to 500 mg bid.

/es/ Bridget K. Fiechtner, MD

Physician, Primary Care

Signed: 07/26/2017 16:50

# Neurology 11000

## Details

**Date entered:** February 9, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** MICHAEL P REMLER

**Signed by:** MICHAEL P REMLER

**Date signed:** February 9, 2017

## Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: FEB 09, 2017@09:47      ENTRY DATE: FEB 09,  
2017@09:47:45

AUTHOR: REMLER, MICHAEL P

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

HPI:

7/9/17 Co-management of HA with UCD Dr. Lenearts. Received depomedrol 40  
28Dec16

to ahelp ataper gabapentin which is now d/c. Increase topirimate to 200 bid  
2/4/16 Doing extremely well with virtually no HA in Dec an none in  
January,

following sugestion of UC Davis HA clinic. pt seeks co-management.  
management

including restarting amitripyline, continuing indomethicine, adding  
verapamil,  
gabapentin`

9/24/15 Kim1) chronic cluster headaches improved with indomethacin; 2)  
medication overuse headache; 3) increased somnolence and fatigue concerning  
for  
side effects on amitriptyline

MRI C-spine 7/8/14 Moderate degenerative spondylosis, with mild canal  
stenosis

and moderate to severe neural foraminal narrowing. No cord signal  
abnormality.



Ex

GENERAL APPEARANCE: awake, alert, orrriented, cooperative, attentive and appropriate.

MS: Language, Fund of Knowledge and Memory nl.

CNS II - XII grossssly intact

Motor Strength nl in all muscle groups. No abnormal movements. Gait normal.

Sensory intact touch all areas

Dx: cluster

Plan: continue topirimate 200 bid

continue indomethicin 50 two bid

continue verapamil 120 bid

continue Paantoprazole for gastic acid

RTC i yr

/es/ Michael P. Remler, MD

Chief, Neurology Service

Signed: 02/09/2017 09:58

## Care Management Telephone Encounter Note

### Details

**Date entered:** January 12, 2017

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DAWN Y TAYLOR

**Signed by:** DAWN Y TAYLOR

**Date signed:** January 12, 2017

### Note

LOCAL TITLE: Care Management Telephone Encounter Note

STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JAN 12, 2017@14:09      ENTRY DATE: JAN 12, 2017@14:09:08

AUTHOR: TAYLOR,DAWN Y      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Veteran identified per VA protocol;

RN informed veteran neurologist Remler changed Topiramate prescription and refilled Imitrex medication, veteran voiced no other concerns at this time, and reminded of follow up neurology appointment on 02/09/17 @ 0930.

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 01/12/2017 14:21

## Care Management Telephone Encounter Note

### Details

**Date entered:** January 9, 2017  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** DAWN Y TAYLOR  
**Signed by:** DAWN Y TAYLOR  
**Date signed:** January 9, 2017

### Note

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JAN 09, 2017@09:51      ENTRY DATE: JAN 09,  
2017@09:51:53

AUTHOR: TAYLOR,DAWN Y      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

\*\*\* Care Management Telephone Encounter Note Has ADDENDA \*\*\*

Veteran identified per VA protocol;

Veteran states he left medical paperwork from a UC Davis office visit to be given to neurologist Remler for medication changes on 12/28/16, RN unable to locate the paperwork, veteran states he will send the prescription and office notes thru secured messaging, veteran voiced no other concerns at this time.

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 01/09/2017 10:25

01/09/2017 ADDENDUM STATUS: COMPLETED  
Veteran faxed office notes and prescription, information will be given to Neurologist Remler.

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 01/09/2017 13:01

01/09/2017 ADDENDUM STATUS: COMPLETED  
Dr. Remler,

Veteran requesting the below medication be refilled;

SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -  
NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 01/09/2017 13:04

Receipt Acknowledged By:  
02/03/2017 13:04 /es/ Michael P. Remler,  
MD

Chief, Neurology

Service

## Care Management Telephone Encounter Note

### Details

**Date entered:** January 9, 2017**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** DAWN Y TAYLOR**Signed by:** DAWN Y TAYLOR**Date signed:** January 9, 2017

### Note

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JAN 09, 2017@09:30      ENTRY DATE: JAN 09,  
2017@09:30:47  
AUTHOR: TAYLOR,DAWN Y      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Voicemail message left for veteran to return the telephone contact

/es/ Dawn Y. Taylor, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 01/09/2017 09:31

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** October 27, 2016**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** REGINA S BAHTEN**Signed by:** REGINA S BAHTEN**Date signed:** October 27, 2016

Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up  
STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE  
DATE OF NOTE: OCT 27, 2016@14:16      ENTRY DATE: OCT 27, 2016@14:16:54  
AUTHOR: BAHTEN,REGINA S      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 66 year old MALE referred to the Mental Health Primary Care Clinic by:

DS - Disabilities  
Eligibility: SERVICE CONNECTED 50% to 100%      VERIFIED  
Total S/C %: 60

|                     |     |
|---------------------|-----|
| LOWER LEG CONDITION | 20% |
| S/C                 |     |
| IMPAIRMENT OF FEMUR | 10% |
| S/C                 |     |
| KNEE CONDITION      | 10% |
| S/C                 |     |
| KNEE CONDITION      | 10% |
| S/C                 |     |
| TRAUMATIC ARTHRITIS | 10% |
| S/C                 |     |
| BACK STRAIN         | 20% |
| S/C                 |     |

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                       | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) AMITRIPTYLINE HCL 10MG TAB TAKE THREE TABLETS BY | ACTIVE |

MOUTH AT BEDTIME FOR HEADACHE PREVENTION

|     |                                                                                                                                                                               |            |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 2)  | AMITRIPTYLINE HCL 50MG TAB TAKE ONE TABLET BY MOUTH<br>AT BEDTIME FOR PAIN                                                                                                    | ACTIVE     |
| 3)  | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH TWICE<br>A DAY FOR NERVE PAIN ----- DOSAGE CHANGE                                                                              | ACTIVE     |
| 4)  | INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH<br>EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT<br>12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD<br>----- DOSAGE CHANGE | ACTIVE     |
| 5)  | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE<br>DAILY WITH FOOD - FOR DIABETES                                                                                       | ACTIVE     |
| 6)  | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2<br>PUFFS BY ORAL INHALATION ONCE DAILY - FOR<br>BREATHING. RINSE MOUTH AFTER USE.                                            | ACTIVE     |
| 7)  | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT<br>BEDTIME FOR ASTHMA/ALLERGY PREVENTION.                                                                                 | ACTIVE (S) |
| 8)  | PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH<br>ONCE DAILY - FOR STOMACH ACID.                                                                                        | ACTIVE     |
| 9)  | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                  | ACTIVE     |
| 10) | TOPIRAMATE 50MG TAB TAKE THREE TABLETS BY MOUTH TWICE<br>A DAY FOR HEADACHE PREVENTION                                                                                        | ACTIVE     |
| 11) | VERAPAMIL HCL 120MG TAB TAKE TWO TABLETS BY MOUTH<br>TWICE A DAY FOR HEADACHE PROPHYLAXIS                                                                                     | ACTIVE     |

## Active Non-VA Medications

## Status

=====

|    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

12 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective:

FEB 08, 2016

Had 5 months without migraines/clusters, now manages them with 02 overnight  
and  
this helps a lot.

Is engaged, gets married 2/2017, they differ in how they use money.  
Had non-VA sleep study which was abnormal, will get feedback 11/2.  
Is seeing UC Davis neurologist who is decreasing his amitryptilline.  
His inhaler will be changed due to environmental issues.  
Ex-wife has a new "marriage but not service," he has used "feeling Good" techniques.  
Will start with a couples therapist who is also hers. She has her first grandchild.

Current substance abuse issues: Denied.

#### Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.  
Behavior: calm and cooperative.  
Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.  
Speech: Conversational.  
Memory: intact.  
Attention/concentration: intact.  
Psychotic phenomona: none.  
Flow of thought: linear.  
Content of thought: reality-oriented.  
Mood: "Fair, anxiety, more anxiety and anger going off the amitryptilline, I am afraid of login tthis women.."  
Affect: appropriate to content, warm, dramatic  
Insight/judgment: intact and safe  
Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Sees Apperson.

If pain is an ongoing issue, is there a plan to seek care?

#### Assessment:

Pain syndrome, anxiety, not getting any worse

cluster headaches.

Severe partner relational problems and problems with his children

Treatment Recommendations:

SAD light.

Pt is doing well on these meds and on Feeling Good, family life is in flux.

Does pt need acupuncture again?

Continue meds without change. Pt is on multiple meds per other MD's that will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: prn.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Length of today's visit: 30 min.

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

MEDICATION RECONCILIATION:

Unable To Complete Reconciliation:

Unable to compare medication changes and unable to complete Medication Reconciliation due to the following:

Reason: Unable to review list

/es/ Regina S. Bahten, MD

Staff Physician-Psychiatrist

Signed: 10/27/2016 15:45



**PC Preventive Health 60498****Details****Date entered:** October 25, 2016**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** KYLE SNOW**Signed by:** KYLE SNOW**Date signed:** October 25, 2016**Note**

LOCAL TITLE: PC Preventive Health 60498  
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO  
DATE OF NOTE: OCT 25, 2016@10:25 ENTRY DATE: OCT 25,  
2016@10:25:11  
AUTHOR: SNOW, KYLE EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

**Clinical Reminders:****Vitals:****Weight**

200 lb (90.9 kg)

**Pain**

3

**BP**

144/80

**Pulse**

73

**Temperature**

96.6 F (35.9 C)

**Respiratory Rate**

18

**Screen for Falls/Fall Risk:**

The patient has not had any falls in the past year.

**Screen for Depression:**

## PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things  
Not at all

2. Feeling down, depressed, or hopeless  
Not at all

## Diabetic Foot Care Education:

The following items were reviewed with the patient: 1. the importance of daily foot checks 2. the progression of callouses and blisters to ulcerations and possible infection 3. the importance of daily foot hygiene. Warm (NOT HOT) bathing of the feet, complete drying, and thorough inspection for changes in the condition of the skin constitutes daily foot care. 4. the importance of the use of clean, non-restrictive socks/stockings and well-fitting shoes. 5. the importance of immediate follow-up of any foot injuries or ulcers. The patient should be non-weight bearing, whenever there are lesions on the foot, to prevent further cellular damage.

## LVN Medication Inventory:

## LVN MEDICATION INVENTORY

med inventory deferred to physician for med list greater than 10

## Vitals:

BP

136/74

Pulse

66

## Diabetic Foot Exams:

## RECORD HISTORICAL OR OUTSIDE FOOT EXAMS

Patient had diabetic foot inspection exam previously.

Exam Result: Normal

Date: September, 2016 Exact date is unknown

Location: Sutter

A standard monofilament was used to test sensation in the past.

Exam Result: Normal

Date: September, 2016 Exact date is unknown

Location: Sutter

Patient had diabetic foot sensation exam previously.

Exam Result: Normal

Date: September, 2016 Exact date is unknown

Location: Sutter

Patient had diabetic pedal pulse check exam previously.

Exam Result: Normal

Date: September, 2016 Exact date is unknown

Location: Sutter

Influenza Vaccine Sept 16 - Apr 17:

Influenza Immunization ordered.

Tdap Immunization:

\*\*See orders

Tdap Immunization:

The patient declines to receive the recommended dose of Tetanus, Diphtheria, Pertussis vaccine (Tdap).

Influenza Vaccine Sept 16 - Apr 17:

The patient received high dose seasonal influenza immunization 0.5ml IM today in Left Deltoid.

Lot #: Fluzone; Lot#UI697AA; Expires:5/6/2017

Ordered by: Policy

Indication: prophylaxis for influenza

Complications: Patient tolerated well. No signs or symptoms of adverse reaction noted.

The inactivated seasonal influenza vaccine VIS dated Aug 7,2015 was given to the patient.

/es/ Kyle Snow, LVN

Staff LVN, Primary Care

Signed: 10/25/2016 10:43

## Primary Care New Patient Visit

### Details

**Date entered:** October 25, 2016

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** BRIDGET KAYE FIECHTNER

**Signed by:** BRIDGET KAYE FIECHTNER

**Date signed:** November 5, 2016

### Note

LOCAL TITLE: Primary Care New Patient Visit  
STANDARD TITLE: PRIMARY CARE INITIAL EVALUATION NOTE  
DATE OF NOTE: OCT 25, 2016@10:15      ENTRY DATE: NOV 05,  
2016@21:21:24  
AUTHOR: FIECHTNER,BRIDGET K    EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

\*\*\* Primary Care New Patient Visit Has ADDENDA \*\*\*

The patient was identified by the with the following methods: Name, DOB,  
and  
SSN.

This is a 66 year old MALE here to establish primary care.

CHIEF COMPLAINT / REASON FOR VISIT:

Establish care with new PCP

HISTORY OF PRESENT ILLNESS:

Mr. Campbell is a pleasant 66 y/o male with a PMH significant for COPD with possible superimposed restrictive lung disease per his history, as well as longstanding hx of cluster headaches, prostate Ca, type 2 DM, vitamin D deficiency, and HLP who presents for new PCP appointment/annual VA appt.

Patient states that he is followed by a Sutter PCP Dr. Vaughn in Auburn as well as a pulmonologist Dr. Bonacci, and a UC Davis neurologist. He is really just here to update me and keep his VA status current.

Patient states that he is being seen by a team of neurologists at UC Davis and they are currently decreasing his meds to see if they can get him on a stable regimen for his HAs. He is hopeful that they will be able to do this.

He is also currently undergoing evaluation by a pulmonologist for evaluation of a chronic cough which, by his description of the current w/u, may end up being some form of restrictive lung disease.

His PSA remains undetectable after his RRP in 2012 for prostate ca.

Per his report, his A1C is at goal for his DM and he takes metformin daily.

Patient denies bowel changes, BRBPR, bruising, CP, dizziness, increased warmth

chills, sweats, fever

#### REVIEW OF SYSTEMS:

GENERAL: Review of systems all negative except for HPI, No weight loss, weakness, anorexia, fever, chills, night sweats, nausea, vomiting

#### PROBLEMS / PAST MEDICAL HISTORY:

-----

Computerized Problem List is the source for the following:

|                                              |          |             |
|----------------------------------------------|----------|-------------|
| 1. History of malignant neoplasm of prostate | 09/08/15 | CHAN, SIMON |
| 2. Dysthymia                                 | 02/08/16 |             |
| BAHTEN, REGINA S                             |          |             |
| 3. Chronic pain syndrome                     | 12/08/15 |             |
| BAHTEN, REGINA S                             |          |             |
| 4. Cervical radiculitis (SNOMED CT 11049006) | 07/23/14 | LEE, JEAN   |
| 5. Depressive Disorder NOS *                 | 04/02/14 |             |
| BAHTEN, REGINA S                             |          |             |
| 6. Cluster headache (SNOMED CT 193031009)    | 02/07/14 |             |
| APPERSON, MICHEL                             |          |             |
| 7. Chronic obstructive lung disease          | 01/30/14 |             |
| GUPTA, MAMATHA                               |          |             |

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 8. Benign hypertension                        | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Diabetes Type II                          | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Headache (SNOMED CT 25064002)             | 02/04/16 |            |
| REMLER, MICHAEL                               |          |            |
| 12. Carcinoma, Prostate                       | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 13. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 14. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 15. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

## Past Surgical Hx

RRP 2012 for prostate cancer

SERVICE CONNECTION: S/C Disabilities: LOWER LEG CONDITION 20% SC  
S/C Disabilities: IMPAIRMENT OF FEMUR 10% SC  
S/C Disabilities: KNEE CONDITION 10% SC  
S/C Disabilities: KNEE CONDITION 10% SC  
S/C Disabilities: TRAUMATIC ARTHRITIS 10% SC  
S/C Disabilities: BACK STRAIN 20% SC

## ALLERGIES AS DISPLAYED IN VISTA: PENICILLIN, PREDNISONE

Patient/family state(s): No new allergies

## MEDICATIONS:

-----

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

MONTELUKAST NA 10MG TAB Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR  
ASTHMA/ALLERGY PREVENTION.

GABAPENTIN 300MG CAP Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR  
NERVE

PAIN ----- DOSAGE CHANGE

METFORMIN HCL 500MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY WITH  
FOOD -  
FOR DIABETES

AMITRIPTYLINE HCL 10MG TAB Sig: TAKE THREE TABLETS BY MOUTH AT BEDTIME  
FOR  
HEADACHE PREVENTION

TOPIRAMATE 50MG TAB Sig: TAKE THREE TABLETS BY MOUTH TWICE A DAY FOR  
HEADACHE  
PREVENTION

PANTOPRAZOLE NA 40MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY -  
FOR  
STOMACH ACID.

INDOMETHACIN 25MG CAP Sig: TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND  
TAKE  
TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD  
-----  
DOSAGE CHANGE

ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY -  
TO  
LOWER CHOLESTEROL.

AMITRIPTYLINE HCL 50MG TAB Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR  
PAIN

VERAPAMIL HCL 120MG TAB Sig: TAKE TWO TABLETS BY MOUTH TWICE A DAY FOR  
HEADACHE PROPHYLAXIS

MOMETASONE FUROATE 220MCG ORAL INHL 120 Sig: INHALE 2 PUFFS BY ORAL  
INHALATION ONCE DAILY - FOR BREATHING. RINSE MOUTH AFTER USE.

Active Non-VA Meds

=====  
===

1) ASPIRIN ENTERIC COATED 81MG MOUTH ONCE DAILY

PERSONAL / SOCIAL / FAMILY HISTORY:

-----

SOCIAL HISTORY:

HABITS:

ALCOHOL? (+) Alcohol use 2 or less drinks/day.

TOBACCO?

ILLICIT DRUGS? Never used.

MARITAL/DOMESTIC STATUS:

Living arrangements:

Divorced.

Divorced but recently engaged and planning to remarry; Feels as if he lost many things due to his cluster headaches and has followed with PCMHI for this.

FAMILY HISTORY: Querried and noncontributory

PHYSICAL EXAMINATION:

Vitals - most recent

BMI: 29.6  
Height: 69 in [175.3 cm] (08/05/2014 10:52)  
Weight: 200 lb [90.9 kg] (10/25/2016 10:27)  
Temp: 96.6 F [35.9 C] (10/25/2016 10:27)  
Pulse: 66 (10/25/2016 10:33)  
Respirations: 18 (10/25/2016 10:27)  
BP: 136/74 (10/25/2016 10:33)  
Pain: 3 (10/25/2016 10:27)

General:

Alert and Oriented X 3  
No Apparent Distress  
Well nourished/developed

Head:

Normocephalic



Atramaatic

Eyes B/L:

Eye lids nl

Conjunctiva nl

EOMI

PERRLA

Ears:

Externally normal

Hearing grossly intact

Mouth:

mucosa moist

Throat clear

Neck B/L:

No JVD

Trachea midline

No bruits

Chest B/L:

No wheezes

+velcro-like crackles in upper lungs bilaterally

Heart:

Regular rate

Grossly regular rhythm

No murmurs

Abdomen:

Bowel sounds present

Non-tender

Non-distended

Extremities B/L:

No clubbing

No cyanosis

No edema

Neurologic:

C.N. II-XII grossly intact

No gross sensory deficits

Non-slurred speech

No focal deficits

LABS/Imaging:

Patient has recent labs that were done through Sutter, but he does not have them

along for review today.

VA labs reviewed from Feb 2016

ASSESSMENT: The patient is a 66 year old MALE with

1. COPD with possible concomitant restrictive lung disease: Patient will continue to follow up with Dr. Bonacci for further diagnostic testing and treatment.
2. Cluster Headaches: Continue to follow up with UC Davis neurologist.
3. Type 2 DM: At goal per patient. Will plan to obtain labs prior to follow up appt with me in 1 year.
4. GERD: Symptoms controlled on Protonix
5. HLP: Continue Rosuvastatin.
6. ED: Sildenafil is effect. Continue prn.
7. HCM: Patient received influenza vaccine today. CSP Feb 2014 and due in 2019. PSA undetectable.

FOLLOW-UP:

1 year or sooner prn

| RECALL DATE  | CLINIC                         |
|--------------|--------------------------------|
| Jan 19, 2017 | RECALL (F/U) SAC DERM SCHULMAN |
| Feb 03, 2017 | RECALL (F/U) SAC GENERAL NEURO |

EDUCATION: The patient acknowledges and endorses the care plan delineated above.

\*\*See clinical reminders below for additional educational efforts:

Clinical Reminders:

## Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Creatinine Needed for Metformin Use:

Chem 7 ordered.

/es/ Bridget K. Fiechtner, MD

Primary Care Physician

Signed: 11/05/2016 21:43

11/16/2016 ADDENDUM

STATUS: COMPLETED

Patient is due for home O2 renewal for cluster headaches. O2 will be renewed

based on your f/u notes that he is being managed at UCD.

/es/ Dianne E. Williams, RRT-NPS, CPFT

Respiratory Therapist, Pulmonary Function Lab

Signed: 11/16/2016 14:41

Receipt Acknowledged By:

11/17/2016 13:25 /es/ Timothy E. Albertson,  
MD

Section Chief,

Pulmonary

11/17/2016 07:02 /es/ Bridget K. Fiechtner,  
MD

Primary Care

Physician

05/24/2017 ADDENDUM

STATUS: COMPLETED

Metformin renewed. Reviewed labs on VistaWeb:  
A1C 7.4% on 4/10/17  
Creatinine 1.09 on 9/7/2016

/es/ Bridget K. Fiechtner, MD  
Physician, Primary Care  
Signed: 05/24/2017 11:03

## Care Management Nursing Note

### Details

**Date entered:** July 7, 2016  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** DAWN Y TAYLOR  
**Signed by:** DAWN Y TAYLOR  
**Date signed:** July 7, 2016

### Note

LOCAL TITLE: Care Management Nursing Note  
STANDARD TITLE: CARE MANAGEMENT NURSING NOTE  
DATE OF NOTE: JUL 07, 2016@15:13      ENTRY DATE: JUL 07,  
2016@15:13:58  
AUTHOR: TAYLOR,DAWN Y      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Veteran identified per VA protocol;

Veteran informed Toprimate medication ordered, no other concerns at this time.

/es/ DAWN Y. TAYLOR, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 07/07/2016 15:14

## Care Management Telephone Encounter Note

### Details

**Date entered:** July 6, 2016

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DAWN Y TAYLOR

**Signed by:** DAWN Y TAYLOR

**Date signed:** July 6, 2016

### Note

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUL 06, 2016@09:26      ENTRY DATE: JUL 06,  
2016@09:26:33

AUTHOR: TAYLOR,DAWN Y

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Veteran identified per VA protocol;

Veteran informed he will need UCD to fax the medication orders to Mather Neurology due to the Topiramate order is flagged. Veteran given the fax number; 916-364-1132 and agreed to the plan of care, no other concerns at this time.

/es/ DAWN Y. TAYLOR, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 07/06/2016 09:28

## Care Management Telephone Encounter Note

### Details

**Date entered:** June 24, 2016

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DAWN Y TAYLOR

**Signed by:** DAWN Y TAYLOR**Date signed:** June 24, 2016**Note**

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUN 24, 2016@09:05      ENTRY DATE: JUN 24,  
2016@09:05:35  
AUTHOR: TAYLOR,DAWN Y      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Veteran identified per VA protocol;

Veteran states he still needs his order changed for Amitriptyline 10mg 3 tablets daily at bedtime take with Amitriptyline 50mg one tablet for a total dosage of 80mgs every evening. Veteran is also requesting a renewal on the Topiramate.

Veteran informed Neurology PCP to be notified.

/es/ DAWN Y. TAYLOR, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 06/24/2016 09:11

Receipt Acknowledged By:  
06/30/2016 08:33      /es/ Michael P. Remler,  
MD

Chief, Neurology

Service

**Care Management Telephone Encounter Note****Details**

**Date entered:** June 17, 2016

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DAWN Y TAYLOR

**Signed by:** DAWN Y TAYLOR

**Date signed:** June 17, 2016

## Note

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUN 17, 2016@08:44      ENTRY DATE: JUN 17,  
2016@08:44:18

AUTHOR: TAYLOR,DAWN Y      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Veteran identified per VA protocol;

Veteran states the medication was entered incorrectly. Veteran needs the Amitriptyline prescribed as follows;

Amitriptyline 10mg 3 tablets daily at bedtime take with Amitriptyline 50mg one  
tablet for a total dosage of 80mgs every evening.

Veteran states he has spoken to Dr. Remler about prescribing medications.

No other concerns.

/es/ DAWN Y. TAYLOR, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 06/17/2016 08:51

Receipt Acknowledged By:  
06/30/2016 08:33      /es/ Michael P. Remler,  
MD

Chief, Neurology  
Service

## Care Management Telephone Encounter Note

### Details

**Date entered:** May 26, 2016

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DAWN Y TAYLOR

**Signed by:** DAWN Y TAYLOR

**Date signed:** May 26, 2016

### Note

LOCAL TITLE: Care Management Telephone Encounter Note  
STANDARD TITLE: CARE MANAGEMENT TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: MAY 26, 2016@15:13      ENTRY DATE: MAY 26,  
2016@15:14:04

AUTHOR: TAYLOR,DAWN Y

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Message left on Veteran's telephone to return the telephone contact.

/es/ DAWN Y. TAYLOR, RN, MSN, CCM  
Case Manager, Neurology Clinic, SAC  
Signed: 05/26/2016 15:15

## MH No Show

### Details

**Date entered:** April 12, 2016

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** April 12, 2016

### Note



LOCAL TITLE: MH No Show  
STANDARD TITLE: NO SHOW NOTE  
DATE OF NOTE: APR 12, 2016@13:08 ENTRY DATE: APR 12,  
2016@13:08:21  
AUTHOR: BAHTEN, REGINA S EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Address: 1521 WHITEHORSE ROAD Temporary: NO TEMPORARY ADDRESS  
MEADOW VISTA, CA 95722  
UNITED STATES  
County: PLACER (061) From/To: NOT APPLICABLE  
Phone: (206)295-2554 Phone: NOT APPLICABLE  
Office: UNSPECIFIED  
Cell: (206)295-2554  
E-mail: RONTHEBUILDERGUY@YAHOO.COM  
Bad Addr:

Pt was no-show for his appt today at 1130. Outgoing message identified the correct number. I left a message about the rescheduling process. This is not a high-risk patient

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 04/12/2016 13:11

Receipt Acknowledged By:  
04/13/2016 07:23 /es/ Mary  
Marsh

MEDICAL SUPPORT

ASSISTANT

## Primary Care Note

### Details

**Date entered:** March 17, 2016

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** SIMON CHI YAN CHAN**Signed by:** SIMON CHI YAN CHAN**Date signed:** March 17, 2016**Note**

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: MAR 17, 2016@11:23      ENTRY DATE: MAR 17,  
2016@11:23:21

AUTHOR: CHAN, SIMON CHI YAN      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

\*\*\* Primary Care Note Has ADDENDA \*\*\*

C. C.: Here for follow-up

ID: verified by name, dob, last 4 of SSN

HPI:

No new problems.

Breathing fine except in cold and wet weather. Using Albuterol twice a week.

Using Mometasone 2 p qd.

Had labs.

Weight increased over the summer with cluster ha.

Stopped going to the gym.

Had headaches in the summer. Stopped exercising and cluster ha have resolved.

Asthma under control.

Neck pain, intermittent pain in left hand.

PHM: Computerized Problem List is the source for the following:

|                                               |          |             |
|-----------------------------------------------|----------|-------------|
| 1. History of malignant neoplasm of prostate  | 09/08/15 | CHAN, SIMON |
| 2. Dysthymia                                  | 02/08/16 |             |
| BAHTEN, REGINA S                              |          |             |
| 3. Chronic pain syndrome                      | 12/08/15 |             |
| BAHTEN, REGINA S                              |          |             |
| 4. Cervical radiculitis (SNOMED CT 11049006)  | 07/23/14 | LEE, JEAN   |
| 5. Depressive Disorder NOS *                  | 04/02/14 |             |
| BAHTEN, REGINA S                              |          |             |
| 6. Cluster headache (SNOMED CT 193031009)     | 02/07/14 |             |
| APPERSON, MICHEL                              |          |             |
| 7. Chronic obstructive lung disease           | 01/30/14 |             |
| GUPTA, MAMATHA                                |          |             |
| 8. Hypertension Nos                           | 11/26/13 | CHANG, MYO  |
| S                                             |          |             |
| 9. Hyperlipidemia                             | 11/26/13 | CHANG, MYO  |
| S                                             |          |             |
| 10. Diabetes Type II                          | 11/26/13 | CHANG, MYO  |
| S                                             |          |             |
| 11. Headache (SNOMED CT 25064002)             | 02/04/16 |             |
| REMLER, MICHAEL                               |          |             |
| 12. Carcinoma, Prostate                       | 11/26/13 | CHANG, MYO  |
| S                                             |          |             |
| 13. Arthralgias NOS                           | 11/26/13 | CHANG, MYO  |
| S                                             |          |             |
| 14. Impotence                                 | 11/26/13 | CHANG, MYO  |
| S                                             |          |             |
| 15. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO  |
| S                                             |          |             |

#### Medications:

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

=====

- |     |                                                                                                                                                                                                                                  |        |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1)  | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS<br>BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO<br>IMPROVE BREATHING.                                                                                                   | ACTIVE |
| 2)  | AMITRIPTYLINE HCL 50MG TAB TAKE ONE TABLET BY MOUTH<br>AT BEDTIME ----- DOSAGE CHANGE                                                                                                                                            | ACTIVE |
| 3)  | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH<br>AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF<br>MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF<br>NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS                 | ACTIVE |
| 4)  | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH TWICE<br>A DAY FOR NERVE PAIN ----- DOSAGE CHANGE                                                                                                                                 | ACTIVE |
| 5)  | INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH<br>EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT<br>12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD<br>----- DOSAGE CHANGE                                                    | ACTIVE |
| 6)  | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY WITH FOOD - FOR DIABETES                                                                                                                                         | ACTIVE |
| 7)  | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT<br>BEDTIME FOR ASTHMA/ALLERGY PREVENTION.                                                                                                                                    | ACTIVE |
| 8)  | OLODATEROL/TIOTROP 2.5MCG/ACTUAT 60D INH INHALE 2<br>PUFFS BY ORAL INHALATION ONCE DAILY FOR BREATHING<br>(REPLACES FORMOTEROL AND TIOTROPIUM)                                                                                   | ACTIVE |
| 9)  | PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH<br>ONCE DAILY - FOR STOMACH ACID.                                                                                                                                           | ACTIVE |
| 10) | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                     | ACTIVE |
| 11) | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                       | ACTIVE |
| 12) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1<br>CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -<br>NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT<br>USE WITHIN 24 HRS OF TAKING<br>ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE |
| 13) | TOPIRAMATE 50MG TAB TAKE TWO TABLETS BY MOUTH TWICE A<br>DAY AND TAKE ONE TABLET TWICE A DAY FOR HEADACHE<br>PREVENTION                                                                                                          | ACTIVE |
| 14) | VERAPAMIL HCL 120MG TAB TAKE TWO TABLETS BY MOUTH<br>TWICE A DAY FOR HEADACHE PROPHYLAXIS                                                                                                                                        | ACTIVE |

Inactive Outpatient Medications

Status

=====

1) AZITHROMYCIN 250MG TAB TAKE TWO TABLETS BY MOUTH ONCE EXPIRED  
DAILY FOR 1 DAY, THEN TAKE ONE TABLET ONCE DAILY  
FOR 4 DAYS - FOR INFECTION.

## Active Non-VA Medications

## Status

=====

1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY ACTIVE

16 Total Medications

Allergies: PENICILLIN, PREDNISONE

SH:

## FH:FAMILY HISTORY

FAMILY HISTORY OF COLON CANCER

10/25/2013

none

## Vitals:

| Measurement | DT    | TEMP<br>F(C) | RESP | PULSE | BP     | POx<br>(L/MIN)(%) |
|-------------|-------|--------------|------|-------|--------|-------------------|
| 03/17/2016  | 10:59 | 96.3(35.7)   | 16   | 81    | 117/77 |                   |
| 02/04/2016  | 12:54 |              |      |       | 133/74 |                   |
| 02/04/2016  | 12:54 | 97.3(36.3)   | 18   | 66    | 146/85 | 95                |

| Measurement | DT    | PAIN | WEIGHT<br>LB(KG)[BMI] |
|-------------|-------|------|-----------------------|
| 03/17/2016  | 10:59 | 2    | 200(90.72)[30*]       |
| 02/04/2016  | 12:54 |      |                       |
| 02/04/2016  | 12:54 | 2    | 203(92.08)[30*]       |

General: NAD

Lungs: CTA, normal respiratory rate and effort

CV: RRR

A/P

1. headaches: improved, followed by neurology at the VA and UCD
2. DM: HA1c good at 5.9. Decrease metformin to 500 mg qd.
3. copd: stable.
4. htn: controlled.
5. hlp: ldl at 94.
6. h/o of prostate ca: last psa was undetectable.

HM

colonoscopy 2/14, repeat in 5 yrs  
psa 2/16.

RTC in seven mths.

#### Clinical Reminders:

##### Hepatitis C Testing:

Patient declines HCV lab test.

##### HIV Screening:

The patient declines to be tested for HIV infection.

##### MOVE! Screening- Overweight/Obesity:

Calculated BMI: 29.6 Weight: 200 lb [90.9 kg] (03/17/2016 10:59)

Educated on the health risks of overweight/obesity including:

heart disease, diabetes, sleep apnea, hypertension

The patient was educated on the available weight management programs  
and declines treatment at this time.

/es/ Simon Chan, M.D.

Internal Medicine

Signed: 03/17/2016 11:37

08/29/2016 ADDENDUM

STATUS: COMPLETED

Pt requesting refill of Azithromycin. Pt would need appt to address this.

Team

appt with DOD if needed.

/es/ Simon Chan, M.D.

Internal Medicine

Signed: 08/29/2016 12:51

Receipt Acknowledged By:

08/30/2016 13:28 /es/ ADAMS-  
HUEL, RENEE

08/30/2016 09:59 /es/ Beverly Gamu,  
RN

Nursing

Service

08/30/2016 ADDENDUM

STATUS: COMPLETED

called this pt to book a wave per md chans instructions. pt requested a  
refill  
of azithromycin. per pt he requested the wrong medicatgin should have been  
amitritryline

/es/ ADAMS-HUEL, RENEE

Signed: 08/30/2016 13:28

09/02/2016 ADDENDUM

STATUS: COMPLETED

Have pt call the pharmacy for this as it has refills.

/es/ Simon Chan, M.D.

Internal Medicine

Signed: 09/02/2016 10:40

Receipt Acknowledged By:

09/02/2016 13:38 /es/ ADAMS-  
HUEL, RENEE

## PC Preventive Health 60498

### Details

**Date entered:** March 17, 2016**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** KYLE SNOW**Signed by:** KYLE SNOW**Date signed:** March 17, 2016**Note**

LOCAL TITLE: PC Preventive Health 60498  
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO  
DATE OF NOTE: MAR 17, 2016@10:59 ENTRY DATE: MAR 17,  
2016@10:59:19  
AUTHOR: SNOW, KYLE EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

## Clinical Reminders:

## Vitals:

Weight

200 lb (90.9 kg)

Pain

2

BP

117/77

Pulse

81

Temperature

96.3 F (35.7 C)

Respiratory Rate

16

## Influenza Vaccine Sept 15 - Apr 16:

The patient indicates that they have already received the seasonal influenza vaccine during the current influenza season.

Date: October, 2015 ? Exact date is unknown

Location: Auburn CA Outside MD

## Tetanus-Diphtheria-(Pertussis):

Tetanus/diphtheria/pertussis booster was ordered.

## Alcohol Abuse Screen (AUDIT-C):

SCREEN FOR ALCOHOL (AUDIT-C)



An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

#### Homelessness Screening:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

#### LVN Medication Inventory:

##### LVN MEDICATION INVENTORY

medication inventory deferred to physician for med list greater than 10

/es/ Kyle Snow, LVN  
Staff LVN, Primary Care  
Signed: 03/17/2016 11:02

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** February 8, 2016

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** February 8, 2016

**Note**

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: FEB 08, 2016@11:39 ENTRY DATE: FEB 08,  
2016@11:40:01

AUTHOR: BAHTEN, REGINA S EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 65 year old MALE referred to the Mental Health  
Primary Care Clinic by:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

KNEE CONDITION 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

KNEE CONDITION 10%

S/C

BACK STRAIN 20%

S/C

LOWER LEG CONDITION 20%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

=====

1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE

- BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.
- 2) AMITRIPTYLINE HCL 50MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME ----- DOSAGE CHANGE ACTIVE
  - 3) AZITHROMYCIN 250MG TAB TAKE TWO TABLETS BY MOUTH ONCE DAILY FOR 1 DAY, THEN TAKE ONE TABLET ONCE DAILY FOR 4 DAYS - FOR INFECTION. ACTIVE
  - 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS ACTIVE
  - 5) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR NERVE PAIN ----- DOSAGE CHANGE ACTIVE
  - 6) INDOMETHACIN 25MG CAP TAKE TWO CAPSULES BY MOUTH EVERY MORNING AND TAKE TWO CAPSULES EVERY DAY AT 12NOON FOR HEADACHE PREVENTION. TAKE WITH FOOD ----- DOSAGE CHANGE ACTIVE
  - 7) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD - FOR DIABETES ACTIVE
  - 8) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. ACTIVE (S)
  - 9) OLODATEROL/TIOTROP 2.5MCG/ACTUAT 60D INH INHALE 2 PUFFS BY ORAL INHALATION ONCE DAILY FOR BREATHING (REPLACES FORMOTEROL AND TIOTROPIUM) ACTIVE
  - 10) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID. ACTIVE
  - 11) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY. ACTIVE
  - 12) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. ACTIVE
  - 13) TOPIRAMATE 50MG TAB TAKE TWO TABLETS BY MOUTH TWICE A DAY AND TAKE ONE TABLET TWICE A DAY FOR HEADACHE PREVENTION ACTIVE
  - 14) VERAPAMIL HCL 120MG TAB TAKE TWO TABLETS BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS ACTIVE

Active Non-VA Medications

Status

=====

1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY ACTIVE

15 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective:

Ex-wife has a new "marriage but not service," he has used "feeling Good" techniques.

Will start with a therapist regularly in Auburn.

His son decided to divorce.

His D is getting a divorce also, she thanked him because her M had never been

happier.

GF is getting therapy. they got rings.

Is reaching out to old friends.

80 days without a migraine. Has seen UCD.

GF's 29 y/o son moved in, it did not go well, he moved out, GF has started

in therapy. Son is now communicating with pt, not with his own mother.

Gained weight.

Ex-wife is getting "married," but not legally or maybe, which would affect alimony.

Current substance abuse issues: Denied.

Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "What are my choices? Hopeful, which is the opposite of what my mood had been."

Affect: appropriate to content, warm, dramatic

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Sees Apperson.

If pain is an ongoing issue, is there a plan to seek care?

#### Assessment:

Pain syndrome, anxiety, not getting any worse  
cluster headaches.

Severe partner relational problems and problems with his children

#### Treatment Recommendations:

SAD light.

Pt is doing fair on these meds and on Feeling Good.

Does pt need acupuncture again?

Continue meds without change. Pt is on multiple meds per other MD's that will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 2 months; pt is considering concluding tx then.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Pt got his guns back that are with his friends.

Length of today's visit: 30 min.

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

**MEDICATION RECONCILIATION:**

Unable To Complete Reconciliation:

Unable to compare medication changes and unable to complete Medication Reconciliation due to the following:

Reason: Unable to review list

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 02/08/2016 22:17

## Primary Care Secure Messaging

### Details

**Date entered:** February 4, 2016  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** SIMON CHI YAN CHAN  
**Signed by:** SIMON CHI YAN CHAN  
**Date signed:** February 4, 2016

### Note

LOCAL TITLE: Primary Care Secure Messaging  
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING  
DATE OF NOTE: FEB 04, 2016@21:55:23 ENTRY DATE: FEB 04,  
2016@18:55:24  
AUTHOR: CHAN, SIMON CHI YAN EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

-----Original Message-----

Sent: 02/02/2016 10:17 AM

From: CAMPBELL, RONALD  
To: \*\*Chan, S (Primary Care) - Mather  
Subject: Medication Inquiry

I saw a doctor in Auburn yesterday under my Medicare coverage for a bronchial infection.

I had a chest cold 4 weeks ago. Dr. Jennifer Cochrane of the Auburn Medical Group under the Sutter Group diagnosed me with Chronic Bronchitis with Acute Exacerbation and prescribed

azithromycin 250mg Tab 2 tabs my mouth 1 tab by mouth 1st day the one tab/day days 2 thru 5 til finished.

Her prescription was fax'd to 916-843-2854 as I was directed by the VA pharmacy nurse with my name, last 4 and your name (although I note this morning that they spelled it Chen, apologies)

As you and I have discussed in the past, on occasion I use medicare for convenience and hope to be able to use my VA pharmacy.

I wanted to give you a heads up on the prescription and ask for your support in getting it filled.

Regards;

Ron Campbell

-----Original Message-----

Sent: 02/04/2016 09:55 PM  
From: CHAN, SIMON  
To: CAMPBELL, RONALD

Subject: Medication Inquiry

Medication is available at the pharmacy.

In the future, please call if you have an urgent request as secure messaging may take up to 3 days for any response.

Also some medication are fairly cheap. I believe the requested medication is only around \$10 at your local pharmacy and it would be easier, faster, and possibly cheaper than coming all the way to Mather for this.

/es/ Simon Chan, M.D.  
Internal Medicine  
Signed: 02/04/2016 18:55

## Neurology 11000

### Details

**Date entered:** February 4, 2016  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** MICHAEL P REMLER  
**Signed by:** MICHAEL P REMLER  
**Date signed:** February 4, 2016

### Note

LOCAL TITLE: Neurology 11000  
STANDARD TITLE: NEUROLOGY E & M NOTE  
DATE OF NOTE: FEB 04, 2016@12:56 ENTRY DATE: FEB 04,  
2016@12:56:37  
AUTHOR: REMLER, MICHAEL P EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED



\*\*\* Neurology 11000 Has ADDENDA \*\*\*

Consult from

CC:

HPI:

2/4/16 Doing extremely well with virtually no HA in Dec and none in January,

following suggestion of UC Davis HA clinic. pt seeks co-management. management

including restarting amitriptyline, continuing indomethacin, adding verapamil,

gabapentin`

9/24/15 Kim1) chronic cluster headaches improved with indomethacin; 2) medication overuse headache; 3) increased somnolence and fatigue concerning for

side effects on amitriptyline

MRI C-spine 7/8/14 Moderate degenerative spondylosis, with mild canal stenosis

and moderate to severe neural foraminal narrowing. No cord signal abnormality.

Ex

GENERAL APPEARANCE: awake, alert, oriented, cooperative, attentive and appropriate.

MS: Language, Fund of Knowledge and Memory nl.

CNS II - XII grossly intact

Motor Strength nl in all muscle groups. No abnormal movements. Gait normal.

Sensory intact touch all areas

Dx: cluster

Plan: rx per UCD

appt letter 2/3/17

/es/ Michael P. Remler, MD  
Chief, Neurology Service  
Signed: 02/04/2016 13:22

01/12/2017 ADDENDUM STATUS: COMPLETED  
essentially co-management now with Dr. Leanarts at UCDMC  
Topirimate 200 and sumatriptan injection

/es/ Michael P. Remler, MD  
Chief, Neurology Service  
Signed: 01/12/2017 13:57

## Patient Lab Reminder Letter

### Details

**Date entered:** January 26, 2016  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** KYLE SNOW  
**Signed by:** KYLE SNOW  
**Date signed:** January 26, 2016

### Note

LOCAL TITLE: Patient Lab Reminder Letter  
STANDARD TITLE: PRIMARY CARE LETTERS  
DATE OF NOTE: JAN 26, 2016@09:04 ENTRY DATE: JAN 26,  
2016@09:04:12  
AUTHOR: SNOW, KYLE EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:

10535 Hospital Way, Mather, CA 95655-1200

JAN 26, 2016

RONALD CLARK CAMPBELL  
1521 WHITEHORSE ROAD  
MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

Your provider CHAN, SIMON, has reviewed your medical chart and determined that you are due for laboratory tests to monitor your health.

Please have your blood drawn at your local VA clinic 1-2 weeks prior to your appointment with Dr. Chan. Appropriate laboratory testing is essential to improving your health.

Please be FASTING for your laboratory test. FASTING means no food, milk, or juice for 10 to 12 hours before your laboratory test. You can drink water.

If you are diabetic do NOT take your diabetes medication in the morning until after your blood is drawn and you have had something to eat.

Please bring your VA Identification Card to have your blood drawn. You do not need any laboratory slips or paperwork.

Sincerely,

/es/ Kyle Snow, LVN  
Staff LVN, Primary Care

Patient Record Number 7468482

## Dermatology Clinic Note 10300

### Details

**Date entered:** January 19, 2016  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** FARANAK KAMANGAR  
**Signed by:** FARANAK KAMANGAR  
**Date signed:** January 19, 2016

### Note

LOCAL TITLE: Dermatology Clinic Note 10300  
STANDARD TITLE: DERMATOLOGY OUTPATIENT NOTE  
DATE OF NOTE: JAN 19, 2016@14:36      ENTRY DATE: JAN 19,  
2016@14:36:51  
AUTHOR: KAMANGAR, FARANAK      EXP COSIGNER: SCHULMAN, JOSHUA M  
URGENCY:      STATUS:  
COMPLETED

\*\*\* Dermatology Clinic Note 10300 Has ADDENDA \*\*\*

1/19/16 last visit 1/10/14

DERMATOLOGY CONSULTATION NOTE

CC: skin check

HPI: 65 yo M with history of NMSCs, BCCs x 2 on the back when he was in college,  
and SCC on the right flank 2011, treated at VA in Seattle. History of  
numerous sunburns in childhood. Moved to Sacramento in 2014 to be with  
his

daughter. Grew up in Redwood city and would frequent Half Moon Bay.

Wears

sunscreen daily now. No new lesions of concern today.

PMH: Computerized Problem List is the source for the following:

1. Hypertension Nos
2. Hyperlipidemia
3. Diabetes Type II
4. Headache
5. Carcinoma, Prostate
6. Arthralgias NOS
7. Impotence
8. Vitamin D deficiency (SNOMED CT 34713006)

ALLERGIES: PENICILLIN, PREDNISONE

MEDICATIONS: Active Outpatient Medications reviewed.

FH: non-melanoma skin cancers (father)

SH: former smoker

PHYSICAL EXAM: Per patient preference, waist-up skin exam was performed:

- erythematous scaly papule on right lateral eyebrow
- well-healed scars on the mid upper back, right paraspinal back, and right flank (lateral to breast). No evidence of recurrence; right flank scar looks slightly hypertrophic
- diffuse xerosis

ASSESSMENT/PLAN:

1. Actinic keratoses: right lateral eyebrow
  - LN2 x 1 lesions total. Risks of treatment reviewed and patient consent obtained verbally.
  - Sun protection and use of sunscreen reviewed.
2. History of NMSCs, most recently SCC right flank (2011)
  - No lesions suspicious for skin cancer on exam today.
  - Signs and symptoms of skin cancer reviewed. He was asked to return for

evaluation of any new, changing or bleeding lesions.

### 3. Diffuse Xerosis

Dry skin care reviewed.

RTC 1 year.

/es/ Faranak Kamangar, MD  
Dermatology Resident, PGY-2  
Signed: 01/19/2016 14:52

/es/ JOSHUA M. SCHULMAN  
Medical Physician  
Cosigned: 01/19/2016 15:10

01/19/2016 ADDENDUM

STATUS: COMPLETED

I agree with the findings, assessment, and recommendations as described by the above resident.

/es/ JOSHUA M. SCHULMAN  
Medical Physician  
Signed: 01/19/2016 15:11

## Diagnostic Oxygen Testing

### Details

**Date entered:** December 22, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DIANNE E WILLIAMS

**Signed by:** DIANNE E WILLIAMS

**Date signed:** December 22, 2015

### Note

LOCAL TITLE: Diagnostic Oxygen Testing

STANDARD TITLE: RESPIRATORY THERAPY PROCEDURE NOTE

DATE OF NOTE: DEC 22, 2015@13:11 ENTRY DATE: DEC 22,  
2015@13:11:05

AUTHOR: WILLIAMS,DIANNE E EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

\*\*\* Diagnostic Oxygen Testing Has ADDENDA \*\*\*

This is the annual renewal for home O2 for migraines for this 65 year old male,  
who continues to be followed by neurology for cluster headaches. Notes as follows:

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: SEP 24, 2015@11:30 ENTRY DATE: SEP 24, 2015@11:30:15

AUTHOR: KIM,SUSAN S EXP COSIGNER:

URGENCY: STATUS: COMPLETED

The patient is a 65 year old man with cluster headaches here for f/u. He reports that he saw Neurologist at UC Davis and was started on indomethacin

and amitriptyline 21 days ago increased from 50 bid to 100 mg po bid on 9/1/15, who reports headaches have decreased in frequency 15 headaches total

, with 10 headache free days since the dose increase. He reports amitriptyline was started at the same time and increased to 30 mg po qbedtime

on 9/1. He reports fatigue and increased daytime somnolence since meds were

started. He states that he finds either imitrex injection or frovatriptan (which he takes with him on vacation) effective 80% of the time . He takes

sumatriptan 3 times per week currently. He also reports he is trying to limit use of O2 high flow 15L.

O2 will be renewed as previously ordered.

/es/ Dianne E. Williams,RRT-NPS,CPFT

Respiratory Therapist, Pulmonary Function Lab

Signed: 12/22/2015 13:12

Receipt Acknowledged By:

12/24/2015 09:21 /es/ Timothy E. Albertson,  
M.D.

Staff Physician,

Pulmonary

12/23/2015 09:27 /es/ SUSAN S  
KIM

Neurologist

12/22/2015 ADDENDUM

STATUS: COMPLETED

Spoke with patient, identified via dob and ss, who states he is doing a little

better. It has been 13 days since his last headache, which is the longest he has

been without them in many years. Typically he can have up to 3-4 headaches per

day. When he requires the O2, he uses a simple mask with 15L high flow.

/es/ Dianne E. Williams, RRT-NPS, CPFT

Respiratory Therapist, Pulmonary Function Lab

Signed: 12/22/2015 13:26

## Patient Appointment Reminder Letter

### Details

**Date entered:** December 14, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** CELESTE BUSCH

**Signed by:** CELESTE BUSCH

**Date signed:** December 14, 2015

### Note

LOCAL TITLE: Patient Appointment Reminder Letter



STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: DEC 14, 2015@13:05 ENTRY DATE: DEC 14,  
2015@13:05:57

AUTHOR: BUSCH, CELESTE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:

10535 Hospital Way, Mather, CA 95655-1200

DEC 14, 2015

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

You are due for a follow up appointment with your provider CHAN, SIMON.

Please contact the scheduling department through VETs Connect at  
1-800-382-8387

to schedule an appointment with your provider in February.

At least one week prior to your appointment, please complete laboratory  
tests

at your local VA clinic. Appropriate laboratory testing is essential to  
improving your health.

Please be FASTING for your laboratory test. FASTING means no food, milk,  
or

juice for 10 to 12 hours before your laboratory test. You can drink water. You should take your usual morning medications, except do NOT take your diabetes medications. After your blood is drawn and you have had something to eat, then take your diabetes medications. Please bring your VA Identification Card to have your blood drawn. You do not need any laboratory slips or paperwork.

Please bring all your medications or an updated list of your medications with you to your appointment. If you have diabetes and are monitoring your blood sugar readings at home, please bring a copy of these results too.

We look forward to working with you to improve your health.

Sincerely,

/es/ Celeste Busch, RN

Primary Care Skilled Home Health Coordinator

Patient Record Number 7468482

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** December 8, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** December 8, 2015

**Note**

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: DEC 08, 2015@11:38 ENTRY DATE: DEC 08,  
2015@11:38:59

AUTHOR: BAHTEN, REGINA S EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 65 year old MALE referred to the Mental Health  
Primary Care Clinic by:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

LOWER LEG CONDITION 20%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

KNEE CONDITION 10%

S/C

BACK STRAIN 20%

S/C

KNEE CONDITION 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

=====

1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE

BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO  
IMPROVE BREATHING.

- |     |                                                                                                                                                                                                                      |        |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 2)  | AMITRIPTYLINE HCL 10MG TAB TAKE THREE TABLETS BY MOUTH AT BEDTIME FOR HEADACHE PREVENTION                                                                                                                            | ACTIVE |
| 3)  | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS              | ACTIVE |
| 4)  | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR NERVE PAIN                                                                                                                                      | ACTIVE |
| 5)  | INDOMETHACIN 25MG CAP TAKE THREE CAPSULES BY MOUTH EVERY MORNING AND TAKE THREE CAPSULES EVERY DAY AT 12NOON AND TAKE TWO CAPSULES EVERY EVENING FOR HEADACHE PREVENTION. TAKE WITH FOOD                             | ACTIVE |
| 6)  | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD - FOR DIABETES                                                                                                                                | ACTIVE |
| 7)  | OLODATEROL/TIOTROP 2.5MCG/ACTUAT 60D INH INHALE 2 PUFFS BY ORAL INHALATION ONCE DAILY FOR BREATHING (REPLACES FORMOTEROL AND TIOTROPIUM)                                                                             | ACTIVE |
| 8)  | PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.                                                                                                                                  | ACTIVE |
| 9)  | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                              | ACTIVE |
| 10) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE |
| 11) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION                                                                                                                                    | ACTIVE |

#### Active Non-VA Medications

#### Status

- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

12 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective: Last seen in June 2015. Is having problems with headache care at UCD, eventually "my headaches went away." Might change neurologists. GF's 29 y/o son moved in, it did not go well, he moved out, GF has started in therapy. Son is now communicating with pt, not with his own mother. Gained weight. Pt describes his life as "epic victories" and "epic battles." Ex-wife is getting "married," but not legally or maybe, which would affect alimony. D Is leaving her abusive H; they are in Seattle.

Current substance abuse issues: Denied.

#### Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "This isn't fair."

Affect: appropriate to content, warm, dramatic

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Sees Apperson.

If pain is an ongoing issue, is there a plan to seek care?

## Assessment:

Pain syndrome, anxiety, not getting any worse  
cluster headaches.

Severe partner relational problems and problems with his children

## Treatment Recommendations:

Pt's friend took his guns.

SAD light.

Pt tried cookies and they made his headaches worse.

Pt is doing fair on these meds and on Feeling Good.

Does pt need acupuncture again?

GMH for longer-term treatment.

Continue meds without change. Pt is on multiple meds per other MD's that  
will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 2 months.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Feeling Good by David Burns.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Pt got his guns back that are with his friends.

Length of today's visit: 30 min.

The risks, benefits, and side effects of psychiatric medications were  
discussed with the patient. The patient expressed understanding and the  
willingness to take medications. YES

## MEDICATION RECONCILIATION:

Unable To Complete Reconciliation:

Unable to compare medication changes and unable to complete Medication  
Reconciliation due to the following:

Reason: Unable to review list

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 12/08/2015 16:19

## Pharmacy Telephone Encounter Note

### Details

**Date entered:** October 7, 2015  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** JAMIE YOUNG  
**Signed by:** JAMIE YOUNG  
**Date signed:** October 7, 2015

### Note

LOCAL TITLE: Pharmacy Telephone Encounter Note  
STANDARD TITLE: PHARMACY OUTPATIENT COUNSELING NOTE  
DATE OF NOTE: OCT 07, 2015@09:24:03 ENTRY DATE: OCT 07,  
2015@09:24:04  
AUTHOR: YOUNG, JAMIE EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Who's calling: patient  
Identified by full name and SSN.

S/O: 65 year old MALE contacted telephone care pharmacist regarding amitriptyline for cluster migraine prevention. Reason for calling today: patient's co-managed by UC Davis Headache Clinic and and has been following their protocol. Patient keeps home records of triggers, # of events, medications used to treat and it's outcome to guide. Calling pharmacy today to clarify recent medication start dates, dosages and requests as they relate to cluster headaches. Endorses he had the "best month" in the month of

September and attributes to Dr. Leonard's recommendations have worked very well to date. Requesting continuation of amitriptyline prescription for review.

7/27/15: Indomethacin 25mg 2 capsules (50mg) twice daily increased to  
8/27/15: indomethacin 100mg twice daily - per UC Davis Headache protocol

AND amitriptyline 10mg 4 tablets (40mg) every evening  
topiramate as prescribed  
verapamil 240mg twice daily

Pertinent PMH: Cluster headache, Headache

Pertinent Outpatient Medications:

=====

OPT FROVATRIPTAN 2.5MG TAB PKG 9 (Status = SUSPENDED)  
TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS  
Last Released: 9/8/15 Days Supply: 30  
Rx Expiration Date: 8/20/16 Refills Remaining: 9

OPT INDOMETHACIN 25MG CAP (Status = ACTIVE)  
TAKE THREE CAPSULES BY MOUTH EVERY MORNING AND TAKE THREE CAPSULES EVERY DAY AT 12NOON AND TAKE TWO CAPSULES EVERY EVENING FOR HEADACHE PREVENTION. TAKE WITH FOOD  
Last Released: 9/25/15 Days Supply: 30  
Rx Expiration Date: 9/24/16 Refills Remaining: 5

OPT TOPIRAMATE 100MG TAB (Status = SUSPENDED)  
TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION  
Last Released: Days Supply: 30  
Rx Expiration Date: 10/6/16 Refills Remaining: 5

OPT VERAPAMIL HCL 240MG SA TAB (Status = SUSPENDED)  
TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE)  
Last Released: 8/5/15 Days Supply: 90  
Rx Expiration Date: 12/6/15 Refills Remaining: 0



-----  
----  
Other medications previously dispensed in the last year:

OPT AMITRIPTYLINE HCL 10MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last

Released: 9/10/15)

TAKE TWO TABLETS BY MOUTH AT BEDTIME TAKE FOR HEADACHE PREVENTION.  
6.25 MG TABS ARE NOT AVAILABLE AT THE VA.

OPT PREDNISONE 10MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last  
Released:

9/1/15)

TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE  
TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR  
5  
DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO  
TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH  
FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE  
FLARING.

OPT TOPIRAMATE 50MG TAB (DISCONTINUED BY PROVIDER/90 Days Supply Last  
Released:

8/24/15)

TAKE THREE TABLETS BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION.

0: Vitals - most recent

BP: 144/84 (09/24/2015 11:22)

HR: 64 (09/24/2015 11:22)

| Collection DT    | Spec   | GLUCOSE | BUN | CREAT  | NA    | K   | CL    |
|------------------|--------|---------|-----|--------|-------|-----|-------|
| C02              |        |         |     |        |       |     |       |
| 08/19/2015 09:07 | PLASMA | 131 H   | 20  | 1.12 H | 147 H | 4.6 | 112 H |
| 29.7             |        |         |     |        |       |     |       |
| 06/11/2015 08:20 | PLASMA | 149 H   | 19  | 0.88   | 142   | 3.8 | 112 H |
| 26.5             |        |         |     |        |       |     |       |

A/P:Medication management and assessment

65 yo male pt co-managed by UC Davis calling for medication reconciliation on

prescriptions used for cluster migraine.

Prescription(s) differences:

- topirate 100mg twice daily qty #60 processed for mail.
- verapamil 240 SA twice daily qty #180 processed for mail.
- indomethacin 25mg will note to VA neurology patient is stable on a lower dosage and no higher than 100mg twice daily. Also GI intolerance. RX on hold.
- Amitrityline 10mg was previously discontinued d/t no additional benefit but will note neurology otherwise, VA provider to review. Pt has been counseled on possible side effects of ACH constipation, dry mouth, blurred vision, sedation, especially with increase dosage.

Compliance with current medications reviewed and discussed.

Time Spent: 15 Minutes

E: Patient has received the following information:

- Refill medications at least 10 days in advance to avoid running out.
- Routine medications are mailed from consolidated mail order pharmacy.

Patient verbalized understanding.

RECOMMENDATION(S)FOR THE PROVIDER:

- Reconsider TCA for migraine prophylaxis given patient reports almost 0 to 1 headache days in September 2015. Without any of these meds he's experiencing 10-15+ cluster headaches.

RTC:

| RECALL DATE  | CLINIC                     |
|--------------|----------------------------|
| Nov 07, 2015 | RECALL ( ) SAC EYE CORBETT |
| Feb 25, 2016 | RECALL (F/U) SAC PACT 12   |

/es/ Jamie Young, Pharm.D.

Supervisory Clinical Pharmacist

Signed: 10/07/2015 16:52

Receipt Acknowledged By:

10/07/2015 18:04 /es/ SUSAN S  
KIM

Neurologist

## Neurology Secure Messaging

### Details

**Date entered:** October 6, 2015**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** CHRISTINE NATALIE BATTISTELLA**Signed by:** CHRISTINE NATALIE BATTISTELLA**Date signed:** October 6, 2015

### Note

LOCAL TITLE: Neurology Secure Messaging

STANDARD TITLE: NEUROLOGY SECURE MESSAGING

DATE OF NOTE: OCT 06, 2015@16:42:55 ENTRY DATE: OCT 06,  
2015@14:42:56

AUTHOR: BATTISTELLA,CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

\*\*\* Neurology Secure Messaging Has ADDENDA \*\*\*

-----Original Message-----

Sent: 10/03/2015 10:19 AM

From: CAMPBELL, RONALD

To: Neurology - Mather@

Subject: Urgent Update

ATT'N CHRISTINE

At my last appointment I was told to begin reducing my intake of Verapamil and Topiramate as my prescriptions were being eliminated.

Under the UC Davis Med Center care Dr. Appearance had referred me out, my chronic cluster headaches had been reduced reduced from 6 to 8 events per day to one to zero events over a 3 month period.

At this last recent appointment I was ordered by Dr. Kim to reduce my Verapamil and Topiramate. She said she was cancelling my prescriptions saying I no longer needed them.

Over the last week since this action was taken the headaches have increased again to the 6 to 8 events per day. I am utilizing a full e-tank of oxygen each day as an abortive measure and experiencing sleepless nights once again. Basically I am back to square one where I was 3 months ago before being sent out the UC Davis for care. Please advise what action the VA wants me to take now.

Regards;

Ron Campbell 2701

/es/ Christine Williams-Battistella RN, MSN  
Care Manager Neurology/CNL  
Signed: 10/06/2015 14:42

Receipt Acknowledged By:

10/06/2015 16:45 /es/ SUSAN S  
KIM

Neurologist

10/06/2015 ADDENDUM

STATUS: COMPLETED

Patient has an active rx for verapamil SA in CPRS as it was not discontinued by his PCP. He had reported in his prior visit that he would check with his PCP regarding treatment with verapamil as it was being used to treat his hypertension as well. Patient may restart verapamil SA if his PCP feels that there is no contraindication. Patient may restart topiramate 100 mg po bid as he has indicated worsening of headaches after discontinuation of the medication.

/es/ SUSAN S KIM

Neurologist

Signed: 10/06/2015 16:53

10/06/2015 ADDENDUM

STATUS: COMPLETED

Called patient. He reports he thought he was to discontinue verapamil rather than amitriptyline. He states he restarted both verapamil and topiramate already and remains on indomethacin and amitriptyline. Recommend: no further changes to headache regimen at this time and f/u with his UCD neurologist regarding his headache management. RTC for f/u prn symptoms

/es/ SUSAN S KIM

Neurologist

Signed: 10/06/2015 17:20

10/07/2015 ADDENDUM

STATUS: COMPLETED

amitriptyline 30 mg po qbedtime for headache prevention re-ordered in CPRS.

/es/ SUSAN S KIM

Neurologist

Signed: 10/07/2015 18:07

01/25/2016 ADDENDUM

STATUS: COMPLETED

Sent: 01/23/2016 11:17 AM

From: CAMPBELL, RONALD [ SSN: 2701, DOB: 04/11/1950 ]

To: Neurology - Mather@

Subject: Urgent Update

Update

The medication "cocktail" now prescribed by the neurology team at the headache clinic at UC Davis Med center in Sacramento has been successful recently in the fight against my chronic cluster headaches

As you may recall, I was referred out to them by DR Appearance following years of unsuccessful treatment by VA neurology here and in Seattle with the joint hope that a treatment could be found.

Today will mark my 65th day without a cluster event marking the longest period without an event since July of 2012.

The successful "cocktail" involves 150 mg topiramate taken 2x daily, 240 mg verapamil taken 2x daily, 25 mg Indomethacin 2 caps taken twice daily, Pantopazole 40mg one daily, gabapentine 300mg twice daily and AMITRIPTYLYNE 50 mg once a day.

When I was referred by Dr Appearance I was advised the VA would support me with

the recommendations UC Davis would be making as I was being referred out for that reason

With Dr Apearson having left I have a problem. At my last visit I was advised I would have to make a choice between who I wanted to have treat me either the VA or UC Davis. My medications were changed, some cancelled and the promise of supporting UC Med Center recommendations and prescriptions apparently eliminated.

I need my medications through the VA and I went to UC Davis with the belief that I would get VA support on this.

Please let me know what steps I need to take. I need the Topiramate and the AMITRIPTYLYNE prescriptions restored to the levels above and a doctor who wants to work for the good of a patient who has finally experienced relief for two months after working hard during a suffering period of 2 1/2 years

Thanks

Ron

/es/ Christine Williams-Battistella RN, MSN  
Care Manager Neurology/CNL  
Signed: 01/25/2016 10:49

Receipt Acknowledged By:  
01/29/2016 15:13 /es/ Susan S. Kim,  
MD

Neurologist

01/26/2016 09:09

/es/ Michael P. Remler,

MD

Chief, Neurology

Service

## Neurology 11000

### Details

**Date entered:** September 24, 2015**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SUSAN KIM**Signed by:** SUSAN KIM**Date signed:** September 24, 2015

### Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E &amp; M NOTE

DATE OF NOTE: SEP 24, 2015@11:30 ENTRY DATE: SEP 24,  
2015@11:30:15

AUTHOR: KIM, SUSAN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

The patient is a 65 year old man with cluster headaches here for f/u. He reports that he saw Neurologist at UC Davis and was started on indomethacin and amitriptyline 21 days ago increased from 50 bid to 100 mg po bid on 9/1/15, who reports headaches have decreased in frequency 15 headaches total, with 10 headache free days since the dose increase. He reports amitriptyline was started at the same time and increased to 30 mg po qbedtime on 9/1. He reports fatigue and increased daytime somnolence since meds were started. He states that he finds either imitrex injection or frovatriptan (which he takes with him on vacation) effective 80% of the time. He takes



sumatriptan 3 times per week currently. He also reports he is trying to limit use of O2 high flow 15L. He describes headaches as follows: headaches start R side, sensation next to R nasal region, dull pain in nasal cavity, like "brain freeze" at onset, spreads to behind eye and jaw, R ear, unilateral, lasting 30 minutes to maximum one hour to 1/2 hour, severe 20/10 pain, associated features include: tearing of eye, redness of eye, swelling of eye lid, tingling on exterior of face, occurring daily starting at 2pm x 7 to 8 times. He reports no improvement on verapamil, topiramate, lithium, butalbital; gabapentin and states prednisone tapers are now ineffective. He reports that he has never tried carbamazepine, valproic acid, depakote, venlafaxine, duloxetine. He reports he is still taking topiramate 150 mg po bid and verapamil 240 mg po daily. He reports h/o shingles in his 20s.

## PMH:

Computerized Problem List is the source for the following:

|                                              |          |             |
|----------------------------------------------|----------|-------------|
| 1. History of malignant neoplasm of prostate | 09/08/15 | CHAN, SIMON |
| 2. Dysthymia                                 | 07/29/15 |             |
| BAHTEN, REGINA                               |          |             |
| S                                            |          |             |
| 3. Chronic pain syndrome                     | 12/22/14 |             |
| BAHTEN, REGINA                               |          |             |
| S                                            |          |             |
| 4. Cervical radiculitis (SNOMED CT 11049006) | 07/23/14 | LEE, JEAN   |
| 5. Depressive Disorder NOS *                 | 04/02/14 |             |
| BAHTEN, REGINA                               |          |             |
| S                                            |          |             |
| 6. Cluster headache (SNOMED CT 193031009)    | 02/07/14 |             |
| APPERSON, MICHEL                             |          |             |
| 7. Chronic obstructive lung disease          | 01/30/14 |             |
| GUPTA, MAMATHA                               |          |             |
| 8. Hypertension Nos                          | 11/26/13 | CHANG, MYO  |
| S                                            |          |             |

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 9. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Diabetes Type II                          | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Headache                                  | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 12. Carcinoma, Prostate                       | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 13. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 14. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 15. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

Meds:  
Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                         | Status     |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                         |            |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                | ACTIVE     |
| 2)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE     |
| 3)                            | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR NERVE PAIN                                                                                                                         | ACTIVE (S) |
| 4)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD - FOR DIABETES                                                                                                                   | ACTIVE     |
| 5)                            | PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR STOMACH ACID.                                                                                                                     | ACTIVE     |
| 6)                            | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                               | ACTIVE     |
| 7)                            | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                 | ACTIVE     |
| 8)                            | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -                                                                                                     | ACTIVE     |

NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.

- 9) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE  
INHALER BY ORAL INHALATION ONCE DAILY -FOR  
BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
- 10) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL  
USE)

| Pending Outpatient Medications                                                                                                                                                                                                 | Status |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                                                                                                                          |        |
| 1) INDOMETHACIN 25MG CAP TAKE THREE CAPSULES BY MOUTH PENDING<br>EVERY MORNING AND TAKE THREE CAPSULES EVERY DAY AT<br>12NOON AND TAKE TWO CAPSULES EVERY EVENING FOR PAIN<br>OR INFLAMMATION. TAKE AFTER MEALS FOR HEADACHES. |        |

| Active Non-VA Medications                                  | Status |
|------------------------------------------------------------|--------|
| =====                                                      |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY ACTIVE |        |

12 Total Medications  
Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                                                                              | Status |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                                                                                                                      |        |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE<br>BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO<br>IMPROVE BREATHING.                                                                                   |        |
| 2) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE<br>AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF<br>MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF<br>NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS |        |
| 3) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE ACTIVE (S)<br>TIMES A DAY FOR NERVE PAIN                                                                                                                           |        |
| 4) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE<br>TWICE A DAY WITH FOOD - FOR DIABETES                                                                                                                         |        |
| 5) PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH ACTIVE<br>ONCE DAILY - FOR STOMACH ACID.                                                                                                                           |        |

- |     |                                                                                                                                                                                                                      |        |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 6)  | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                            | ACTIVE |
| 7)  | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                              | ACTIVE |
| 8)  | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE |
| 9)  | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                              | ACTIVE |
| 10) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE)                                                                                                             | ACTIVE |

## Pending Outpatient Medications

## Status

- |    |                                                                                                                                                                                                            |         |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1) | INDOMETHACIN 25MG CAP TAKE THREE CAPSULES BY MOUTH EVERY MORNING AND TAKE THREE CAPSULES EVERY DAY AT 12NOON AND TAKE TWO CAPSULES EVERY EVENING FOR PAIN OR INFLAMMATION. TAKE AFTER MEALS FOR HEADACHES. | PENDING |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|

## Active Non-VA Medications

## Status

- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

## 12 Total Medications

## Neuro:

MS: A&amp;Ox3; speech fluent

CN: PE4mmRRL3mm; EOMI; facial sensation intact to LT, PP in the V1-V3 distribution; face symmetric; hearing intact to finger rub b; uvula midline;

B symmetrical elevation of the palate; shoulder shrug intact b; tongue midline

Motor: 5/5 power throughout; tone normal;

Reflexes: 2+ DTRs BUE, 1+ patellar b; 0 achilles b; PR flexor b;

Coordination: intact FTN, HTS, RAM b; general gait normal; tandem gait intact

Sensory: decreased to vibration in the R distal LE to knee ; mildly decreased  
in toes on L; intact to proprioception; Romberg neg

IMP: 1) chronic cluster headaches improved with indomethacin; 2) medication overuse headache; 3) increased somnolence and fatigue concerning for side effects on amitriptyline

Recommend:

- 1) change indomethacin to tid dosing (75mg/75mg/50mg) total 200mg daily; discussed r/b/a with patient
- 2) discontinue prednisone taper medication treatments; given it has been ineffective and potential side effects
- 3) taper off amitriptyline given possible side effects
- 4) taper off topiramate and verapamil gradually as patient reports no improvement for headaches; patient wishes to discuss verapamil tx with his PCP since he thinks it is also being used to treat his hypertension
- 5) avoid excessive analgesic use including triptans
- 6) continue either sumatriptan or frovatriptan to abort cluster headache r/b/a discussed with patient
- 7) f/u with his PCP regarding treatment with Pantaprazole, and consider following B12 level if patient is chronically treated with acid blocking medications , including proton pump inhibitors
- 8) RTC for f/u in 6 months

/es/ SUSAN S KIM

Neurologist

Signed: 09/24/2015 12:41

## Primary Care Note

### Details

**Date entered:** August 25, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** SIMON CHI YAN CHAN

**Signed by:** SIMON CHI YAN CHAN**Date signed:** September 8, 2015**Note**

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: AUG 25, 2015@11:22 ENTRY DATE: AUG 25,  
2015@11:22:25

AUTHOR: CHAN, SIMON CHI YAN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

C. C.: Here for follow-up

ID: verified by name, dob, last 4 of SSN

HPI:

Seen by Dr. Duffy, at UCD headache clinic. Rx'd Indocin and amitriptyline.

Today is the best day since April. Pattern has changed but not eliminated.

Dosing changed yesterday to 3 tablet of the amitriptyline from 2 per day. Indocin increased to 2 tab bid from 1 tab bid. No headache for 27 hrs. Has 3

nights of uninterrupted sleep which has not happened for several months.

Pt

hopeful now and sees the light at the end of the tunnel. Feeling good.

Weight improved. Goes to the gym 3-4 times a week.

Asthma under control.

Neck pain, intermittent pain in left hand and left elbow, intermittent cramps in

left hand for 1-1.5 minutes.

PHM: Computerized Problem List is the source for the following:

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 1. Dysthymia                                  | 07/29/15 |            |
| BAHTEN, REGINA S                              |          |            |
| 2. Chronic pain syndrome                      | 12/22/14 |            |
| BAHTEN, REGINA S                              |          |            |
| 3. Cervical radiculitis (SNOMED CT 11049006)  | 07/23/14 | LEE, JEAN  |
| 4. Depressive Disorder NOS *                  | 04/02/14 |            |
| BAHTEN, REGINA S                              |          |            |
| 5. Cluster headache (SNOMED CT 193031009)     | 02/07/14 |            |
| APPERSON, MICHEL                              |          |            |
| 6. Chronic obstructive lung disease           | 01/30/14 |            |
| GUPTA, MAMATHA                                |          |            |
| 7. Hypertension Nos                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 8. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Headache                                  | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Carcinoma, Prostate                       | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 12. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 13. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 14. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

#### Medications:

Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                               | Status |
|-----------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                       |        |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING. | ACTIVE |
| 2) AMITRIPTYLINE HCL 10MG TAB TAKE TWO TABLETS BY MOUTH AT BEDTIME TAKE FOR HEADACHE PREVENTION. 6.25 MG                    | ACTIVE |

TABS ARE NOT AVAILABLE AT THE VA.

- |     |                                                                                                                                                                                                                                  |            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 3)  | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH<br>AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF<br>MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF<br>NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS                 | ACTIVE (S) |
| 4)  | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE<br>TIMES A DAY FOR NERVE PAIN                                                                                                                                               | ACTIVE     |
| 5)  | INDOMETHACIN 25MG CAP TAKE ONE CAPSULE BY MOUTH TWICE<br>A DAY - FOR PAIN OR INFLAMMATION. TAKE AFTER MEALS<br>FOR HEADACHES.                                                                                                    | ACTIVE     |
| 6)  | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY WITH FOOD - FOR DIABETES                                                                                                                                         | ACTIVE     |
| 7)  | PANTOPRAZOLE NA 40MG EC TAB TAKE ONE TABLET BY MOUTH<br>ONCE DAILY - FOR STOMACH ACID.                                                                                                                                           | ACTIVE     |
| 8)  | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                     | ACTIVE     |
| 9)  | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                       | ACTIVE     |
| 10) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1<br>CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -<br>NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT<br>USE WITHIN 24 HRS OF TAKING<br>ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE     |
| 11) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM<br>INHALER BY ORAL INHALATION ONCE DAILY -FOR<br>BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT<br>SWALLOW.                                                                 | ACTIVE     |
| 12) | TOPIRAMATE 50MG TAB TAKE THREE TABLETS BY MOUTH TWICE<br>A DAY FOR HEADACHE PREVENTION.                                                                                                                                          | ACTIVE     |
| 13) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL<br>USE)                                                                                                                   | ACTIVE     |

#### Inactive Outpatient Medications

#### Status

- |       |                                                                                                                                                               |         |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| ===== |                                                                                                                                                               |         |
| 1)    | ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF<br>ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED<br>TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. | EXPIRED |
| 2)    | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE<br>A DAY - FOR SKIN.                                                                                     | EXPIRED |



| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

16 Total Medications

Allergies: PENICILLIN, PREDNISONE

#### Vitals:

| Measurement DT   | TEMP<br>F(C) | RESP | PULSE | BP     | POx<br>(L/MIN) (%) |
|------------------|--------------|------|-------|--------|--------------------|
| 08/25/2015 10:46 | 98(36.7)     | 16   | 64    | 129/69 |                    |
| 06/11/2015 10:18 | 98.1(36.7)   | 16   | 70    | 139/71 | 94                 |
| 03/05/2015 09:33 | 98.2(36.8)   | 18   | 69    | 158/81 | 96                 |

| Measurement DT   | PAIN | WEIGHT<br>LB(KG) [BMI] |
|------------------|------|------------------------|
| 08/25/2015 10:46 | 2    | 194(88.00) [29*]       |
| 06/11/2015 10:18 | 2    | 189(85.73) [28*]       |
| 03/05/2015 09:33 | 2    | 196.2(88.99) [29*]     |

General: NAD

Lungs: CTA, normal respiratory rate and effort

CV: RRR

#### A/P

1. headaches: improved, followed by neurology at the VA and UCD
2. DM: HA1c good at 6.5.
3. copd: stable.
4. htn: controlled.
5. hlp: ldl at goal.
6. h/o of prostate ca: last psa was undetectable.

#### HM

colonoscopy 2/14, repeat in 5 yrs

psa 6/15

RTC in six mths

Clinical Reminders:

Hepatitis C Testing:

Patient declines HCV lab test.

Sildenafil/Vardenafil Counseling:

The patient was specifically counseled on the possible association of use of PDE inhibitor with NAIION (non-arteritic ischemic optic neuropathy), which can lead to permanent blindness. The patient was instructed to seek medical attention and stop the drug immediately if a sudden loss of vision in one or both eyes occurs.

The patient was counseled that concurrent use of and PDE-I with NITRATES is CONTRAINDICATED. Combined use can lead to profound lowering of blood pressure, which in turn can trigger cardiac events including angina, myocardial infarction, and death.

The patient was counseled to inform other health care providers that they are taking this drug, since alpha-blockers and drugs that inhibit metabolism of PDE-5 Inhibitors may potentiate the hypotensive effects of PDE-5 Inhibitors.

The patient acknowledges that he understands these risks of the medication.

Screen for Abd Aortic Aneurysm:

Order Ultrasound

/es/ Simon Chan, M.D.

Internal Medicine

Signed: 09/08/2015 10:10

## PC Preventive Health 60498

### Details

**Date entered:** August 25, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** AARON TRENT SOPER

**Signed by:** AARON TRENT SOPER

**Date signed:** August 25, 2015

## Note

LOCAL TITLE: PC Preventive Health 60498  
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO  
DATE OF NOTE: AUG 25, 2015@10:44      ENTRY DATE: AUG 25,  
2015@10:44:37  
AUTHOR: SOPER, AARON TRENT      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

### Clinical Reminders:

#### Vitals:

Weight

194 lb (88.2 kg)

Pain

2

BP

129/69

Pulse

64

Temperature

98 F (36.7 C)

Respiratory Rate

16

#### Screen for Falls/Fall Risk:

The patient has not had any falls in the past year.

#### Braden Skin Risk Assessment:

##### BRADEN

The patient's Braden Scale Score is 23. The patient is considered not at risk for development of pressure ulcers.

Sensory perception -- ability to respond meaningfully to pressure-related discomfort

No impairment.

Moisture -- degree to which skin is exposed to moisture

Rarely moist.

Activity -- ability to change and control body position  
Walks frequently.

Mobility -- ability to change and control body position  
No limitation.

Nutrition -- usual food intake patterns  
Excellent.

Friction and shear  
No apparent problem.

LVN Medication Inventory:

LVN MEDICATION INVENTORY

referred to MD. greater than 10.

My HealtheVet Education:

The patient has access or uses the internet.

/es/ Aaron Soper LVN

LVN PRIMARY CARE/MATHER

Signed: 08/25/2015 10:52

## Non VA Care Consult Result Note

### Details

**Date entered:** August 6, 2015

**Location:** MARE ISLAND VA CLINIC

**Written by:** TINA POLITE

**Signed by:** TINA POLITE

**Date signed:** August 6, 2015

### Note

LOCAL TITLE: Non VA Care Consult Result Note

STANDARD TITLE: NONVA CONSULT

DATE OF NOTE: JUL 08, 2015

ENTRY DATE: AUG 06,

2015@10:55:42

AUTHOR: POLITE, TINA

EXP COSIGNER:

URGENCY :  
COMPLETED

STATUS :

\*\*\*\*\*Scanned document attached to this note\*\*\*\*\*  
View attached scanned images(s) by opening Vista Imaging  
Now double click on the TIU Title to view the doc

/es/ POLITE,TINA

Signed: 08/06/2015 10:55

## Non VA Care Consult Result Note

### Details

**Date entered:** August 6, 2015  
**Location:** MARTINEZ VA MEDICAL CENTER  
**Written by:** VANESSA HOOD  
**Signed by:** VANESSA HOOD  
**Date signed:** August 6, 2015

### Note

LOCAL TITLE: Non VA Care Consult Result Note  
STANDARD TITLE: NONVA CONSULT  
DATE OF NOTE: AUG 06, 2015@07:23      ENTRY DATE: AUG 06,  
2015@07:23:10  
AUTHOR: HOOD,VANESSA      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

encounter received & sent to scanning  
The following Non VA Care consult has been completed. See scanned  
document for report.

NON VA Care Consult Results

Other:  
encounter received & sent to scanning

/es/ Vanessa Hood

Telephone Care

Signed: 08/06/2015 07:23

## NFDR Consult

### Details

**Date entered:** July 26, 2015**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SONIA MANSUKHANI**Signed by:** SONIA MANSUKHANI**Date signed:** July 26, 2015

### Note

LOCAL TITLE: NFDR Consult  
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT  
DATE OF NOTE: JUL 26, 2015@17:12      ENTRY DATE: JUL 26,  
2015@17:12:55  
AUTHOR: MANSUKHANI, SONIA      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

65 y/o male patient with cluster headaches and request for an increase in frovatriptan quantity.

Per note/consult: Patient has cluster headaches, requiring frovatriptan in multiple doses. Sumatriptan is not working so he needs more of the frovatriptan tablets. Please approve up to 27 per month.

Current HA RX regimen-

FROVATRIPTAN 2.5MG TAB PKG 9 (Status = ACTIVE)  
TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE,  
MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS  
Last Released: 7/23/15

INDOMETHACIN 25MG CAP (Status = ACTIVE)

TAKE ONE CAPSULE BY MOUTH TWICE A DAY - FOR PAIN OR INFLAMMATION. TAKE AFTER MEALS FOR HEADACHES.

Last Released:

SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT (Status = ACTIVE)

INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.

Last Released: 7/10/15

TOPIRAMATE 50MG TAB (Status = ACTIVE)

TAKE THREE TABLETS BY MOUTH TWICE A DAY FOR HEADACHE PREVENTION.

Last Released: 3/9/15

VERAPAMIL HCL 240MG SA TAB (Status = ACTIVE)

TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE)

Last Released: 4/10/15

A/P: NFDR for an increase in frovatriptan quantity is approved.

Per 7/20/15 telephone neurology note-

Pt has stated his Sumatriptan is no longer effective for his cluster

headaches, it has only been working for an hour to hour and half for

cluster headaches and he is only limited to two injections per day,

states the oxygen therapy has not been effective either. Pt also states Frovatriptan has been effective in helping with his cluster headaches but he is only limited to 9 per month at 2-3 tabs per day.

Pt states he only has 6-9 days of Frovatriptan left and it has been

effective would like to increase the amount of Frovatriptan he is able to have to help him with his cluster headaches. Pt also states

he has been bedridden for 2 days due to headaches, he has been having  
6-8 cluster headaches per day.

If patient is compliant, no renewal NFDR is necessary. Please enter RX for a  
maximum of 3 packages (27 tablets) of frovatriptan for 30 days.

/es/ Sonia Mansukhani, Pharm.D.

Pharmacist

Signed: 07/26/2015 17:23

Receipt Acknowledged By:

07/27/2015 09:54 /es/ Michelle L. Apperson,  
MD

Staff

Neurologist

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** July 22, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** July 29, 2015

### Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: JUL 22, 2015@13:41 ENTRY DATE: JUL 22,  
2015@13:41:03

AUTHOR: BAHTEN, REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment



RONALD CLARK CAMPBELL is 65 year old MALE referred to the Mental Health  
Primary Care Clinic by:

## DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

KNEE CONDITION 10%

S/C

KNEE CONDITION 10%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

BACK STRAIN 20%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

LOWER LEG CONDITION 20%

S/C

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                                                  | Status |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                         |                                                                                                                                                                                                                                  |        |
| 1)                            | ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF<br>ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED<br>TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.                                                                    | ACTIVE |
| 2)                            | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE<br>TIMES A DAY FOR NERVE PAIN                                                                                                                                               | ACTIVE |
| 3)                            | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                     | ACTIVE |
| 4)                            | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1<br>CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -<br>NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT<br>USE WITHIN 24 HRS OF TAKING<br>ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE |
| 5)                            | TOPIRAMATE 50MG TAB TAKE THREE TABLETS BY MOUTH TWICE                                                                                                                                                                            | ACTIVE |

A DAY FOR HEADACHE PREVENTION.

- |    |                                                                                                                |        |
|----|----------------------------------------------------------------------------------------------------------------|--------|
| 6) | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE<br>A DAY - FOR SKIN.                                      | ACTIVE |
| 7) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL<br>USE) | ACTIVE |

Pending Outpatient Medications

Status

- |    |                                                                                                                                                                                                                  |         |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1) | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH<br>AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF<br>MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF<br>NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | PENDING |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|

Active Non-VA Medications

Status

- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

9 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective: Pt describes his life as "epic victories" and "epic battles."  
 Epic Victory: D brought his grandkids to visit--they had been estranged.  
 Epic victory: I am in such good shape,  
 Epic victory: Was asked to coach grandkids in baseball.  
 Epic victory: Got referred out to UC Davis for headaches.  
 Epic battle: to get covered with Medicare for meds  
 Epic battle: Headaches worse, abortive meds don't work  
 Relationship stressors: states he is leaving town to get away from  
 fighting. She  
 is also pressing him for marriage.

Current substance abuse issues: Denied.

Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "This isn't fair."

Affect: appropriate to content, warm, dramatic

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Sees Apperson.

If pain is an ongoing issue, is there a plan to seek care?

#### Assessment:

Pain syndrome, anxiety, not getting any worse  
cluster headaches.

Severe partner relational problems and problems with his children

#### Treatment Recommendations:

Pt's friend took his guns.

Pt tried cookies and they made his headaches worse.

Pt is doing fair on these meds and on Feeling Good.

Does pt need acupuncture again?

GMH for longer-term treatment.

Continue meds without change. Pt is on multiple meds per other MD's that  
will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 2 months.  
Labs per PCP  
Follow-up with PCP for COPD.  
Pt declines follow-up with specialist for sleep study.  
Feeling Good by David Burns.  
Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.  
Pt got his guns back that are with his friends.

Length of today's visit: 30 min.

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

#### MEDICATION RECONCILIATION:

Unable To Complete Reconciliation:

Unable to compare medication changes and unable to complete Medication Reconciliation due to the following:

Reason: Unable to review list

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 07/29/2015 11:08

## Neurology Telephone Note

### Details

**Date entered:** July 20, 2015  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** CHRISTINE NATALIE BATTISTELLA  
**Signed by:** CHRISTINE NATALIE BATTISTELLA  
**Date signed:** July 20, 2015

### Note

LOCAL TITLE: Neurology Telephone Note

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUL 20, 2015@08:34 ENTRY DATE: JUL 20,  
2015@08:34:07

AUTHOR: BATTISTELLA, CHRISTI EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Received call from pt regarding Sumatriptan no longer being effective for his cluster headaches.

Pt verified using 2 forms of Identification: SS# and DOB

Pt has stated his Sumatriptan is no longer effective for his cluster headaches, it has only been working for an hour to hour and half for cluster headaches and he is only limited to two injections per day, states the oxygen therapy has not been effective either. Pt also states Frovatriptan has been effective in helping with his cluster headaches but he is only limited to 9 per month at 2-3 tabs per day. Pt states he only has 6-9 days of Frovatriptan left and it has been effective would like to increase the amount of Frovatriptan he is able to have to help him with his cluster headaches. Pt also states he has been bedridden for 2 days due to headaches, he has been having 6-8 cluster headaches per day.

/es/ Christine Williams-Battistella RN, MSN

Care Manager Neurology/CNL

Signed: 07/20/2015 08:43

Receipt Acknowledged By:

07/22/2015 12:36 /es/ Michelle L. Apperson,  
MD

Staff

Neurologist

## TCP Telephone Care Staff Note

### Details

**Date entered:** June 23, 2015

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** WILLIAM A CARBERRY

**Signed by:** WILLIAM A CARBERRY

**Date signed:** June 23, 2015

### Note

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUN 23, 2015@10:40:58 ENTRY DATE: JUN 23,  
2015@10:42:07  
AUTHOR: CARBERRY, WILLIAM A EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

Type of call: INFORMATION.  
Facility Appointed PCP: CHAN, SIMON  
No Associate Provider Identified  
Team: SAC PACT 12

Caller Response: \*OTHER  
\*\*PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:  
(206)295-2554.  
Contact Phone Number:

The following identifiers were used to verify this patient: SSN.

#### Comments:

mr campbell has an appt with pvt md dr vaughn tomorrow 6/24 he req that his  
lab tests taken on 6/11 be faxed to dr vaughn fax# 530 886 8629 for his  
review

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 06/23/2015 @ 10:40:58 AM

Ending at: 06/23/2015 @ 10:41:30 AM

Length: 0 minutes.

Caller Area: MATHER

Chief Complaint: Not applicable to call.

Identified problem: OTHER SPECIFIED COUNSELING.

Author: CARBERRY, WILLIAM A

/es/ William A. Carberry

Medical Support Assistant

Signed: 06/23/2015 10:42

Receipt Acknowledged By:

06/24/2015 09:03 /es/ Megan Squier RN

BSN

Care Manager Primary

Care

06/23/2015 ADDENDUM

STATUS: COMPLETED

Will FWD to PACT clerk to contact pt to discuss ROI process to obtain lab records.

Pt's other option is to have request for lab work faxed directly to VA from pt's private PCP office.

Please inform pt of options and assist as appropriate.

/es/ Megan Squier RN BSN

Care Manager Primary Care

Signed: 06/24/2015 09:03

Receipt Acknowledged By:

06/25/2015 16:35 /es/ PENMAN, DIANA

L

06/25/2015 ADDENDUM

STATUS: COMPLETED

## UPDATE:

Spoke with patient on the phone this morning at approximately 1030 hours. Patient grateful for call back. I explained to patient that he needed to sign a third party ROI form before we could fax records to DR. Vaughn for today's appointment. Patient advised me that he would get some lunch, stop by VA to get paperwork and then go to his appointment. I advised patient that the paperwork would be at front counter in a folder.

/es/ PENMAN, DIANA L

Signed: 06/25/2015 13:34

06/26/2015 ADDENDUM

STATUS: COMPLETED

## RELEASE OF INFORMATION FORM

Patient did not stop by VA Mather yesterday to sign ROI for his lab results 061115 prior to his appointment with outside provider. I spoke with patient on telephone at this time confirmed his address and advised him that I will mail out to him the ROI form he must sign and to return in the enclosed prepaid envelope on which I wrote "ATTN LAURA - PRIMARY CARE." thank you. \*\*\*note the records and ROI was faxed to the outside dr clinic with the understanding that pt would sign ROI and fax back to us. I have not seen the fax yet.\*\*\*

/es/ PENMAN, DIANA L

Signed: 06/26/2015 13:08

Receipt Acknowledged By:

07/10/2015 10:53 /es/

CRAWLEY, LAURA



## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** June 11, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** June 11, 2015

### Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: JUN 11, 2015@14:42      ENTRY DATE: JUN 11,  
2015@14:42:19

AUTHOR: BAHTEN,REGINA S      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

See also LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: JUN 11, 2015@10:41      ENTRY DATE: JUN 11, 2015@10:41:48

AUTHOR: APPERSON,MICHELLE L      EXP COSIGNER:

RONALD CLARK CAMPBELL is 65 year old MALE referred to the Mental Health  
Primary Care Clinic by:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 60

|                     |     |
|---------------------|-----|
| KNEE CONDITION      | 10% |
| S/C                 |     |
| IMPAIRMENT OF FEMUR | 10% |
| S/C                 |     |
| KNEE CONDITION      | 10% |
| S/C                 |     |
| TRAUMATIC ARTHRITIS | 10% |
| S/C                 |     |
| BACK STRAIN         | 20% |
| S/C                 |     |
| LOWER LEG CONDITION | 20% |
| S/C                 |     |

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                                                              | Status |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                                                                                                      |        |
| 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.                                                 | ACTIVE |
| 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                | ACTIVE |
| 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                       | ACTIVE |
| 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE |
| 5) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR NERVE PAIN                                                                                                                         | ACTIVE |
| 6) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - FOR DIABETES.                                                                                                                            | ACTIVE |
| 7) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                           | ACTIVE |
| 8) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT                                                                                                                                                     | ACTIVE |

BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)

- |     |                                                                                                                                                                                                                                                                                                                                                                                                     |        |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 9)  | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE<br>DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY<br>FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5<br>DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5<br>DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS,<br>THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR<br>MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES<br>ARE FLARING. | ACTIVE |
| 10) | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                                                                                                                                                                        | ACTIVE |
| 11) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1<br>CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -<br>NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT<br>USE WITHIN 24 HRS OF TAKING<br>ERGOTAMINE/ERGOT-CONTAINING DRUGS.                                                                                                                                                                    | ACTIVE |
| 12) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM<br>INHALER BY ORAL INHALATION ONCE DAILY -FOR<br>BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT<br>SWALLOW.                                                                                                                                                                                                                                    | ACTIVE |
| 13) | TOPIRAMATE 50MG TAB TAKE THREE TABLETS BY MOUTH TWICE<br>A DAY FOR HEADACHE PREVENTION.                                                                                                                                                                                                                                                                                                             | ACTIVE |
| 14) | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE<br>A DAY - FOR SKIN.                                                                                                                                                                                                                                                                                                                           | ACTIVE |
| 15) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL<br>USE)                                                                                                                                                                                                                                                                                      | ACTIVE |

#### Active Non-VA Medications

#### Status

- |       |                                                  |
|-------|--------------------------------------------------|
| ===== |                                                  |
| 1)    | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY |
|       | ACTIVE                                           |

16 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective:

"Strike #1," scheduled with the wrong neurologist at UCD.

"Strike #2, abortive treatments no longer 100%, so I have to carry O2 with me and I can't travel."

"Strike #3," sixth course of prednisone.

"Strike #4," GF's M got pneumonia, he has all the bills and all the housework.

When he is in pain, he stays in his room and GF interprets this as his rejecting her and said he might have to move out. D is visiting wife and he is not allowed to see the grandkids.

Has had some red-flag headaches without anger, with sarcastic humor.

Current substance abuse issues: Denied.

#### Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "This isn't fair."

Affect: appropriate to content, warm

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Sees Apperson.

If pain is an ongoing issue, is there a plan to seek care?

## Assessment:

Pain syndrome, anxiety, not getting any worse  
cluster headaches.

Severe partner relational problems and problems with his children

## Treatment Recommendations:

Pt's friend will take his guns.

Pt tried cookies and they made his headaches worse.

Pt is doing fair on these meds and on Feeling Good.

Does pt need acupuncture again?

GMH for longer-term treatment.

Continue meds without change. Pt is on multiple meds per other MD's that  
will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 2 months.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Feeling Good by David Burns.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Pt got his guns back that are with his friends.

Length of today's visit: 30 min.

The risks, benefits, and side effects of psychiatric medications were  
discussed with the patient. The patient expressed understanding and the  
willingness to take medications. YES

## MEDICATION RECONCILIATION:

Unable To Complete Reconciliation:

Unable to compare medication changes and unable to complete Medication  
Reconciliation due to the following:

Reason: Unable to review list

/es/ Regina S. Bahten, MD

Staff Physician-Psychiatrist

Signed: 06/11/2015 16:32

## Neurology 11000

### Details

**Date entered:** June 11, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** MICHELLE L APPERSON

**Signed by:** MICHELLE L APPERSON

**Date signed:** June 11, 2015

### Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: JUN 11, 2015@10:41      ENTRY DATE: JUN 11,  
2015@10:41:48

AUTHOR: APPERSON, MICHELLE L      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

NEUROLOGY ATTENDING FOLLOW UP:

HISTORY OF PRESENT ILLNESS:

This is a 65-year-old man who is here for follow up for cluster headaches, last seen in March 2015. He has been having flares of headaches since April. He has been waiting to be seen by Dr. Lenaerts, and was scheduled with Dr. Zhang instead on 7/20/15. His quality of life has been greatly affected by the headaches. He is only getting 3-4 hours of sleep per night. Sumatriptan injections aren't working as well. Frovatriptan isn't working as well either. Increased topiramate hasn't helped either. He has done several rounds of prednisone during his flares. He stopped taking kudzu root at some point.

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Chronic pain syndrome      12/22/14

BAHTEN, REGINA

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|                                              |          |           |
|----------------------------------------------|----------|-----------|
| 2. Cervical radiculitis (SNOMED CT 11049006) | 07/23/14 | LEE, JEAN |
| 3. Depressive Disorder NOS *                 | 04/02/14 |           |

BAHTEN, REGINA

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|                                           |          |  |
|-------------------------------------------|----------|--|
| 4. Cluster headache (SNOMED CT 193031009) | 02/07/14 |  |
|-------------------------------------------|----------|--|

APPERSON, MICHEL

|                                     |          |  |
|-------------------------------------|----------|--|
| 5. Chronic obstructive lung disease | 01/30/14 |  |
|-------------------------------------|----------|--|

GUPTA, MAMATHA

|                     |          |            |
|---------------------|----------|------------|
| 6. Hypertension Nos | 11/26/13 | CHANG, MYO |
|---------------------|----------|------------|

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|                   |          |            |
|-------------------|----------|------------|
| 7. Hyperlipidemia | 11/26/13 | CHANG, MYO |
|-------------------|----------|------------|

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|                     |          |            |
|---------------------|----------|------------|
| 8. Diabetes Type II | 11/26/13 | CHANG, MYO |
|---------------------|----------|------------|

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|             |          |            |
|-------------|----------|------------|
| 9. Headache | 11/26/13 | CHANG, MYO |
|-------------|----------|------------|

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|                         |          |            |
|-------------------------|----------|------------|
| 10. Carcinoma, Prostate | 11/26/13 | CHANG, MYO |
|-------------------------|----------|------------|

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|                     |          |            |
|---------------------|----------|------------|
| 11. Arthralgias NOS | 11/26/13 | CHANG, MYO |
|---------------------|----------|------------|

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|               |          |            |
|---------------|----------|------------|
| 12. Impotence | 11/26/13 | CHANG, MYO |
|---------------|----------|------------|

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|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 13. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
|-----------------------------------------------|----------|------------|

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#### MEDICATIONS:

##### Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                        | Status |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                                                                |        |
| 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.           | ACTIVE |
| 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE |
| 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE |

- 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF  
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF  
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
- 5) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE ACTIVE  
TIMES A DAY FOR NERVE PAIN
- 6) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY - FOR DIABETES.
- 7) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE  
PUFFS BY ORAL INHALATION TWICE A DAY - FOR  
BREATHING. RINSE MOUTH AFTER USE.
- 8) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)
- 9) PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE ACTIVE  
DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY  
FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5  
DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5  
DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS,  
THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR  
MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES  
ARE FLARING.
- 10) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
- 11) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -  
NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.
- 12) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE  
INHALER BY ORAL INHALATION ONCE DAILY -FOR  
BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
- 13) TOPIRAMATE 50MG TAB TAKE THREE TABLETS BY MOUTH TWICE ACTIVE  
A DAY FOR HEADACHE PREVENTION.
- 14) UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE ACTIVE  
A DAY - FOR SKIN.
- 15) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL  
USE)



| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
| 16 Total Medications                                |        |

## ALLERGIES:

PENICILLIN, PREDNISONE

## EXAMINATION:

VITALS: 06/11/2015 10:18 BP:139/71 HR:70 Wt:189 lb [85.9 kg]

exam deferred

## ASSESSMENT/PLAN:

Cluster HA - severe headaches exacerbated by anxiety of waiting for his UC Davis referral.

- info given about butterbur, Magnesium and CoQ10. He has tried B2 in

the past.

- I will f/u with UCD to see why he was scheduled with Dr. Zhang (maybe for botox inj?)

f/u 2-3 months

/es/ Michelle L. Apperson, MD

Staff Neurologist

Signed: 06/11/2015 11:17

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** April 30, 2015**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** REGINA S BAHTEN**Signed by:** REGINA S BAHTEN**Date signed:** April 30, 2015

### Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: APR 30, 2015@14:25      ENTRY DATE: APR 30,  
2015@14:25:45

AUTHOR: BAHTEN, REGINA S      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 65 year old MALE referred to the Mental Health  
Primary Care Clinic by:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%      VERIFIED

Total S/C %: 60

LOWER LEG CONDITION      20%

S/C

KNEE CONDITION      10%

S/C

IMPAIRMENT OF FEMUR      10%

S/C

KNEE CONDITION      10%

S/C

TRAUMATIC ARTHRITIS      10%

S/C

BACK STRAIN      20%

S/C

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

=====

1)    ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF    ACTIVE  
       ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED  
       TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.

- 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE  
BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO  
IMPROVE BREATHING.
- 3) ALBUTEROL S04 0.083% INHL 3ML UD USE 1 PILLOW IN ACTIVE  
NEBULIZER EVERY 4 HOURS AS NEEDED - TO IMPROVE  
BREATHING.
- 4) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE ACTIVE  
FROM INHALER BY ORAL INHALATION TWICE A DAY FOR  
BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
- 5) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF  
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF  
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
- 6) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE ACTIVE  
TIMES A DAY FOR NERVE PAIN
- 7) LEVOFLOXACIN 500MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE  
DAILY - FOR INFECTION.
- 8) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY - FOR DIABETES.
- 9) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE  
PUFFS BY ORAL INHALATION TWICE A DAY - FOR  
BREATHING. RINSE MOUTH AFTER USE.
- 10) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)
- 11) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE (S)  
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
- 12) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -  
NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.
- 13) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE (S)  
INHALER BY ORAL INHALATION ONCE DAILY -FOR  
BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
- 14) TOPIRAMATE 50MG TAB TAKE THREE TABLETS BY MOUTH TWICE ACTIVE  
A DAY FOR HEADACHE PREVENTION.
- 15) UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE ACTIVE

A DAY - FOR SKIN.

16) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL  
USE)

Active Non-VA Medications

Status

=====

|                                                     |        |
|-----------------------------------------------------|--------|
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|-----------------------------------------------------|--------|

17 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective: Worsening cluster h/a will be referred to UCD, trouble in relationship with GF that he lives with due to his pain and her traumatic past, had lunch with ex-wife and arrived at some peace.

Current substance abuse issues: Denied.

Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomona: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I just don't know, but you can see I have a sense of humor, still...."

Affect: appropriate to content, warm

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

## PAIN EVALUATION:

Is ongoing pain a significant issue?

Is this pt's pain managed by primary care or the pain management program?

If pain is an ongoing issue, is there a plan to seek care?

## Assessment:

Pain syndrome, anxiety, not getting any worse  
cluster headaches.

Severe partner relational problems and problems with his children

## Treatment Recommendations:

Pt is doing great on these meds and on Feeling Good.

Does pt need acupuncture again?

GMH for longer-term treatment.

Pt gave his guns to his buddy, it appears that he would probably be OK to get them back.

Continue meds without change. Pt is on multiple meds per other MD's that will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 2 months.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Feeling Good by David Burns.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Pt got his guns back that are with his friends.

Length of today's visit: 30 min.

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

**MEDICATION RECONCILIATION:**

Unable To Complete Reconciliation:

Unable to compare medication changes and unable to complete Medication Reconciliation due to the following:

Reason: Unable to review list

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 04/30/2015 16:11

## Patient Education/Pharmacy

### Details

**Date entered:** April 27, 2015  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** PETER MANTSCH  
**Signed by:** PETER MANTSCH  
**Date signed:** April 27, 2015

### Note

LOCAL TITLE: Patient Education/Pharmacy  
STANDARD TITLE: PHARMACY EDUCATION NOTE  
DATE OF NOTE: APR 27, 2015@11:20 ENTRY DATE: APR 27,  
2015@11:20:47  
AUTHOR: MANTSCH, PETER EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

CAMPBELL, RONALD CLARK is a 65 year old MALE

The patient was identified by 2 of the 3 following: Stated his/her full name,

full SSN and/or birthdate.

Ht: 69 in [175.3 cm] (08/05/2014 10:52)

Wt: 196.2 lb [89.2 kg] (03/05/2015 09:33)

Calc. creatinine clearance: CrCl=78.3 ml/min (MAY 24, 2014)

Allergies/ADR: PENICILLIN, PREDNISONE

.

The patient or the patient's caregiver received counseling on drug dose, schedule, storage, potential side effects, and significant drug interactions, and the procedure for obtaining refill prescriptions.

The patient or the patient's caregiver expressed satisfactory understanding of the medication regimen and is expected to be compliant with the following regimen.

#### Medications:

ALBUTEROL SO4 0.083% INHL 3ML UD

USE 1 PILLOW IN NEBULIZER EVERY 4 HOURS AS NEEDED - TO IMPROVE

LEVOFLOXACIN 500MG TAB

TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR INFECTION.

The following compliance aids were provided to the patient:

\*Written patient medication information sheet (PMI)

The patient was also educated on:

FLUOROQUINOLONE

The patient was counseled on the use of fluoroquinolone medication as follows:

- a) appropriate timing intervals to separate fluoroquinolones from food, supplements, and medications containing any of the following: magnesium or calcium containing antacids, multivitamins, iron, zinc, and didanosine (antiretroviral) chewable/buffered tablets
- b) adverse reactions to fluoroquinolones including tendon effects such as foot pain and pain in extremities, hypersensitivity reactions such as rashes and itching, central nervous system effects such as drowsiness, Clostridium difficile diarrhea, blood glucose disturbances (hypoglycemia or hyperglycemia), photosensitivity, QT interval prolongation (abnormal heart rate rhythm), and development of drug-resistant bacteria.

78.3(est.) (CREAT:0.94mg/dL 5/24/14)

/es/ Peter Mantsch, PharmD

Signed: 04/27/2015 11:21

## WAVE Visit

### Details

**Date entered:** April 27, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** MEGAN SQUIER

**Signed by:** MEGAN SQUIER

**Date signed:** April 27, 2015

### Note

LOCAL TITLE: WAVE Visit

STANDARD TITLE: PRIMARY CARE NURSING NOTE

DATE OF NOTE: APR 27, 2015@10:30 ENTRY DATE: APR 27,  
2015@14:41:23

AUTHOR: SQUIER, MEGAN

EXP COSIGNER: CHAN, SIMON CHI YAN

URGENCY:

STATUS:

COMPLETED

COUGH

DURATION: 21 Days

RHINORRHEA: Yes

SEASONAL ALLERGIES: No ASTHMA: No COPD: Yes

FEVER BY HISTORY: No

CHILLS: No

FATIGUE: No

CHEST PAIN: No

WHEEZING: Yes (None noted in clinic, reported per pt)

ORTHOPNEA: No

ACE INHIBITOR: No

GENERAL APPEARANCE: Healthy appearing MALE in no apparent distress.

LUNGS:

DECREASED BREATH SOUNDS: No



EQUAL BILATERALLY: Yes  
WHEEZES: Yes -(R lung fields)  
RHONCHI: No  
RALES: No

HEART:  
IRREGULAR: No  
SIGNIFICANT MURMUR No

EDEMA: No 0+

ASSESSMENT:

Pt reports 3 week cough w/ rhinitis since returning from Arizona around April 10th. Family members ill w/ similar symptoms, mother in law hospitalized w/ pneumonia.

Pt denies fever/chills, N/V, sinus pressure. Reports cough is productive w/ "clear mucous" Symptoms worse in the morning, per pt: "My chest feels like it has a lake in it" resolves once cough is initiated to expel mucous. Has been taking 2 Sudafed in the AM w/ moderate temporary relief in conjunction w/ hot tub and steam from humidifier.

Pt began taking Prednisone 8 days ago for cluster headaches, noticed that cough has worsened since starting the Prednisone. Mild SOB, denies CP. Has been using albuterol nebulizer w/ relief, states that he has been using expired Albuterol pillows. Will alert physician to re-order.

PCP evaluated, noted wheezing in RLL. Recommends chest x-ray. Pt is allergic to Penicillin, PCP will order Levaquin and Albuterol pillows for window pick up.

## PLAN:

- 1) Pt directed to complete chest x-ray
- 2) Obtain abx and Albuterol pillows at pharmacy window
- 3) Contact TAN if condition worsens or does not improve

TIME SPENT WITH PATIENT: 15 Minutes.

/es/ Megan Squier RN BSN  
Care Manager Primary Care  
Signed: 04/27/2015 14:42

/es/ Simon Chan, M.D.  
Internal Medicine  
Cosigned: 04/28/2015 10:35

## WAVE Visit

### Details

**Date entered:** April 27, 2015  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** MEGAN SQUIER  
**Signed by:** MEGAN SQUIER  
**Date signed:** April 27, 2015

### Note

LOCAL TITLE: WAVE Visit  
STANDARD TITLE: PRIMARY CARE NURSING NOTE  
DATE OF NOTE: APR 27, 2015@10:30 ENTRY DATE: APR 27,  
2015@11:46:32  
AUTHOR: SQUIER, MEGAN EXP COSIGNER: CHAN, SIMON CHI YAN  
URGENCY: STATUS:  
COMPLETED

COUGH  
DURATION: 21 Days  
RHINORRHEA: Yes

SEASONAL ALLERGIES: No ASTHMA: No COPD: Yes  
FEVER BY HISTORY: No  
CHILLS: No  
FATIGUE: No  
CHEST PAIN: No  
WHEEZING: Yes (None noted in clinic, reported per pt)  
ORTHOPNEA: No  
ACE INHIBITOR: No  
GENERAL APPEARANCE: Healthy appearing MALE in no apparent distress.  
LUNGS:  
DECREASED BREATH SOUNDS: No  
EQUAL BILATERALLY: Yes  
WHEEZES: Yes -(R lung fields)  
RHONCHI: No  
RALES: No

HEART:  
IRREGULAR: No  
SIGNIFICANT MURMUR No

EDEMA: No 0+

#### ASSESSMENT:

Pt reports 3 week cough w/ rhinitis since returning from Arizona around April 10th. Family members ill w/ similar symptoms, mother in law hospitalized w/ pneumonia.

Pt denies fever/chills, N/V, sinus pressure. Reports cough is productive w/ "clear mucous" Symptoms worse in the morning, per pt: "My chest feels like it has a lake in it" resolves once cough is initiated to expel mucous. Has been taking 2 Sudafed in the AM w/ moderate temporary relief in conjunction w/ hot tub and steam from humidifier.

Pt began taking Prednisone 8 days ago for cluster headaches, noticed that cough

has worsened since starting the Prednisone. Mild SOB, denies CP.  
Has been using albuterol nebulizer w/ relief, states that he has been using  
expired Albuterol pillows. Will alert physician to re-order.

PCP evaluated, noted wheezing in RLL. Recommends chest x-ray.  
Pt is allergic to Penicillin, PCP will order Levaquin and Albuterol pillows  
for  
window pick up.

**PLAN:**

- 1) Pt directed to complete chest x-ray
- 2) Obtain abx and Albuterol pillows at pharmacy window
- 3) Contact TAN if condition worsens or does not improve

TIME SPENT WITH PATIENT: 15 Minutes.

/es/ Megan Squier RN BSN  
Care Manager Primary Care  
Signed: 04/27/2015 14:28

/es/ Simon Chan, M.D.  
Internal Medicine  
Cosigned: 04/28/2015 10:36

## PACT Telephone Note

### Details

**Date entered:** April 27, 2015  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** MEGAN SQUIER  
**Signed by:** MEGAN SQUIER  
**Date signed:** April 27, 2015

### Note

LOCAL TITLE: PACT Telephone Note

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: APR 27, 2015@09:20 ENTRY DATE: APR 27,  
2015@09:20:06

AUTHOR: SQUIER, MEGAN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

TELEPHONE NOTE

REFERRAL SOURCE

CARE MANAGEMENT

PATIENT IDENTIFICATION:

RONALD CLARK CAMPBELL

546-80-2701

APR 11, 1950

(206)295-2554

The patient's identity was confirmed with the following items:

DOB.

SSN.

Telephone conversation with veteran/caregiver.

NATURE OF TELEPHONE CONTACT

CARE COORDINATION

ASSESSMENT:

Pt has cough x 3 weeks, began April 10th after trip to Phoenix.

Family members also became ill, mother in law was hospitalized for pneumonia.

Pt reports increase in cough intensity, began Prednisone 8 days ago for "cluster

headaches" and has noted that cough has worsened. Has inhaler but experiencing

increased SOB. Pt is speaking in full sentences, breathing is even and unlabored.

Offered pt TEAM visit today for further evaluation, PCP here until 1200.

Pt states he will come to VA immediately for TEAM appt @ 10:30AM.

PLAN:

TEAM appt 4/27/15 @ 1030AM

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

TELEPHONE TIME:

5-10 Minutes.

/es/ Megan Squier RN BSN

Care Manager Primary Care

Signed: 04/27/2015 09:27

## TCP Telephone Care Staff Note

### Details

**Date entered:** April 27, 2015

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** MELISSA G MARSTON

**Signed by:** MELISSA G MARSTON

**Date signed:** April 27, 2015

### Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: APR 27, 2015@08:50:08 ENTRY DATE: APR 27,  
2015@08:51:27

AUTHOR: MARSTON, MELISSA G

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of call: SYMPTOM.  
Facility Appointed PCP: CHAN, SIMON  
No Associate Provider Identified  
Team: SAC PACT 12

Caller Response: APPT NEXT DAY  
\*\*PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:  
(206)295-2554.  
Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: DOB. SSN.

Comments:  
pt has a cold with sever cough.chan,s - ERF

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).  
Original call started at: APR 27, 2015 @ 08:16 (Call was suspended)  
- FIELDS, ERIC APR 27, 2015@08:16:07 - APR 27, 2015@08:19:40  
Ending at: 04/27/2015 @ 8:50:30 AM  
Length: 3 minutes. (Call was suspended. This call length is the total  
amount of  
time spent "active" in Telecare Record Manager.)  
Caller Area: MATHER

Chief Complaint: Not applicable to call.

referred to PACT RN for timely f/u  
Identified problem: OTHER SPECIFIED COUNSELING.  
Author: MAGENAU, MELISSA

/es/ Melissa Magenau, RN CDE  
Acting Nurse Manager  
Signed: 04/27/2015 08:51

Receipt Acknowledged By:  
04/27/2015 09:19 /es/ Megan Squier RN  
BSN

Care Manager Primary

Care

## Telephone Care VISN 21 Note

### Details

**Date entered:** April 26, 2015

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** MATTHEW N MCVAY

**Signed by:** MATTHEW N MCVAY

**Date signed:** April 26, 2015

### Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: APR 26, 2015@18:34:02 ENTRY DATE: APR 26,  
2015@18:46:41

AUTHOR: MCVAY, MATTHEW N

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*PATIENT called in for CAMPBELL, RONALD CLARK (546802701) Phone:  
(206)295-2554.

The following identifiers were used to verify this patient: DOB. SSN.

Contact Phone Number: (206)295-2554

Caller Area: MATHER

Type of call: SYMPTOM.

Facility Appointed PCP: CHAN, SIMON

No Associate Provider Identified

Team: SAC PACT 12

Chief Complaint: Chest Congestion

Comments:

Matthew (c2701) MSA: "cold, with sever cough, COPD Pt."

Caller Response: APPT WITHIN 72 HRS

Patient/Caller agrees with plan.



Identified problem: OTHER SPECIFIED COUNSELING.

#### DSHI Disposition Report

Veteran Name: RONALD CLARK CAMPBELL

Veteran SSN: 546802701

Gender: 65 y/o Male

Chief Complaint: Chest Congestion

Duration of Complaint: 4 Weeks

#### RESULTS

System Concern: Acute Bronchitis

System Recommendation: 2-3 days

Nurse Recommendation: 2-3 days

Recommended Follow-up location: Physician office

Patient agreement: Yes

Temperature: 98.8 F

Pulse: not taken

Respiratory rate: not taken

Serum glucose: not measured

#### NURSE COMMENTS

Pt. with COPD hx. describing four week onset of chest congestion with non-purulent productive cough. Pt. endorses "more wheezing than usual even using my albuterol inhaler". VHJ recommendation for 2-3 days and pt. agrees to recontact VANCHCS TLC tomorrow morning for PCP scheduling.

#### POSITIVE RESPONSES

- + HPI: cough, new or worsening
- + HPI: dyspnea, episodic, duration longer than 2 weeks
- + HPI: dyspnea, new or worsening
- + HPI: wheezing, new or worsening
- + PMH: diabetes
- + PMH: type 2 diabetes

#### NEGATIVE RESPONSES

- HPI: arm pain, with dyspnea
- HPI: chest pain, new or worsening
- HPI: chest pain, pleuritic
- HPI: confined passenger travel, duration longer than 6 hours, within past

weeks

- HPI: cough, purulent sputum
- HPI: diaphoresis, with dyspnea
- HPI: dyspnea on exertion, during normal activities
- HPI: dyspnea, duration longer than 30 minutes
- HPI: dyspnea, moderate to severe
- HPI: dyspnea, sudden onset
- HPI: dyspnea, worsening
- HPI: fever, subjective
- HPI: hemoptysis
- HPI: high altitude exposure over 6,000 feet
- HPI: jaw pain, with dyspnea
- HPI: leg pain, worsening
- HPI: leg swelling, bilateral, worsening
- HPI: leg swelling, unilateral
- HPI: lightheadedness, with dyspnea
- HPI: melena
- HPI: mental status change, confusion
- HPI: mental status change, lethargy
- HPI: myalgias
- HPI: nausea or vomiting, with dyspnea
- HPI: nonambulatory, confined to bed or wheelchair, over 4 days
- HPI: orthopnea, need to elevate head of bed
- HPI: paroxysmal nocturnal dyspnea
- HPI: syncope, with dyspnea
- HPI: weakness, fatigue, more than usual
- HPI: weakness, with the dyspnea
- MEDS: chemotherapy
- MEDS: home oxygen
- MEDS: insulin
- PMH: angina
- PMH: asthma
- PMH: CHF
- PMH: DVT
- PMH: heart attack
- PMH: HIV positive
- PMH: kidney failure, receiving dialysis
- PMH: pulmonary embolism
- PMH: sickle cell anemia
- PMH: stroke or TIA

- PSH: organ transplant
- PSH: spleen removed
- PSH: surgery, trunk or abdomen, within past month

## ADDITIONAL INFORMATION

Type of call: Symptom information

Pain level: 2

Encounter start: Mon, 27 Apr 2015 01:35:10 +0000 UTC

Encounter duration: 11 minutes 10 seconds

Nurse name: MCVAY, MATTHEW N

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: APR 26, 2015 @ 17:44 (Call was suspended)

- NEIDICH, DOV APR 26, 2015@17:44:37 - APR 26, 2015@17:45:58
- MCVAY, MATTHEW N APR 26, 2015@17:51:07 - APR 26, 2015@17:52:07

Ending at: 04/26/2015 @ 6:44:25 PM

Length: 12 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Author: MCVAY, MATTHEW N

/es/ Matthew N. McVay, RN

Telephone Advice Nurse

Signed: 04/26/2015 18:46

Receipt Acknowledged By:

04/27/2015 13:06 /es/ Simon Chan,  
M.D.

Internal

Medicine

## Neurology 11000

### Details

**Date entered:** March 5, 2015**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MICHELLE L APPERSON

**Signed by:** MICHELLE L APPERSON**Date signed:** March 5, 2015**Note**

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E &amp; M NOTE

DATE OF NOTE: MAR 05, 2015@09:42 ENTRY DATE: MAR 05,  
2015@09:42:37

AUTHOR: APPERSON, MICHELLE L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

NEUROLOGY ATTENDING FOLLOWUP:

## HISTORY OF PRESENT ILLNESS:

This is a 64-year-old right-handed man with cluster headaches, here for follow up for recent flare. He treats flares with prednisone, although he had had breakthrough headaches even during the prednisone starting in January 2015. He started getting more during the daytime, then for the last week, he has been getting them every hour. He has gone through multiple tanks of O2. He just started prednisone yesterday.

No known trigger of the cluster HA. He has never tried to quit caffeine. April thought he was changing to Medicare and he had to clarify that he is still a VA patient or they were going to take his Oxygen away.

He has neck problems and has problems using the left hand to play guitar because of flexion weakness. He was given a piano and has picked it up really easily. He is writing music now with his son who lives in Japan.

## PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Chronic pain syndrome 12/22/14

BAHTEN, REGINA

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| S                                             |          |            |
| 2. Cervical radiculitis (SNOMED CT 11049006)  | 07/23/14 | LEE, JEAN  |
| 3. Depressive Disorder NOS *                  | 04/02/14 |            |
| BAHTEN, REGINA                                |          |            |
| S                                             |          |            |
| 4. Cluster headache (SNOMED CT 193031009)     | 02/07/14 |            |
| APPERSON, MICHEL                              |          |            |
| 5. Chronic obstructive lung disease           | 01/30/14 |            |
| GUPTA, MAMATHA                                |          |            |
| 6. Hypertension Nos                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 7. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 8. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Headache                                   | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Carcinoma, Prostate                       | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 12. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 13. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

# MEDICATIONS:

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                              | Status     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                                                                                                                                                      |            |
| 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. | ACTIVE     |
| 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                | ACTIVE     |
| 3) AZITHROMYCIN 250MG TAB TAKE TWO TABLETS BY MOUTH ONCE DAILY FOR 1 DAY, THEN TAKE ONE TABLET ONCE DAILY FOR 4 DAYS - FOR INFECTION.                      | ACTIVE     |
| 4) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE                                                                                                   | ACTIVE (S) |

FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.

- |     |                                                                                                                                                                                                                                                                                                                                                                                |            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 5)  | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR NERVE PAIN                                                                                                                                                                                                                                                                                                | ACTIVE     |
| 6)  | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - FOR DIABETES.                                                                                                                                                                                                                                                                                                   | ACTIVE (S) |
| 7)  | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                                                                                                                                                                                                  | ACTIVE (S) |
| 8)  | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                                                                                                                                                                                          | ACTIVE (S) |
| 9)  | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. | ACTIVE     |
| 10) | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                                                                                                                                                      | ACTIVE     |
| 11) | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                                                                                                                                                                        | ACTIVE     |
| 12) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.                                                                                                                                                           | ACTIVE     |
| 13) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                                                                                                                                                                                        | ACTIVE     |
| 14) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE FOR MIGRAINE                                                                                                                                                                                                                                                                                                   | ACTIVE (S) |
| 15) | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE A DAY - FOR SKIN.                                                                                                                                                                                                                                                                                                         | ACTIVE     |
| 16) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL                                                                                                                                                                                                                                                                            | ACTIVE (S) |

USE)

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
| 17 Total Medications                                |        |

ALLERGIES: PENICILLIN, PREDNISONE

EXAMINATION:

VITALS: 03/05/2015 09:33 BP:158/81 HR:69 Wt:196.2 lb [89.2 kg

Exam deferred, brief HA followup.

ASSESSMENT/PLAN:

1. Cluster Headaches - poorly controlled since January with inadequate, transient response to oral prednisone tapers. He is interested in any other

treatments and would like to have referral to a headache specialist.

- increase topiramate to 150 mg bid.

- fee basis referral to Dr. Mark Lenaerts at UC Davis

2. Neck pain and finger flexion weakness - most likely from known neck degenerative disc disease. He is very reluctant to consider surgery and has done

some acupuncture in the past.

f/u in 3 mos

/es/ Michelle L. Apperson, MD

Staff Neurologist

Signed: 03/05/2015 12:21

## Injections, Immunizations, Skin Tests

### Details

**Date entered:** February 9, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** KYLE SNOW**Signed by:** KYLE SNOW**Date signed:** February 9, 2015

## Note

LOCAL TITLE: Injections, Immunizations, Skin Tests

STANDARD TITLE: IMMUNIZATION NOTE

DATE OF NOTE: FEB 09, 2015@11:06 ENTRY DATE: FEB 09,  
2015@11:06:07

AUTHOR: SNOW, KYLE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

The patient received pneumococcal polysaccharide vaccine PPSV23  
(Pneumovax) 0.5ml IM today in Left Deltoid.

Manufacturer/Lot #: Merck/Lot#/Exp date: K016295

Administered by protocol/policy

Complications: None

The pneumococcal polysaccharide vaccine PPSV23 (Pneumovax) VIS was given  
to the patient today. VIS version date Oct 6, 2009.

/es/ Kyle Snow, LVN

Staff LVN, Primary Care

Signed: 02/09/2015 11:06

## Primary Care Note

### Details

**Date entered:** February 9, 2015**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** SIMON CHI YAN CHAN**Signed by:** SIMON CHI YAN CHAN**Date signed:** March 12, 2015



**Note**

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: FEB 09, 2015@10:30 ENTRY DATE: FEB 09,  
2015@10:30:35

AUTHOR: CHAN, SIMON CHI YAN EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

\*\*\* Primary Care Note Has ADDENDA \*\*\*

C. C.: Here for follow-up

ID: verified by name, dob, last 4 of SSN

HPI:

Headache improved, going to switch to ucd doctors when he is 65. Weight improved.

PHM: Computerized Problem List is the source for the following:

|                                              |          |            |
|----------------------------------------------|----------|------------|
| 1. Chronic pain syndrome                     | 12/22/14 |            |
| BAHTEN, REGINA                               |          |            |
| S                                            |          |            |
| 2. Cervical radiculitis (SNOMED CT 11049006) | 07/23/14 | LEE, JEAN  |
| 3. Depressive Disorder NOS *                 | 04/02/14 |            |
| BAHTEN, REGINA                               |          |            |
| S                                            |          |            |
| 4. Cluster headache (SNOMED CT 193031009)    | 02/07/14 |            |
| APPERSON, MICHEL                             |          |            |
| 5. Chronic obstructive lung disease          | 01/30/14 |            |
| GUPTA, MAMATHA                               |          |            |
| 6. Hypertension Nos                          | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 7. Hyperlipidemia                            | 11/26/13 | CHANG, MYO |
| S                                            |          |            |

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 8. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Headache                                   | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Carcinoma, Prostate                       | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 12. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 13. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

Medications:  
Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                                                              | Status |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                                                                                                      |        |
| 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.                                                 | ACTIVE |
| 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                | ACTIVE |
| 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                       | ACTIVE |
| 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE |
| 5) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR NERVE PAIN                                                                                                                         | ACTIVE |
| 6) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - FOR DIABETES.                                                                                                                            | ACTIVE |
| 7) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                           | ACTIVE |
| 8) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT                                                                                                                                                     | ACTIVE |

BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)

- |     |                                                                                                                                                                                                                                                                                                                                                                                |            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 9)  | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. | ACTIVE     |
| 10) | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                                                                                                                                                      | ACTIVE (S) |
| 11) | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                                                                                                                                                                        | ACTIVE     |
| 12) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.                                                                                                                                                           | ACTIVE     |
| 13) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                                                                                                                                                                                        | ACTIVE (S) |
| 14) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE                                                                                                                                                                                                                                                                                                       | ACTIVE (S) |
| 15) | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE A DAY - FOR SKIN.                                                                                                                                                                                                                                                                                                         | ACTIVE     |
| 16) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE)                                                                                                                                                                                                                                                                       | ACTIVE (S) |

#### Active Non-VA Medications

#### Status

- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

17 Total Medications

Allergies: PENICILLIN, PREDNISONE

## Vitals:

| Measurement | DT    | TEMP<br>F(C) | RESP | PULSE | BP     | POx<br>(L/MIN) (%) |
|-------------|-------|--------------|------|-------|--------|--------------------|
| 02/09/2015  | 10:12 |              |      | 72    | 147/74 |                    |
| 02/09/2015  | 10:06 | 97.6(36.4)   | 18   | 75    | 145/79 |                    |
| 12/04/2014  | 11:06 | 98(36.7)     | 18   | 60    | 130/80 | 98                 |

| Measurement | DT    | PAIN | WEIGHT<br>LB(KG) [BMI] |
|-------------|-------|------|------------------------|
| 02/09/2015  | 10:12 |      |                        |
| 02/09/2015  | 10:06 | 2    | 187(84.82) [28*]       |
| 12/04/2014  | 11:06 | 4    | 182(82.55) [27]        |

General: NAD

Lungs: CTA, normal respiratory rate and effort

CV: RRR

A/P

1. ha: improved.
2. dm: labs this month and in 5.5 mths
3. htn: borderline.

RTC in this month and in 6 mths

## Clinical Reminders:

Pneumococcal PPSV23 (Pneumovax):

\*\* See orders.

/es/ Simon Chan, M.D.

Internal Medicine

Signed: 03/12/2015 22:43

04/08/2015 ADDENDUM

STATUS: COMPLETED

Pt contacted by Clinical Pharmacy office to discuss potential enrollment into

HTN Shared Medical Appointment. Classes usually held every other Wed @230pm.

Described class goals and structure to pt. Informed by pt that he was not interested in participating at this time.

/es/ Christian R. Dolder, Pharm.D. BCPS  
Clinical Pharmacist  
Signed: 04/08/2015 16:43

07/22/2015 ADDENDUM STATUS: COMPLETED  
Schedule F2F by mid August. Have pt obtain labs prior.

/es/ Simon Chan, M.D.  
Internal Medicine  
Signed: 07/22/2015 15:39

Receipt Acknowledged By:  
07/31/2015 14:15 /es/ PENMAN, DIANA  
L

07/25/2015 ADDENDUM STATUS: COMPLETED  
Call pt, due for appt with labs prior within 30 days.

/es/ Simon Chan, M.D.  
Internal Medicine  
Signed: 07/25/2015 12:27

Receipt Acknowledged By:  
07/28/2015 09:52 /es/ PENMAN, DIANA  
L

07/28/2015 ADDENDUM STATUS: COMPLETED  
1st ATTEMPT

Attempted to contact patient to schedule F2F appt with provider. Left voice mail message at 206-295-2554 advising patient to call vets connect line to schedule

that appointment and to complete FastLabs prior to that appointment.

/es/ PENMAN, DIANA L

Signed: 07/28/2015 09:54

## PC Preventive Health 60498

### Details

**Date entered:** February 9, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** KYLE SNOW

**Signed by:** KYLE SNOW

**Date signed:** February 9, 2015

### Note

LOCAL TITLE: PC Preventive Health 60498

STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO

DATE OF NOTE: FEB 09, 2015@10:06 ENTRY DATE: FEB 09,  
2015@10:06:38

AUTHOR: SNOW, KYLE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

### Clinical Reminders:

#### Vitals:

Weight

187 lb (85 kg)

Pain

2

BP

145/79

Pulse

75

Temperature

97.6 F (36.4 C)

Respiratory Rate

18

## Alcohol Abuse Screen (AUDIT-C):

## SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

## Tetanus-Diphtheria-(Pertussis):

The patient declines to be immunized.

## Tetanus-Diphtheria-(Pertussis):

Tetanus/diphtheria/pertussis booster was ordered.

## Pneumococcal PPSV23 (Pneumovax):

\*\* See orders.

## My HealtheVet Education:

The patient has access or uses the internet.

The patient is not registered for My HealtheVet.

The patient was educated on the availability and features of My HealtheVet and given handouts on how to access it and how to get the IPA process completed.

## Homelessness Screening:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

## Vitals:

BP

147/74

Pulse

72

/es/ Kyle Snow, LVN  
Staff LVN, Primary Care  
Signed: 02/09/2015 10:12

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** February 2, 2015  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** REGINA S BAHTEN  
**Signed by:** REGINA S BAHTEN  
**Date signed:** February 4, 2015

### Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up  
STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE  
DATE OF NOTE: FEB 02, 2015@11:43      ENTRY DATE: FEB 02,  
2015@11:43:17  
AUTHOR: BAHTEN, REGINA S      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 64 year old MALE referred to the Mental Health  
Primary Care Clinic by: Chan.

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%      VERIFIED  
Total S/C %: 60

KNEE CONDITION      10%  
S/C  
KNEE CONDITION      10%



|                     |     |
|---------------------|-----|
| S/C                 |     |
| TRAUMATIC ARTHRITIS | 10% |
| S/C                 |     |
| IMPAIRMENT OF FEMUR | 10% |
| S/C                 |     |
| BACK STRAIN         | 20% |
| S/C                 |     |
| LOWER LEG CONDITION | 20% |
| S/C                 |     |

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                                                              | Status     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                                                                                                                                                                                                      | =====      |
| 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.                                                 | ACTIVE     |
| 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                | ACTIVE     |
| 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                       | ACTIVE     |
| 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE     |
| 5) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR NERVE PAIN                                                                                                                         | ACTIVE (S) |
| 6) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - FOR DIABETES.                                                                                                                            | ACTIVE     |
| 7) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                           | ACTIVE     |
| 8) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                   | ACTIVE     |
| 9) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY                                                                                                                                                        | ACTIVE (S) |

MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.

- |     |                                                                                                                                                                                                                      |            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 10) | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                              | ACTIVE     |
| 11) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE     |
| 12) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                              | ACTIVE (S) |
| 13) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE                                                                                                                                             | ACTIVE (S) |
| 14) | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE A DAY - FOR SKIN.                                                                                                                                               | ACTIVE     |
| 15) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE)                                                                                                             | ACTIVE (S) |

#### Active Non-VA Medications

#### Status

- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

16 Total Medications

Other Mental Health Providers, including Vet Center Staff:

#### Subjective:

Has been feeling better since he bought "Feeling Good" and roommate is also reading it. Really like the class "Moving Forward." "The tornados stopped." HE is writing things doown and this is VERY helpful. Divorce is final (I miss that old friend) and BIL died (they were close friends), his new GF proposed, spent \$8K on various things for his first burst of fun. Still had not recovered his ability to play guitar. Refers to GF as

roommate. Headaches are not as bad, sporadic rather than nightly. Got offered a job which he will take.

Stopped gabapentin for nerve pain, but his guitar playing is the marker for his pain, still able to play.

Is looking into doing something with Kiwanis club and vets.

Had a great experience with his GF's son who now likes him after a shooting instruction.

Roommates wants to reports good function in

#### PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Yes

If pain is an ongoing issue, is there a plan to seek care? Yes, neuro

#### Assessment:

Pain syndrome, anxiety, not getting any worse cluster headaches.

Severe partner relational problems and problems with his children

#### Treatment Recommendations:

Pt is doing great on these meds and on Feeling Good.

Does pt need acupuncture again?

GMH for longer-term treatment.

Pt gave his guns to his buddy, it appears that he would probably be OK to get them back.

Continue meds without change. Pt is on multiple meds per other MD's that will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 2 months.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Feeling Good by David Burns.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Pt got his guns back that are with his friends.

Length of today's visit: 30 min.

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

/es/ Regina S. Bahten, MD

Staff Physician-Psychiatrist

Signed: 02/04/2015 16:54

## MH Group Psychotherapy

### Details

**Date entered:** January 27, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JENNIFER OWEN

**Signed by:** JENNIFER OWEN

**Date signed:** January 30, 2015

### Note

LOCAL TITLE: MH Group Psychotherapy

STANDARD TITLE: MENTAL HEALTH OUTPATIENT GROUP COUNSELING NOTE

DATE OF NOTE: JAN 27, 2015@14:30 ENTRY DATE: JAN 30,

2015@08:55:37

AUTHOR: OWEN, JENNIFER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MH-Group Psychotherapy

Program: Moving Forward

Counselor: Jennifer Owen LCSW

Length of Session (minutes): 60 minutes

Format of Session: Face to Face

Group Description: Moving Forward is a 4 week problem-solving training program that emphasizes prevention and resilience. The program is based on the principles of Problem Solving Therapy and focuses on teaching awareness of emotions, personally relevant goals, and adaptive problem-solving attitudes and skills. The group teaches skills for reducing the stress involved in facing a problem, reframing the problem in a clearer and more manageable way, and developing a well thought-out plan for dealing with the problem.

Group Themes: The group will be divided into four sessions, which will each focus on a different aspect of Moving Forward: Problem Solving Training.

Group Process/Dynamics: Each week the patients will be asked to practice the tools learned in the previous session. The group will review progress on the homework and related skills, and then new skills will be presented for the week, with the expectation that patients will practice these skills over the next week.

Delivered session 4 of 4 Problem Solving Training. Practiced applying rational

problem solving skills to a hypothetical problem. Worked on future forecasting and planning ahead in order to work on problems in the future. Provided copies of the Problem Solving Worksheet for future use. The Veteran's participation in this intervention is now completed.

Patient's response to group content and patient's participation: Veteran was an active participant in the group and seemed to have a good understanding of how to use the Problem Solving Worksheet. He did a great job coming up with solutions to the problem presented, and reported that the process was helpful to him.

Plan: Continue to practice skills independently. Veterans were given the web address of a site where they can refresh their knowledge of this program.

Number in group: 4

Time In: 1430

Time Out: 1530

/es/ Jennifer Owen LCSW

GMH Social Worker

Signed: 01/30/2015 08:58

## MH Individual Psychotherapy Note

### Details

**Date entered:** January 27, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JENNIFER OWEN

**Signed by:** JENNIFER OWEN

**Date signed:** January 30, 2015

**Note**

LOCAL TITLE: MH Individual Psychotherapy Note

STANDARD TITLE: MENTAL HEALTH PHYSICIAN NOTE

DATE OF NOTE: JAN 27, 2015@14:00      ENTRY DATE: JAN 30,  
2015@08:42:17

AUTHOR: OWEN, JENNIFER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

RONALD CLARK CAMPBELL is a 64 year old WHITE MALE.

Other Mental Health Providers, including Vet Center Staff:

PURPOSE FOR SESSION:

Cognitive psychotherapy

TIME SPENT WITH PATIENT:

16-37 minutes (CPT: 90832)

SUBJECTIVE CONTENT OF SESSION: Met with Veteran to review the information he missed during the last PST class, as he was on vacation in Maui last week. Went over the problem solving worksheet and how to use it. Veteran talked about his realization that writing things down had been his way of keeping on top of things when he was working, and that works for him in his personal life, as well. He came to this realization after we discussed the Externalize skill in the Problem Solving group.

OBJECTIVE/INTERVENTION: Provided active listening, positive reinforcement, and

psychoeducation.

ASSESSMENT:/MSE:

Appearance and Behavior: 64 yr old caucasian male, appears stated age, casually dressed, good G&H, good eye contact

Demeanor: pleasant and easily engaged

Speech: wnl

Mood/Affect: euthymic/broad

Suicidal/Homicidal/Assaultive Ideation/Intent/Plan: none

If yes, describe

Lethality of plan:

Firearms or other weapons at home?

If yes, describe plan for means restriction:

Critical event/loss/stress:

History of attempts:

Impulsive behavior:

Support system:

Thought process: linear

Psychotic symptoms/Thought content: none

Insight/Judgment: good/good

DIAGNOSIS: Depressive D0 NOS

PLAN:

1. Veteran to attend the final PST class today.

/es/ Jennifer Owen LCSW

GMH Social Worker

Signed: 01/30/2015 08:47

## MH Group Psychotherapy

### Details



**Date entered:** January 13, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JENNIFER OWEN

**Signed by:** JENNIFER OWEN

**Date signed:** January 16, 2015

## Note

LOCAL TITLE: MH Group Psychotherapy  
STANDARD TITLE: MENTAL HEALTH OUTPATIENT GROUP COUNSELING NOTE  
DATE OF NOTE: JAN 13, 2015@15:30 ENTRY DATE: JAN 16,  
2015@15:06:59

AUTHOR: OWEN, JENNIFER

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MH-Group Psychotherapy

Program: Moving Forward

Counselor: Jennifer Owen LCSW

Length of Session (minutes): 60 minutes

Format of Session: Face to Face

Group Description: Moving Forward is a 4 week problem-solving training program that emphasizes prevention and resilience. The program is based on the principles of Problem Solving Therapy and focuses on teaching awareness of emotions, personally relevant goals, and adaptive problem-solving attitudes and skills. The group teaches skills for reducing the stress involved in facing a problem, reframing the problem in a clearer and more manageable way, and developing a well thought-out plan for dealing with the problem.

Group Themes: The group will be divided into four sessions, which will each

focus on a different aspect of Moving Forward: Problem Solving Training.

Group Process/Dynamics: Each week the patients will be asked to practice the tools learned in the previous session. The group will review progress on the homework and related skills, and then new skills will be presented for the week, with the expectation that patients will practice these skills over the next week.

Delivered session 2 of 4 Problem Solving Training. Gave Veteran a toolkit to help improve problem solving. Techniques included visualization, externalization, and simplification. Provided examples of effective problem solving and worked on ways to incorporate these ideas into Veteran's daily life.

Patient's response to group content and patient's participation: Veteran was an active participant in the class. He seemed to understand the concepts discussed and was able to give examples of how he can use them in his daily life.

Plan: Introduce Planful Problem Solving Worksheet.

Number in group: 6

Time In: 1430

Time Out: 1530

/es/ Jennifer Owen LCSW

GMH Social Worker

Signed: 01/16/2015 15:07

## PC Provider Change Note

**Details****Date entered:** January 8, 2015**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** WILLIAM EDWARDS**Signed by:** WILLIAM EDWARDS**Date signed:** January 8, 2015**Note**

LOCAL TITLE: PC Provider Change Note  
STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE  
DATE OF NOTE: JAN 08, 2015@09:10      ENTRY DATE: JAN 08,  
2015@09:10:07  
AUTHOR: EDWARDS, WILLIAM      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Who requested the change - Administrative.

Why was the request made - administrative purpose

When was the change made: Jan 8, 2015.

Who made the change: w edwards

Request approved by: per dr eluie

/es/ William Edwards  
Medical Support Assistant  
Signed: 01/08/2015 09:10

**Pulmonary-Home Oxygen Note 60323****Details****Date entered:** January 7, 2015**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** DIANNE E WILLIAMS**Signed by:** DIANNE E WILLIAMS**Date signed:** January 7, 2015**Note**

LOCAL TITLE: Pulmonary-Home Oxygen Note 60323

STANDARD TITLE: PULMONARY NOTE

DATE OF NOTE: JAN 07, 2015@10:54      ENTRY DATE: JAN 07,  
2015@10:54:28

AUTHOR: WILLIAMS, DIANNE E      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

This is the annual home O2 renewal phone f/u for this 64 year old male, who was

identified via dob and ss. He is followed by neurology for cluster headaches

and uses high flow O2 PRN for relief of pain. Notes dated 12/4/2014:

## NEUROLOGY ATTENDING FOLLOWUP:

HPI: This is a 64-year-old man with cluster headaches. He had a flare of

headaches at the end of September. He tried sumatriptan and then frovatriptan

without relief. He then started prednisone with relief within 48 hours.

Tapered

off by 10/31. Then headaches again 11/11-11/28/14 off and on. Treating with the

injections with relief. He started taking kudzu root and had no headaches for a

few days. On 12/2/14, he had a very stressful day with his supposedly uncontested divorce in the state of Washington. The night before the divorce was

to be final, he was called by an attorney that his wife had hired. His pulse was

192. He had a headache that night. The last time he took prednisone in 7/2014,

the headaches returned within 10 days or so.

He says that his neck and left arm weakness is improved, but he is unable to play guitar because his left 5th finger doesn't completely flex well.

Based on these notes and his f/u visits, his O2 will be renewed.

/es/ Dianne E. Williams, RRT-NPS, CPFT  
Respiratory Therapist, Pulmonary Function Lab  
Signed: 01/07/2015 10:56

Receipt Acknowledged By:

01/08/2015 13:55 /es/ Timothy E. Albertson,  
M.D.

Staff Physician,

Pulmonary

01/09/2015 12:45 /es/ Michelle L. Apperson,  
MD

Staff

Neurologist

## MH Group Psychotherapy

### Details

**Date entered:** January 6, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JENNIFER OWEN

**Signed by:** JENNIFER OWEN

**Date signed:** January 9, 2015

### Note

LOCAL TITLE: MH Group Psychotherapy  
STANDARD TITLE: MENTAL HEALTH OUTPATIENT GROUP COUNSELING NOTE  
DATE OF NOTE: JAN 06, 2015@15:30 ENTRY DATE: JAN 09,  
2015@08:45:54  
AUTHOR: OWEN, JENNIFER EXP COSIGNER:

URGENCY :

STATUS :

COMPLETED

MH-Group Psychotherapy

Program: Moving Forward

Counselor: Jennifer Owen LCSW

Length of Session (minutes): 60 minutes

Format of Session: Face to Face

Group Description: Moving Forward is a 4 week problem-solving training program that emphasizes prevention and resilience. The program is based on the principles of Problem Solving Therapy and focuses on teaching awareness of emotions, personally relevant goals, and adaptive problem-solving attitudes and skills. The group teaches skills for reducing the stress involved in facing a problem, reframing the problem in a clearer and more manageable way, and developing a well thought-out plan for dealing with the problem.

Group Themes: The group will be divided into four sessions, which will each focus on a different aspect of Moving Forward: Problem Solving Training.

Group Process/Dynamics: Each week the patients will be asked to practice the tools learned in the previous session. The group will review progress on the homework and related skills, and then new skills will be presented for the week, with the expectation that patients will practice these skills over the next week.

Delivered session 1 of 4 Problem Solving Training. Provided an introduction to

Problem Solving Training, which included an assessment of problem solving styles. Discussed the difference between positive and negative orientations to solving life's problems. Used visualization technique to demonstrate the feeling of success when solving problems. Provided a text manual for Veteran to use at home while practicing this technique.

Patient's response to group content and patient's participation: Veteran was engaged and shared problems and life stressors he's currently facing. He was able to identify his problem solving style. He seemed to have a good grasp on how to use Toolkit #1.

Plan: Introduce Toolkit #2 & #3.

Number in group: 6

Time In: 1430

Time Out: 1530

/es/ Jennifer Owen LCSW

GMH Social Worker

Signed: 01/09/2015 08:46

## MH General

### Details

**Date entered:** January 5, 2015

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JENNIFER OWEN

**Signed by:** JENNIFER OWEN

**Date signed:** January 5, 2015

### Note

LOCAL TITLE: MH General  
STANDARD TITLE: MENTAL HEALTH NOTE  
DATE OF NOTE: JAN 05, 2015@15:29      ENTRY DATE: JAN 05,  
2015@15:29:54  
AUTHOR: OWEN, JENNIFER      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Called Veteran to remind him about the Moving Forward group tomorrow. Left  
a  
message.

/es/ Jennifer Owen LCSW  
GMH Social Worker  
Signed: 01/05/2015 15:30

## Acupuncture Progress 60176

### Details

**Date entered:** December 29, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** JEAN LEE  
**Signed by:** JEAN LEE  
**Date signed:** December 29, 2014

### Note

LOCAL TITLE: Acupuncture Progress 60176  
STANDARD TITLE: ACUPUNCTURE NOTE  
DATE OF NOTE: DEC 29, 2014@14:00      ENTRY DATE: DEC 29,  
2014@14:00:17  
AUTHOR: LEE, JEAN      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

ACUPUNCTURE      -      Progress Note      DEC 29, 2014



CAMPBELL, RONALD CLARK 546-80-2701

Follow Up of: left arm paresthesia

HPI: Pt was seen in July 2014. He had cervical DDD and left arm paresthesia at that time. He reports today that the pain mostly has gone at the neck, still has intermittent paresthesia in the left arm, still has some weakness in the 4th and 5th digit on the left hand. no more cluster HA, not sure what worked since so many things have tried. He wants to take neurontin again for left arm paresthesia, not for HA. He had PT for cervical traction

**Medication Use:**

currently on verapemil and topomax for HA prevention

**Impression:**

lower cervical radiculitis, left, much improved  
cluster HA, last episode was a few months ago

**Plan:**

renew neurontin 300 mg po tid for left arm parethesia  
contiune home exercise for left hand strengthening

RTC: prn

/es/ Jean Lee, MD

Staff Physician, Physical Med & Rehab

Signed: 12/29/2014 14:17

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** December 22, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN**Date signed:** December 24, 2014**Note**

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: DEC 22, 2014@11:54 ENTRY DATE: DEC 22,  
2014@11:54:48

AUTHOR: BAHTEN, REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* PCMHI- Primary Care Mental Health Follow-Up Has ADDENDA \*\*\*

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 64 year old MALE referred to the Mental Health  
Primary Care Clinic by:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 60

BACK STRAIN

20%

S/C

TRAUMATIC ARTHRITIS

10%

S/C

KNEE CONDITION

10%

S/C

LOWER LEG CONDITION

20%

S/C

KNEE CONDITION

10%

S/C

IMPAIRMENT OF FEMUR

10%

S/C

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                                                                                                                                                                                                | Status     |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                                                                                                                                                                                                |            |
| 1)                            | ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.                                                                                                                                                                                                                        | ACTIVE     |
| 2)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                                                                                                                                                                                       | ACTIVE     |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                                                                                                                                                                              | ACTIVE (S) |
| 4)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS                                                                                                                                                                        | ACTIVE     |
| 5)                            | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY - USE A PAIN BLOCKER                                                                                                                                                                                                                                                                                          | ACTIVE     |
| 6)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - FOR DIABETES.                                                                                                                                                                                                                                                                                                   | ACTIVE     |
| 7)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                                                                                                                                                                                                  | ACTIVE (S) |
| 8)                            | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                                                                                                                                                                                          | ACTIVE (S) |
| 9)                            | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. | ACTIVE     |
| 10)                           | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                                                                                                                                                      | ACTIVE (S) |
| 11)                           | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                                                                                                                                                                        | ACTIVE     |

- |     |                                                                                                                                                                                                                                  |            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 12) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1<br>CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -<br>NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT<br>USE WITHIN 24 HRS OF TAKING<br>ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE     |
| 13) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM<br>INHALER BY ORAL INHALATION ONCE DAILY -FOR<br>BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT<br>SWALLOW.                                                                 | ACTIVE (S) |
| 14) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A<br>DAY - USE MIGRAINE                                                                                                                                                      | ACTIVE (S) |
| 15) | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE<br>A DAY - FOR SKIN.                                                                                                                                                        | ACTIVE     |
| 16) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL<br>USE)                                                                                                                   | ACTIVE (S) |

## Active Non-VA Medications

## Status

- |       |                                                  |
|-------|--------------------------------------------------|
| ===== |                                                  |
| 1)    | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY |
|       | ACTIVE                                           |

17 Total Medications

Other Mental Health Providers, including Vet Center Staff:

## Subjective:

Divorce is final (I miss that old friend) and BIL died (they were close friends), his new GF proposed, spent \$8K on various things for his first burst of fun. Still had not recovered his ability to play guitar. Refers to GF as roommate. Headaches are not as bad, sporadic rather than nightly.

Stopped gabapentin for nerve pain, but his guitar playing is the marker for his pain, still able to play.

Is looking into doing something with Kiwanis club and vets.

Had a great experience with his GF's son who now likes him after a shooting instruction.

Current substance abuse issues:

PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Yes

If pain is an ongoing issue, is there a plan to seek care? Yes, neuro

Assessment:

Pain syndrome, anxiety, not getting any worse cluster headaches.

Severe partner relational problems and problems with his children

"I've got all these balls in the air, I think I'm running away from these things."

Treatment Recommendations:

Does pt need acupuncture again?

Refer to GMH for longer-term treatment.

Pt gave his guns to his buddy, it appears that he would probably be OK to get them back.

Continue meds without change. Pt is on multiple meds per other MD's that will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 1-2 months.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Feeling Good by David Burns.

Refer to [www.ncptd.org](http://www.ncptd.org) or other website or reading.  
Pt got his guns back that are with his friends.

Length of today's visit: 30 min.

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

Level of Care: ☒Acute ☐Subacute ☐Maintenance

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 12/24/2014 11:44

12/24/2014 ADDENDUM STATUS: COMPLETED  
Pt would benefit from indiv therapy over grief and relationship issues but I  
question his ability to transfer trust so will address this later.

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 12/24/2014 11:46

## Neurology 11000

### Details

**Date entered:** December 4, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** MICHELLE L APPERSON  
**Signed by:** MICHELLE L APPERSON  
**Date signed:** December 4, 2014

### Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: DEC 04, 2014@10:42 ENTRY DATE: DEC 04,  
2014@10:42:42

AUTHOR: APPERSON, MICHELLE L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

NEUROLOGY ATTENDING FOLLOWUP:

HPI: This is a 64-year-old man with cluster headaches. He had a flare of headaches at the end of September. He tried sumatriptan and then frovatriptan without relief. He then started prednisone with relief within 48 hours. Tapered off by 10/31. Then headaches again 11/11-11/28/14 off and on. Treating with the injections with relief. He started taking kudzu root and had no headaches for a few days. On 12/2/14, he had a very stressful day with his supposedly uncontested divorce in the state of Washington. The night before the divorce was to be final, he was called by an attorney that his wife had hired. His pulse was 192. He had a headache that night. The last time he took prednisone in 7/2014, the headaches returned within 10 days or so.

He says that his neck and left arm weakness is improved, but he is unable to play guitar because his left 5th finger doesn't completely flex well.

PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

- |                                              |          |           |
|----------------------------------------------|----------|-----------|
| 1. Cervical radiculitis (SNOMED CT 11049006) | 07/23/14 | LEE, JEAN |
| 2. Depressive Disorder NOS *                 | 04/02/14 |           |
| BAHTEN, REGINA S                             |          |           |
| 3. Cluster headache (SNOMED CT 193031009)    | 02/07/14 |           |
| APPERSON, MICHEL                             |          |           |
| 4. Chronic obstructive lung disease          | 01/30/14 |           |
| GUPTA, MAMATHA                               |          |           |

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 5. Hypertension Nos                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 6. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 7. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 8. Headache                                   | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Carcinoma, Prostate                        | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 12. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                                                              | Status     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                                                                                                                                                                                                      |            |
| 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.                                                 | ACTIVE     |
| 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                | ACTIVE     |
| 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                       | ACTIVE (S) |
| 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE     |
| 5) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY - USE A PAIN BLOCKER                                                                                                                   | ACTIVE     |
| 6) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - FOR DIABETES.                                                                                                                            | ACTIVE     |
| 7) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2                                                                                                                                                        | ACTIVE (S) |



- PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.
- 8) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER) ACTIVE (S)
  - 9) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL. ACTIVE (S)
  - 10) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY. ACTIVE
  - 11) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. ACTIVE
  - 12) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. ACTIVE (S)
  - 13) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE ACTIVE
  - 14) UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE A DAY - FOR SKIN. ACTIVE
  - 15) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE) ACTIVE

## Pending Outpatient Medications

## Status

- =====
- 1) PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. PENDING
  - 2) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE PENDING
  - 3) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL PENDING

USE)

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

19 Total Medications

## ALLERGIES:

PENICILLIN, PREDNISONE

## EXAMINATION:

VITALS: 08/28/2014 10:53 BP:145/85 HR:66 Wt:190.3 lb [86.5 kg

General: On general examination, he is an alert and oriented Caucasian man.

Vital signs are stable and documented above. HEENT exam is normal.

Extremities

are without edema or rashes.

## ASSESSMENT/PLAN:

Cluster headaches - adequately controlled with periodic prednisone for flares on

average every three months. Improved on topiramate and verapamil for prophylaxis

as well. Sumatriptan inj for abortive rx is working well. Rarely using frovatriptan for rescue if no relief after sumatriptan.

- continue current regimen, meds renewed.

- f/u 3 months

/es/ Michelle L. Apperson, MD

Staff Neurologist

Signed: 12/04/2014 11:09

**CORRESPONDENCE-LETTER,SEATTLE****Details**

**Date entered:** November 24, 2014**Location:** SEATTLE VA MEDICAL CENTER**Written by:** SANDRA J SOULE**Signed by:** SANDRA J SOULE**Date signed:** November 24, 2014**Note**

LOCAL TITLE: CORRESPONDENCE-LETTER, SEATTLE

STANDARD TITLE: LETTERS

DATE OF NOTE: NOV 24, 2014@22:11      ENTRY DATE: NOV 24,  
2014@22:11:54

AUTHOR: SOULE, SANDRA J

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

DEPARTMENT OF VETERANS AFFAIRS  
VA Puget Sound Health Care System  
Seattle Division  
1660 South Columbian Way  
Seattle, WA 98108-1597  
NOV 24, 2014

RONALD CLARK CAMPBELL  
1521 WHITEHORSE ROAD  
MEADOW VISTA, CA 95722

Dear RONALD CLARK CAMPBELL,

According to our records, you may be due for a follow-up colonoscopy at this time. We recognize that it is possible that you may have already had this

follow-up procedure, perhaps at another medical center, or that your health circumstances may have changed. Therefore, we recommend that you discuss the need for this procedure with your primary care provider. If they agree that you need this procedure, they should put in a consult to the Gastroenterology Section so that we may schedule it for you. If you do not have a primary care provider or if you have other questions specifically for the Gastroenterology Section, please contact us between the hours of 8 a.m. to 4 p.m. (Monday-Friday) at:

Seattle:  
(206) 764-2285  
Or toll-free at 1-800-329-8387 ext. 62285

American Lake:  
(253)-583-1208  
Or toll-free at 1-800-329-8387 ext. 71208

Sincerely,

Sandra Soule, RN  
Staff Nurse, GI Clinic

CAMPBELL, RONALD CLARK

## MH General

### Details

**Date entered:** November 19, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN**Signed by:** REGINA S BAHTEN**Date signed:** November 19, 2014**Note**

LOCAL TITLE: MH General

STANDARD TITLE: MENTAL HEALTH NOTE

DATE OF NOTE: NOV 19, 2014@13:01 ENTRY DATE: NOV 19,  
2014@13:01:50

AUTHOR: BAHTEN, REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* MH General Has ADDENDA \*\*\*

Pt is going through many changes and would benefit from transitions.

/es/ Regina S. Bahten, MD

Staff Physician-Psychiatrist

Signed: 11/19/2014 13:04

Receipt Acknowledged By:

11/20/2014 08:03 /es/ Jennifer Owen

LCSW

GMH Social

Worker

12/01/2014 ADDENDUM

STATUS: COMPLETED

Sent letter to Veteran with the following text:

Dear Ronald,

You were referred to the Moving Forward class by Dr Bahten. Moving Forward is a 4-week program which teaches Veterans a set of skills to better handle stressful problems. It teaches useful and practical problem-solving skills which can be

helpful in overcoming the challenges of low-motivation, negative moods, and negative attitudes. This program can also help Veterans to set reasonable goals, be creative in coming up with good solutions, make better decisions, and know what steps to take when things are not going well. The program is conducted in a classroom environment and members are encouraged to practice the skills they have learned each week.

The next cycle of Moving Forward will start January 6th, 2015. The class is held on Tuesdays from 2:30PM to 3:30 PM, in building 649. If you are interested in attending, or for more information, please contact me at 916-843-2810. Pre-registration is required for this class.

Sincerely,

-----  
Jennifer Owen, LCSW

/es/ Jennifer Owen LCSW  
GMH Social Worker  
Signed: 12/01/2014 15:16

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** November 19, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** REGINA S BAHTEN  
**Signed by:** REGINA S BAHTEN

**Date signed:** November 19, 2014**Note**

LOCAL TITLE: PCMH- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: NOV 19, 2014@12:47 ENTRY DATE: NOV 19,  
2014@12:47:08

AUTHOR: BAHTEN, REGINA S EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 64 year old MALE referred to the Mental Health  
Primary Care Clinic by:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

BACK STRAIN 20%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

KNEE CONDITION 10%

S/C

LOWER LEG CONDITION 20%

S/C

KNEE CONDITION 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

- =====
- 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACTIVE  
ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED  
TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.
  - 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE  
BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO  
IMPROVE BREATHING.
  - 3) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE ACTIVE  
TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE  
STRENGTH.
  - 4) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE ACTIVE  
FROM INHALER BY ORAL INHALATION TWICE A DAY FOR  
BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
  - 5) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF  
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF  
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
  - 6) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE ACTIVE  
TIMES A DAY - USE A PAIN BLOCKER
  - 7) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY - FOR DIABETES.
  - 8) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE  
PUFFS BY ORAL INHALATION TWICE A DAY - FOR  
BREATHING. RINSE MOUTH AFTER USE.
  - 9) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)
  - 10) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
  - 11) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.
  - 12) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -  
NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.
  - 13) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE (S)  
INHALER BY ORAL INHALATION ONCE DAILY -FOR  
BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT



SWALLOW.

- 14) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE ACTIVE
- 15) UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE A DAY - FOR SKIN. ACTIVE
- 16) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE) ACTIVE

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

17 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective:

Subjective: Last seen by me on 9/30/14, returns at behest of GF.

Injured his neck painting, affects L arm, can't play guitar and golf, and has started a new business with "cars and guitars," also moved in with GF, divorce is mostly final. Breathing is better, most medical issues are better.

"2 of my 4 kids are a disaster." Losing weight through healthy living.

Doing

photography for a bank wrt mortgage, enjoys driving out to sites.

"Those bad thoughts are all gone, even though things have been so awful."

Subjective: Ongoing transitions and pt is not using his salesmanship skills

as though the people in his person life were his bosses.

He is withdrawing from relationships, prefers to be non-confrontational.

Per Apperson, "This is a 64-year-old man with cluster headaches. He had only

2

headaches in 6 weeks that was really good for him. He was on gabapentin for

the nerve pain. He also had acupuncture that may have helped. He has had 3 headaches in the last week. 2/3 required injections. He recently filed divorce papers after 41 years of marriage. The 7 years of cluster HA interfered with the marriage leading to his wife turning away, involving herself in work, at the church, etc. Eventually an affair broke up the marriage. He admits that this emotionally is difficult and may have been contributing to the headaches. He states that he spends every Monday and Tuesday in Angel's camp in his RV, turning off all electronic devices and relaxing. This has been greatly helping him.

"He says that his neck and left arm pain was significantly improved with acupuncture. PT exercises made things worse, so Dr. Lee approved of some neck exercises instead that he found on the internet, so he has been doing those with some improvement. He no longer has forearm numbness."

Current substance abuse issues: Denied.

#### Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I'm not regularly depressed, I'm really challenged, I'm fearful about my future."

Affect: appropriate to content, warm, expansive

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Yes

If pain is an ongoing issue, is there a plan to seek care? Yes, neuro

Assessment:

Pain syndrome, anxiety, not getting any worse cluster headaches.

Severe partner relational problems and problems with his children

"I've got all these balls in the air, I think I'm running away from these things."

Treatment Recommendations:

Does pt need acupuncture again?

Refer to GMH for longer-term treatment.

Pt gave his guns to his buddy, it appears that he would probably be OK to get them back.

Continue meds without change. Pt is on multiple meds per other MD's that will

stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 1-2 months.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Feeling Good by David Burns.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Pt is wondering if he could have his guns back that are with his friends.

Length of today's visit: 45 min

The risks, benefits, and side effects of psychiatric medications were

discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

Level of Care: ☒Acute ☐Subacute ☐Maintenance

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 11/19/2014 16:44

## Optical Eyeglass Prescription

### Details

**Date entered:** November 7, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** CRISTA CORBETT  
**Signed by:** CRISTA CORBETT  
**Date signed:** November 7, 2014

### Note

LOCAL TITLE: Optical Eyeglass Prescription  
STANDARD TITLE: OPTOMETRY NOTE  
DATE OF NOTE: NOV 07, 2014@14:04 ENTRY DATE: NOV 07,  
2014@14:04:50  
AUTHOR: CORBETT, CRISTA EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

### OPTICAL EYEGLASS PRESCRIPTION NOTE

Is the item you are ordering for a service connected condition? No

Rx: SPHERE CYLINDER AXIS PD PRISM / SLAB OFF  
RIGHT: +0.75

LEFT : +1.00 +0.75 068  
NEAR ADD: +2.25D

\*\*\*\*\*  
\*

\*NOTES ABOUT GLASSES REPLACEMENT:

- New spectacle correction based on refraction performed on NOV 07, 2014
- This Glasses Rx may be dispensed anytime within the next 2 years
- Patient may return directly to Optical Shop to replace broken or lost glasses within 2 years of this Glasses Rx

\*\*\*\*\*  
\*

VA PHYSICIAN AUTHORIZED EXPENSES:

Pair #1: Progressive  
Photochromatic Tint.

Medical Justification for Tint: Cataract/Pseudophakia

/es/ Crista Corbett, OD  
Optometrist  
Signed: 11/07/2014 14:05

## Optometry 60262

### Details

**Date entered:** November 7, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** CRISTA CORBETT  
**Signed by:** CRISTA CORBETT  
**Date signed:** November 7, 2014

**Note**

LOCAL TITLE: Optometry 60262  
STANDARD TITLE: OPTOMETRY NOTE  
DATE OF NOTE: NOV 07, 2014@13:51 ENTRY DATE: NOV 07,  
2014@13:54:04  
AUTHOR: CORBETT, CRISTA EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Age: 64 y.o. Race: WHITE sex: MALE

Chief Complaint: Here for eye exam

**HPI:**

Pt having difficult shooting and also mid range. Currently uses otc readers.

+DM LS: does not check onset: ?

**Past Ocular History:**

Denies eye injury, surgery or pain

-glc

-arnd

fohx

+glc mom

-arnd

**Medication:**

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                    | Status |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF<br>ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED<br>TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. | ACTIVE |
| 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS<br>BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO                                                      | ACTIVE |

## IMPROVE BREATHING.

- |     |                                                                                                                                                                                                                                  |            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 3)  | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE<br>TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE<br>STRENGTH.                                                                                                                     | ACTIVE     |
| 4)  | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE<br>FROM INHALER BY ORAL INHALATION TWICE A DAY FOR<br>BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT<br>SWALLOW.                                                       | ACTIVE     |
| 5)  | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH<br>AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF<br>MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF<br>NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS                 | ACTIVE     |
| 6)  | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE<br>TIMES A DAY - USE A PAIN BLOCKER                                                                                                                                         | ACTIVE     |
| 7)  | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY - FOR DIABETES.                                                                                                                                                  | ACTIVE     |
| 8)  | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2<br>PUFFS BY ORAL INHALATION TWICE A DAY - FOR<br>BREATHING. RINSE MOUTH AFTER USE.                                                                                              | ACTIVE     |
| 9)  | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT<br>BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED<br>VIA QUICK ORDER)                                                                                                      | ACTIVE     |
| 10) | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                     | ACTIVE (S) |
| 11) | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                       | ACTIVE     |
| 12) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1<br>CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -<br>NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT<br>USE WITHIN 24 HRS OF TAKING<br>ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE     |
| 13) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM<br>INHALER BY ORAL INHALATION ONCE DAILY -FOR<br>BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT<br>SWALLOW.                                                                 | ACTIVE (S) |
| 14) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A<br>DAY - USE MIGRAINE                                                                                                                                                      | ACTIVE     |
| 15) | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE<br>A DAY - FOR SKIN.                                                                                                                                                        | ACTIVE     |
| 16) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH                                                                                                                                                                              | ACTIVE     |

TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL  
USE)

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

17 Total Medications

Remote medications list 12/10:

No Active Remote Medications for this patient

Eye medications:

None

Past Medical History:

Computerized Problem List is the source for the following:

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 1. Cervical radiculitis (SNOMED CT 11049006)  | 07/23/14 | LEE, JEAN  |
| 2. Depressive Disorder NOS *                  | 04/02/14 |            |
| BAHTEN, REGINA                                |          |            |
| S                                             |          |            |
| 3. Cluster headache (SNOMED CT 193031009)     | 02/07/14 |            |
| APPERSON, MICHEL                              |          |            |
| 4. Chronic obstructive lung disease           | 01/30/14 |            |
| GUPTA, MAMATHA                                |          |            |
| 5. Hypertension Nos                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 6. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 7. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 8. Headache                                   | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Carcinoma, Prostate                        | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 12. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |



Allergies: PENICILLIN, PREDNISONE

Social History:

Service Connection:

S/C Disabilities: KNEE CONDITION 10% SC  
S/C Disabilities: BACK STRAIN 20% SC  
S/C Disabilities: TRAUMATIC ARTHRITIS 10% SC  
S/C Disabilities: KNEE CONDITION 10% SC  
S/C Disabilities: IMPAIRMENT OF FEMUR 10% SC  
S/C Disabilities: LOWER LEG CONDITION 20% SC

Marital Status: SEPARATED

Occupation:

Tobacco Use:

Alcohol Use:

Marajuana Use:

Exam:

Patient Mental Status: alert and oriented x3

Pulse: 66 (08/28/2014 10:53)

BP: 145/85 (08/28/2014 10:53)

05/19/2014 HGBA1c 6.90 H

11/20/2013 HGBA1c 6.80 H

Visual acuity:

/ 20/30 sc PH Right Eye  
\ 20/30 sc PH Left Eye

Manifest refraction:

/ +0.75 20/25 add +2.25 Right Eye  
\ +1.00 +0.75 x 068 20/25 Left Eye

Pupils: Afferent: none

/ 4 mm Right Eye  
\ 4 mm Left Eye

## CVF:

/ FTC

Right Eye

\ FTC

Left Eye

## Motility (ductions):

/ Full

Right Eye

\ Full

Left Eye

## Tonometry (Applanation):

Time: 140 lids held

/ 12 mmHg

Right Eye

\ 12 mmHg

Left Eye

Dilation: tropicamide 1% &amp; phenylephrine 2.5% @ 140

## Slit Lamp Exam:

L/L:

normal

normal

Conj:

W&amp;Q

W&amp;Q

Cornea:

clear

clear

A/C

D&amp;Q

D&amp;Q

Iris:

normal

normal

no rubeosis

no rubeosis

Lens:

1+ NS

1+ NS

## Fundus:

c:d

0.30

0.30

```
periph      wnl      wnl
```

**Note**

LOCAL TITLE: Injections, Immunizations, Skin Tests  
STANDARD TITLE: IMMUNIZATION NOTE  
DATE OF NOTE: NOV 07, 2014@13:49 ENTRY DATE: NOV 07,  
2014@13:49:06  
AUTHOR: GAJE, KRIS CARLOU B EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

The patient received seasonal influenza immunization  
0.5ml IM today in Left Deltoid.

Lot #: Afluria lot # T52608 expires 6/30/15

Ordered by: Per Policy

Indication: prophylaxis for influenza

Complications: Patient tolerated well. No signs or symptoms of  
adverse reaction noted.

The inactivated seasonal influenza vaccine VIS dated Aug 19, 2014 was  
given to the patient.

/es/ GAJE, KRIS CARLOU B LVN  
Flu Clinic/Mather  
Signed: 11/07/2014 13:49

**PCMHI- Primary Care Mental Health Follow-Up****Details**

**Date entered:** September 30, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** REGINA S BAHTEN  
**Signed by:** REGINA S BAHTEN  
**Date signed:** October 1, 2014

**Note**

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: SEP 30, 2014@12:51 ENTRY DATE: SEP 30,  
2014@12:51:24

AUTHOR: BAHTEN, REGINA S EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 64 year old MALE referred to the Mental Health  
Primary Care Clinic by:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

KNEE CONDITION 10%

S/C

BACK STRAIN 20%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

KNEE CONDITION 10%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

LOWER LEG CONDITION 20%

S/C

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

=====

|    |                                                       |        |
|----|-------------------------------------------------------|--------|
| 1) | ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF | ACTIVE |
|    | ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED      |        |
|    | TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.      |        |

- 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE  
BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO  
IMPROVE BREATHING.
- 3) CHEMSTRIP UGK GLUCOSE, KETONE TEST STRIP USE STRIP OF ACTIVE  
KETODIASTIX GLUCOSE KETONE TEST STRIP AS NEEDED  
-TO CHECK URINE AS NEEDED FOR NAUSEA, VOMITING OR  
PERSISTENTLY HIGH BLOOD SUGARS.
- 4) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE ACTIVE  
TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE  
STRENGTH.
- 5) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE ACTIVE (S)  
FROM INHALER BY ORAL INHALATION TWICE A DAY FOR  
BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
- 6) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF  
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF  
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
- 7) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH THREE ACTIVE  
TIMES A DAY - USE A PAIN BLOCKER
- 8) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY - FOR DIABETES.
- 9) MOMETASONE FURATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE (S)  
PUFFS BY ORAL INHALATION TWICE A DAY - FOR  
BREATHING. RINSE MOUTH AFTER USE.
- 10) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE (S)  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)
- 11) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE (S)  
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
- 12) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.
- 13) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -  
NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.
- 14) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE (S)  
INHALER BY ORAL INHALATION ONCE DAILY -FOR  
BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT

SWALLOW.

- 15) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE ACTIVE (S)
- 16) UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE A DAY - FOR SKIN. ACTIVE
- 17) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE) ACTIVE (S)

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

18 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective: Last seen by me on 4/30/13, returns at behest of GF. Injured his neck painting, affects L arm, can't play guitar and golf, and has started a new business with "cars and guitars," also moved in with GF, divorce is mostly final. Breathing is better, most medical issues are better. "2 of my 4 kids are a disaster." Losing weight through healthy living.

"Those bad thoughts are all gone, even though things have been so awful."

Subjective: Ongoing transitions and pt is not using his salesmanship skills as though the people in his person life were his bosses. He is withdrawing from relationships, prefers to be non-confrontational.

Per Apperson, "This is a 64-year-old man with cluster headaches. He had only 2 headaches in 6 weeks that was really good for him. He was on gabapentin for

the nerve pain. He also had acupuncture that may have helped. He has had 3 headaches in the last week. 2/3 required injections. He recently filed divorce papers after 41 years of marriage. The 7 years of cluster HA interfered with the marriage leading to his wife turning away, involving herself in work, at the church, etc. Eventually an affair broke up the marriage.

He admits that this emotionally is difficult and may have been contributing to

the headaches. He states that he spends every Monday and Tuesday in Angel's camp

in his RV, turning off all electronic devices and relaxing. This has been greatly helping him.

"He says that his neck and left arm pain was significantly improved with

acupuncture. PT exercises made things worse, so Dr. Lee approved of some neck

exercises instead that he found on the internet, so he has been doing those with

some improvement. He no longer has forearm numbness."

Current substance abuse issues: Denied.

#### Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I just don't know, but you can see I have a sense of humor, still...."

Affect: appropriate to content, warm, expansive

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others



## PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Yes

If pain is an ongoing issue, is there a plan to seek care? Yes, neuro

## Assessment:

Pain syndrome, anxiety, not getting any worse cluster headaches.

Severe partner relational problems and problems with his children

"I've got all these balls in the air, I think I'm running away from these things."

## Treatment Recommendations:

Pt gave his guns to his buddy, it appears that he would probably be OK to get them back.

Continue meds without change. Pt is on multiple meds per other MD's that will stabilize moods.

Pt communicates with ex through the business manager.

Return to clinic: 1-2 months.

Labs per PCP

Follow-up with PCP for COPD.

Pt declines follow-up with specialist for sleep study.

Feeling Good by David Burns.

Refer to psychology prn next visit.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Pt is wondering if he could have his guns back that are with his friends.

Length of today's visit: 45 min

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

Level of Care: ☒Acute      ☐Subacute      ☐Maintenance

#### MEDICATION RECONCILIATION:

##### No Changes To Medications:

The patient's current CPRS Medication List was reviewed with Patient/Caregiver, and was found to be correct and up to date.

- no meds added
- no meds discontinued
- no meds changed
- no discrepancies noted

Patient/Caregiver has a reconciled medication list.

The importance of managing personal medication information was discussed w/ Patient/Caregiver:

- carry medication list at all times, in the event of emergency
- update medication list when meds are added, stopped, or changed
- give a list to his/her primary care physician at every visit and bring medication bottles if possible

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 10/01/2014 11:10

## Neurology 11000

### Details

**Date entered:** August 28, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** MICHELLE L APPERSON**Signed by:** MICHELLE L APPERSON**Date signed:** August 29, 2014**Note**

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E &amp; M NOTE

DATE OF NOTE: AUG 28, 2014@10:59      ENTRY DATE: AUG 28,  
2014@10:59:54

AUTHOR: APPERSON, MICHELLE L      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

NEUROLOGY ATTENDING FOLLOWUP:

## HISTORY OF PRESENT ILLNESS:

This is a 64-year-old man with cluster headaches. He had only 2 headaches in 6 weeks that was really good for him. He was on gabapentin for

the nerve pain. He also had acupuncture that may have helped. He has had 3 headaches in the last week. 2/3 required injections. He recently filed divorce papers after 41 years of marriage. The 7 years of cluster HA interfered with the marriage leading to his wife turning away, involving herself in work, at the church, etc. Eventually an affair broke up the marriage.

He admits that this emotionally is difficult and may have been contributing to

the headaches. He states that he spends every Monday and Tuesday in Angel's camp

in his RV, turning off all electronic devices and relaxing. This has been greatly helping him.

He says that his neck and left arm pain was significantly improved with

acupuncture. PT exercises made things worse, so Dr. Lee approved of some neck

exercises instead that he found on the internet, so he has been doing those with

some improvement. He no longer has forearm numbness.

## PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 1. Cervical radiculitis (SNOMED CT 11049006)  | 07/23/14 | LEE, JEAN  |
| 2. Depressive Disorder NOS *                  | 04/02/14 |            |
| BAHTEN, REGINA                                |          |            |
| S                                             |          |            |
| 3. Cluster headache (SNOMED CT 193031009)     | 02/07/14 |            |
| APPERSON, MICHEL                              |          |            |
| 4. Chronic obstructive lung disease           | 01/30/14 |            |
| GUPTA, MAMATHA                                |          |            |
| 5. Hypertension Nos                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 6. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 7. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 8. Headache                                   | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Carcinoma, Prostate                        | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 12. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

## MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                              | Status |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                                                      |        |
| 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. | ACTIVE |
| 2) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                | ACTIVE |
| 3) CHEMSTRIP UGK GLUCOSE, KETONE TEST STRIP USE STRIP OF KETODIASTIX GLUCOSE KETONE TEST STRIP AS NEEDED                                                   | ACTIVE |

- TO CHECK URINE AS NEEDED FOR NAUSEA, VOMITING OR PERSISTENTLY HIGH BLOOD SUGARS.
- 4) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE ACTIVE  
TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.
  - 5) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE ACTIVE  
FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.
  - 6) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
  - 7) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH AT ACTIVE  
BEDTIME FOR 3 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR 3 DAYS, THEN TAKE ONE CAPSULE THREE TIMES A DAY FOR NERVE PAIN
  - 8) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY - FOR DIABETES.
  - 9) MOMETASONE FURATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE  
PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.
  - 10) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)
  - 11) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
  - 12) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.
  - 13) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.
  - 14) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE (S)  
INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.
  - 15) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A ACTIVE (S)  
DAY - USE MIGRAINE

- 16) UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE ACTIVE  
A DAY - FOR SKIN.
- 17) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE (S)  
TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL  
USE)

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               | =====  |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
| 18 Total Medications                                |        |

## ALLERGIES:

PENICILLIN, PREDNISONE

## EXAMINATION:

VITALS: 08/28/2014 10:53 BP:145/85 HR:66 Wt:190.3 lb [86.5 kg

## General:

On general examination, he is an alert and oriented Caucasian man. Vital signs are stable and documented above. Extremities are without edema or rashes.

## ASSESSMENT/PLAN:

Cluster headaches - stable to improved on current regimen.

- continue current meds as above
- Prednisone given for him to have on hand if he has a cluster HA flare

Neck pain with radiation down the left arm and numbness, ulnar distribution -  
greatly improved, continue acupuncture and exercises.

/es/ Michelle L. Apperson, MD

Staff Neurologist

Signed: 08/29/2014 16:43

**PT OPC Follow-Up 60318****Details****Date entered:** August 5, 2014**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** JOHN CONNOLLY**Signed by:** JOHN CONNOLLY**Date signed:** August 5, 2014**Note**

LOCAL TITLE: PT OPC Follow-Up 60318  
STANDARD TITLE: PHYSICAL THERAPY OUTPATIENT NOTE  
DATE OF NOTE: AUG 05, 2014@14:33      ENTRY DATE: AUG 05,  
2014@14:33:10  
AUTHOR: CONNOLLY, JOHN      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

PT OUTPATIENT FOLLOW-UP  
patient identified by SSN and name

REFERRING MEDICAL PRACTITIONER: Gupta, Mamatha MD

PROVISIONAL DIAGNOSIS: Degeneration of cervical intervertebral disc  
(SNOMED  
CT 69195002)(722.4)

REASON FOR REQUEST & MEDICAL JUSTIFICATION:  
"neck and upper back pain with radiculopathy

S: Patient states home exercises increased symptoms (L arm feels like it is  
on  
fire). Home traction unit he received is too large (irritates symptoms).  
His  
neck is feeling better since last visit d/t pain meds. He can lie on his  
back

today vs last PT visit.

O: Patient presents carrying Dr. Bob home traction unit he received in mail.

Educated patient how pronex neck traction unit works and provided patient with appropriate parameters to use when he receives unit. Patient was instructed to consult using manual to 'refresh' his memory of how to use unit when it arrives at his home.

radiating pain down left arm= 7/10ps

PT Tx included:

longus colli isometric - irritates symptoms

scapular adduction - irritates symptoms

arom (modified) cervical spine in all directions (HEP)

cervical spine isometrics in all direction (HEP)

manual cervical spine traction 5 bouts 20 second hold

trial pronex cervical spine traction unit 10

Patient provided handout for HEP of exercises added above

A: Patient presents with decreased symptoms vs last PT visit. However, his home

program required review as he wasn't able to perform without elevating symptoms.

Patient understands he is to stop all exercises that irritate symptoms. Unfortunately, neck traction unit he received in mail 'didn't fit right' per

subjective. As a result, trial was performed using pronex home traction unit

with patient in supine position. Patient preferred supine to sit today for neck

comfort. Trial of pronex unit was successful as symptoms radiating down L arm

dissipated with use of pronex unit. Therefore, patient will be ordered a pronex

neck traction unit for home use. Patient returned good demo of how to use pronex



unit in clinic. Will progress program with caution.

PROGRESS TOWARD MEETING PT GOALS:

LTGs 10 weeks-IN PROGRESS

- 1) pt indep in self progressing HEP
- 2) centralize radiating sx's to immed c/s area or abolish burning sensations
- 3) walking tolerance to 1 hour again w/o c/s aggs

STGS 4 weeks-IN PROGRESS

- 1)pt self progress HEP w/min vcs

P: During the past 30 days the plan of care for this patient has been reviewed

with

the primary PT. The goals and treatment plan remain in effect.

CUMMULATIVE TREATMENT DATA:

Patient's initial PT eval date:7/17/14

Number of PT sessions to date:2/4-6

equipment provided to patient:

TODAY'S PT TX TIME: 48 mins.

Ther ex 15

patient education 10

traction 15

documentation 8

/es/ John Connolly, PTA, BS

Physical Therapy Assistant

Signed: 08/05/2014 15:45

Receipt Acknowledged By:

08/08/2014 06:39 /es/ Bruce Baseflug,  
MPT

Physical

Therapist

## Ophthalmology Nursing Note

### Details

**Date entered:** August 5, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** YOLANDA PEREZ

**Signed by:** YOLANDA PEREZ

**Date signed:** August 5, 2014

### Note

LOCAL TITLE: Ophthalmology Nursing Note

STANDARD TITLE: OPHTHALMOLOGY NURSING NOTE

DATE OF NOTE: AUG 05, 2014@14:08      ENTRY DATE: AUG 05,  
2014@14:08:14

AUTHOR: PEREZ, YOLANDA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Per Khaled, front desk clerk, pt checked into Eye Clinic from Emergency Room at 1357. Pt stated he did not want to wait to see Ophthalmology MD and left the Eye Clinic stating "I don't have time for this".

/es/ Yolanda Perez, RN

Care Manager Eye Clinic

Signed: 08/05/2014 14:11

## Nursing Emergency Dept Triage

### Details

**Date entered:** August 5, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JEANNE H MILLER

**Signed by:** JEANNE H MILLER

**Date signed:** August 5, 2014

**Note**

LOCAL TITLE: Nursing Emergency Dept Triage  
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT TRIAGE NOTE  
DATE OF NOTE: AUG 05, 2014@10:53      ENTRY DATE: AUG 05,  
2014@10:53:09  
AUTHOR: MILLER, JEANNE H      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

## NURSING EMERGENCY DEPARTMENT TRIAGE/DISPOSITION

Time of Triage:

Aug 5, 2014@10:53

Mode of Arrival: Ambulatory

Chief Complaint:

10 days of blurred vision. Did not seek medical care at the time because he was traveling. Able to see to drive. Can see "perfectly" long distance. On the 26th or 27th there was a change in vision where vision became blurred. thinks it is the gabapentin that is causing it. Dr. Gupta does not think it is gabapentin and sent him to the ED to have the ED Dr call the opthomologist. Vision 20/40 lt and rt eyes.

## VITAL SIGNS:

BP: 153/84 (08/05/2014 10:52)  
Heart rate: 64 (08/05/2014 10:52)  
Respiration: 16 (08/05/2014 10:52)  
Tempature: 97.6 F [36.4 C] (08/05/2014 10:52)  
Oxygen Saturation:

Measurement DT      POx  
                              (L/MIN)(%)  
08/05/2014 10:52    96  
06/26/2014 11:01    95  
Pain: 4 (08/05/2014 10:52)

## MENTAL STATUS:

Level Of Awareness: Alert  
Oriented To: Person,place,date,situation.

## Accucheck Glucose Level

MG/DL: 103

## SUICIDE &amp; AGGRESSION SCREEN

Does patient have any thought of harming self?

No

Did patient act in any way on a plan to harm self before coming to ED?

No

Besides the above action if any occurred, has patient attempted  
suicide in the last 12 months?

No

Does patient have any thought of harming others?

No

Are you living in a home where you have been hit, kicked, verbally or  
sexually threatened by someone recently?

No

Patient allergies: PENICILLIN, PREDNISONE

Allergy Assessment complete: Yes

Current Medications:

Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                                      | Status     |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                                      |            |
| 1)                            | ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE STRIP OF ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.                                                              | ACTIVE     |
| 2)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                             | ACTIVE     |
| 3)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                                                                               | ACTIVE     |
| 4)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                    | ACTIVE (S) |
| 5)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS              | ACTIVE     |
| 6)                            | GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR 3 DAYS, THEN TAKE ONE CAPSULE THREE TIMES A DAY FOR NERVE PAIN                                           | ACTIVE     |
| 7)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - FOR DIABETES.                                                                                                                                         | ACTIVE     |
| 8)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                                        | ACTIVE (S) |
| 9)                            | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                                | ACTIVE (S) |
| 10)                           | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                            | ACTIVE (S) |
| 11)                           | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                              | ACTIVE     |
| 12)                           | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE     |

- |     |                                                                                                                                                         |            |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 13) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE (S) |
| 14) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE                                                                                | ACTIVE (S) |
| 15) | UREA 40% CREAM APPLY MODERATE AMOUNT TOPICALLY TWICE A DAY - FOR SKIN.                                                                                  | ACTIVE     |
| 16) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HEADACHE PROPHYLAXIS (OFF LABEL USE)                                                | ACTIVE     |

## Pending Outpatient Medications

## Status

- |    |                                                                                                                                                                                         |         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1) | CHEMSTRIP UGK GLUCOSE, KETONE TEST STRIP USE STRIP OF KETODIASTIX GLUCOSE KETONE TEST STRIP AS NEEDED -TO CHECK URINE AS NEEDED FOR NAUSEA, VOMITING OR PERSISTENTLY HIGH BLOOD SUGARS. | PENDING |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|

## Inactive Outpatient Medications

## Status

- |    |                                                                                                                                                                                                                                                                                                                                                                                |         |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1) | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. | EXPIRED |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|

## Active Non-VA Medications

## Status

- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

19 Total Medications

TRIAGE LEVEL :  
LEVEL 4

/es/ Jeanne H. Miller, RN  
Staff Nurse, Emergency Department  
Signed: 08/05/2014 10:57

## Primary Care Telephone Note

### Details

**Date entered:** July 31, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** MAMATHA GUPTA  
**Signed by:** MAMATHA GUPTA  
**Date signed:** July 31, 2014

### Note

LOCAL TITLE: Primary Care Telephone Note  
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUL 31, 2014@14:12      ENTRY DATE: JUL 31,  
2014@14:13:01  
AUTHOR: GUPTA, MAMATHA      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Called Pt. Identity confirmed with full SSN and full date of birth

Pt reports that he suddenly developed blurry vision few days ago, he increased his gabapentin dose to 5 tablets a day from 3 tablets a day on 23 July. He denies any redness or pain with movement of eyes. He is traveling and currently in Seattle. He is going to come back to Sacramento tomorrow night. He also has

dry skin and cracking of the heels and is requesting a medicine to help with that. His blood pressures are usually in the 130s/70s. He is intentionally losing weight and wants to lose 15 more pounds.

A/P: Diabetes, hypertension, blurred vision-patient was told to seek care at the nearest emergency room ASAP, he states he'll go to ER. patient told to decrease gabapentin dose to 3 times a day, unclear if the blurry vision is due to patient taking 5 tablets/day. Urea cream ordered.

Pt was advised to go to ER at anytime if symptoms worsen despite above recommendations and to call TAN if symptoms persist after 2 weeks. Pt verbalised understanding of the plan and had no further questions.

/es/ Mamatha Gupta, MD  
Staff Physician, Primary Care  
Signed: 07/31/2014 14:36

## TCP Telephone Care Staff Note

### Details

**Date entered:** July 28, 2014  
**Location:** MARTINEZ VA MEDICAL CENTER  
**Written by:** MARITESS BAULA  
**Signed by:** MARITESS BAULA  
**Date signed:** July 28, 2014

### Note

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUL 28, 2014@10:49:43 ENTRY DATE: JUL 28, 2014@11:04:48  
AUTHOR: BAULA, MARITESS EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED



Type of call: \*SCHEDULING.

Facility Appointed PCP: GUPTA, MAMATHA

No Associate Provider Identified

Team: SAC PACT 9

Caller Response: TAP

The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called the call center.

Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: DOB. SSN.

Chief Complaint: Not applicable to call.

Comments:

PT IS REQUESTING TO SPEAK WITH HIS PROVIDER

PCP GUPTA, M. (SAC)

CALL BACK 206-295-2554

JR

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: JUL 28, 2014 @ 08:30 (Call was suspended)

- LAVALLE, MERYL J JUL 28, 2014@08:30:29 - JUL 28, 2014@08:34:34

Ending at: 7/28/2014 @ 10:58:52 AM

Length: 13 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Caller Area: MATHER

Return phone call to patient. Did not call for advice or triage.

Requesting

TAP appt with PCP 1st available to discuss B/P medications & diabetes.

Patient given 1st available TAP appt., Sac Prim Care Gupta Telep  
07/31/2014@14:00.

Identified problem: OTHER SPECIFIED COUNSELING.

Patient/Caller agrees with plan.

Author: BAULA, MARITESS

/es/ Maritess Baula, RN, BSN, MBA

Telephone Care Program

Signed: 07/28/2014 11:04

Receipt Acknowledged By:

07/29/2014 10:02 /es/ Mamatha Gupta,  
MD

Staff Physician, Primary

Care

07/28/2014 11:28 /es/ Gregory Elie,  
RN

Care Coordinator,

RN

## Diabetes Consult

### Details

**Date entered:** July 25, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** LILLIAN E LUNDY

**Signed by:** LILLIAN E LUNDY

**Date signed:** August 3, 2014

### Note

LOCAL TITLE: Diabetes Consult

STANDARD TITLE: DIABETOLOGY CONSULT

DATE OF NOTE: JUL 25, 2014@14:36 ENTRY DATE: JUL 25,  
2014@14:36:53

AUTHOR: LUNDY, LILLIAN E

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

V.A. NORTHERN CALIFORNIA HEALTHCARE SYSTEM  
DIABETIC EDUCATION CLASS - SACRAMENTO

Patient was identified by full name and birthdate.

Part 1: Demonstration and instruction was given for the Accu-Chek Aviva monitor, using the Accu-Chek Aviva strips. Patient correctly returned demonstration for:

Hand-washing prior to use of monitor

Calibration (coding) of meter to strips

- Turns meter off to remove or insert new code key

- Removes or inserts code key correctly

- Checks that strip bottle and meter codes match

Preparation of lancing device

Turning meter on by inserting strip

Performing control tests correctly, comparing result to range

Sticking of finger to obtain blood sample

Application of sufficient blood sample to the strip

Using memory for result recall

Interpretation of display codes and error messages

Noting expiration date for strips

Cleaning of the exterior of the meter

Changing of batteries

Setting of date and time

Disposal of sharps

Patient correctly states goal range for before meals and before bed tests

Recording of blood sugar results on log sheet (to include date and time)

Patients finger stick blood sugar result: 87

Part 2: Instruction / Discussion of Self Care guidelines. At the end of the class the patient was able to:

- Differentiate between the two types of diabetes

- State what type of diabetes he/she has

- State how insulin is used in the body

- State how oral medications work in the body regarding

- State the importance of checking with pharmacist/doctor/nurse regarding new medication and their effect on diabetes

- Need to keep wallet card with list of current medications, dosage and timing

- List signs and symptoms of hypoglycemia
- Describe proper treatment of hypoglycemia (including need to carry glucose source at all times)
- State causes of hypoglycemia
- Describe ways to prevent hypoglycemia
- Explain the possible risks of hypoglycemia
- List signs and symptoms of hyperglycemia
- List causes of hyperglycemia
- Describe proper treatment of hyperglycemia
- Describe ways to prevent hyperglycemia
- State how and when to use keto diastix
- Identify need to wear identification (bracelet or necklace)
- State proper sick day routine
- List the long-term complications of diabetes
- Describe the causes of long-term complications
- State how long-term complications can be prevented
- List the rules for diabetic foot care
- State two benefits of exercise
- Describe precautions a diabetic should take before and during exercise
- State 3 lab tests and their purpose common to people with diabetes
- Describe how to prepare for fasting lab work
- State goal range for:
  - Hemoglobin A1C
  - Total Cholesterol
    - LDL
    - HDL
    - Triglycerides
- State which food groups cause increased bloodsugar
- Properly place specific foods into the appropriate food group
- Identify serving size portion equal to 15 grams of carbohydrate
- Identify serving size portion equal to 8 grams of protein
- Demonstrate ability to meal plan with appropriate number of choices of carbohydrates, proteins, and fats
- State intervention patient plans on doing to decrease bloodsugar

Handouts given: covered discussed topics

HANDOUTS GIVEN- COVERED/DISCUSSED TOPICS

Self Care Skills for the Person with Diabetes

Healthy Plate

Be Active Your Way

Blood Sugar Log Sheets  
Food Diary  
Sac DM Class Packet

Scripts written for:

- 1 tube of 10 glucose chewable tablets
- Auto lancet - given during class
- 1 box Lancets given during class
- 50 Keto diastix - given during class
- 100 Aviva Plus strips given during class.
- 50 strips for 90 days, 3 refills

Plan: Patient to check bloodsugar and log result:  
2-3 times a week and as needed

Patient was advised to use 100 Aviva Plus given during class to investigate disease. Patient was advised to go to lab in, November for Hemoglobin A1C and Lab / meter comparison study.  
Based on results, patient may be scheduled for follow up.  
Bring monitor and log sheet to follow up appointment.  
Patient to call Advice Nurse Line @ 1-800-382-8387, as needed.

Total class time: 300 minutes.

Clinical Reminders:

Lipid Nutrition/Exercise Education:

The patient was educated on the following: 1. Reducing fat intake, particularly saturated or trans-fatty acids, is an important part of cholesterol control. 2. Fat intake should be 30% or fewer of total calories consumed. 3. Increasing dietary fiber and consumption of fresh fruits and vegetables is also beneficial.

The patient was educated on the benefits of regular exercise including the benefits of exercise related to wt. loss, improved BP and cholesterol control, cardiovascular fitness, strengthening of muscle and bone and reduced stress.

Level of Understanding: Group-no assessment

Diabetic Foot Care Education:

The following items were reviewed with the patient: 1. the importance of daily foot checks 2. the progression of callouses and blisters to ulcerations and possible infection 3. the importance of

daily foot hygiene. Warm (NOT HOT) bathing of the feet, complete drying, and thorough inspection for changes in the condition of the skin constitutes daily foot care. 4. the importance of the use of clean, non-restrictive socks/stockings and well-fitting shoes. 5. the importance of immediate follow-up of any foot injuries or ulcers. The patient should be non-weight bearing, whenever there are lesions on the foot, to prevent further cellular damage.

Diabetes - Hemoglobin A1c:

Hemoglobin A1c ordered.

Advantage ordered.

/es/ Lillian E. Lundy, RN, CDE

Nursing Service, Diabetic Nurse Educator

Signed: 08/03/2014 21:15

## Acupuncture Progress 60176

### Details

**Date entered:** July 23, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JEAN LEE

**Signed by:** JEAN LEE

**Date signed:** July 23, 2014

### Note

LOCAL TITLE: Acupuncture Progress 60176

STANDARD TITLE: ACUPUNCTURE NOTE

DATE OF NOTE: JUL 23, 2014@14:29 ENTRY DATE: JUL 23,  
2014@14:30:02

AUTHOR: LEE, JEAN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* Acupuncture Progress 60176 Has ADDENDA \*\*\*

ACUPUNCTURE - Progress Note JUL 23, 2014

CAMPBELL, RONALD CLARK 546-80-2701

Follow Up of: left arm paresthesia

HPI: Pt was seen 2 w ago for left arm paresthesia from radiculitis. He reports today that acupuncture worked for 2 days. His HA is better, probably due to Neurontin, but not sure. He takes 300 mg tid. Had PT once, was shown two neck exercise which immediately caused the left arm paresthesia, therefore, he did not do those. The only comfortable position is neck flexed to the right side.

Medication Use:

Neurontin 300 mg po tid

Impression:

lower cervical radiculitis, left cluster HA

Plan:

continue acupuncture for cervical radiculitis  
increased Neurontin from 300 mg tid to 600 mg po tid as needed and as tolerated.  
will ask for cervical traction device.

Acupuncture Points:

jiaqi C4,5,6,7, Gb20, GB21, SI13,11, 3

4 hz, 15 min

pt reports feeling very relaxed during treatment.

RTC; 2 w

/es/ Jean Lee, MD

Staff Physician, Physical Med & Rehab

Signed: 07/23/2014 14:37

11/19/2014 ADDENDUM

STATUS: COMPLETED

Is pt due to f/u with acupuncture? He believes not, please call him is he is expected back.

/es/ Regina S. Bahten, MD  
Staff Physician-Psychiatrist  
Signed: 11/19/2014 13:00

Receipt Acknowledged By:

11/19/2014 13:37 /es/ Jean Lee,  
MD

Staff Physician, Physical Med &

Rehab

## PT Treatment Plan

### Details

**Date entered:** July 17, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** BRUCE BASEFLUG

**Signed by:** BRUCE BASEFLUG

**Date signed:** July 18, 2014

### Note

LOCAL TITLE: PT Treatment Plan

STANDARD TITLE: PHYSICAL THERAPY TREATMENT PLAN NOTE

DATE OF NOTE: JUL 17, 2014@08:59 ENTRY DATE: JUL 17,  
2014@08:59:52

AUTHOR: BASEFLUG, BRUCE

EXP COSIGNER: GUPTA, MAMATHA

URGENCY:

STATUS:

COMPLETED

\*\*\* PT Treatment Plan Has ADDENDA \*\*\*



## PT INITIAL EVALUATION

Identity verified by SSN &amp; DOB

REFERRING MEDICAL PRACTITIONER: Gupta, Mamatha MD

PROVISIONAL DIAGNOSIS: Degeneration of cervical intervertebral disc  
(SNOMED

CT 69195002)(722.4)

## REASON FOR REQUEST &amp; MEDICAL JUSTIFICATION:

"neck and upper back pain with radiculopathy

AGE: 64 GENDER: MALE

## PERTINENT PAST MEDICAL HISTORY/PROBLEMS:

Computerized Problem List is the source for the following:

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 1. Depressive Disorder NOS *                  | 04/02/14 |            |
| BAHTEN, REGINA S                              |          |            |
| 2. Cluster headache (SNOMED CT 193031009)     | 02/07/14 |            |
| APPERSON, MICHEL                              |          |            |
| 3. Chronic obstructive lung disease           | 01/30/14 |            |
| GUPTA, MAMATHA                                |          |            |
| 4. Hypertension Nos                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 5. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 6. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 7. Headache                                   | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 8. Carcinoma, Prostate                        | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Arthralgias NOS                            | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

X-RAYS/TESTS (copied from CPRS records):7/8/14:"      Report:  
MR cervical spine without contrast

Clinical history: Neck pain radiating down left arm

Technique: An MRI of the cervical spine was performed utilizing the following sequences:      Sagittal T1 and T2 and axial GRE and 3D T2-weighted images.

Comparison: No prior similar studies available for comparison.

Findings: There is normal alignment of the cervical spine. There is loss of normal cervical lordosis. The cervical vertebral body heights and marrow signal are preserved. The cord demonstrates normal caliber and signal intensity. The craniocervical junction is unremarkable. The cerebellar tonsils are normal in position.

C2 -C3: There is a small disc osteophyte complex with bilateral facet arthropathy causing mild bilateral neural foraminal narrowing. There is no significant central spinal canal stenosis.

C3 - C4: There is a disc osteophyte complex effacing the ventral CSF space. Associated facet arthropathy and uncovertebral hypertrophy are noted with severe bilateral neural foraminal narrowing. There is mild central spinal canal stenosis.

C4 - C5: There is a disc osteophyte complex effacing the ventral CSF space with mild canal stenosis. Associated facet arthropathy is noted with severe left and mild right neural foraminal narrowing.

C5 - C6: There is severe right and moderate left neural foraminal narrowing with mild central spinal canal stenosis.

C6 - C7: There is moderate bilateral neural foraminal narrowing. No significant central spinal canal stenosis..

C7 - T1: There is no significant disc herniation, neural foraminal narrowing or central spinal canal stenosis.

## Impression:

Moderate degenerative spondylosis, with mild canal stenosis and moderate to severe neural foraminal narrowing as described above.  
No cord signal abnormality.

+++++

## PRECAUTIONS:

S:

## SUBJECTIVE FINDINGS -

CHIEF COMPLAINT: L arm radiating pain

MECHANISM &amp; HISTORY: IN june 2/14 radiating sx's built up over 1 week period-

prior to that did 7 days painting and heavy lifting, running back high school

and college thinks djd probably accumulative from then -rtips an old stinger

injury same side during football

## BEHAVIOR OF SYMPTOMS:

WHERE IS THE PAIN: P1= posterior neck/shoulder blade and into posterior Larm/tricep

PAIN: P1 Now- 0/10 Worst-2/10 -burning sensation to 4/10 Best- 0/10;  
AGGRAVATING FACTORS:

1. Activity that increases Pain: extension
2. What eases Pain: leaning forward, uses a back board board for seated,  
gabapentin, uses pool circular floaties for some txn in pool

AM/PM: by evening difficult to function

SLEEP: restless most nights d/t p1, changes pillow positioning and body positioning-different days different position reqd to relieve sx's

OTHER RX FOR THIS CONDITION: recent acupuncture for c/s-HAS

OCCUPATION/WORK, PERTINENT SOCIAL SITUATION, &amp; ACTIVITIES:

1/2 hour walks and lower impact- used to do 1-2hours hours walking

PRIOR LEVEL OF FUNCTION: 2 hours walking and higher impact

CURRENT ACTIVITY LEVEL/ FUNCTIONAL LIMITATIONS: cant air travel-makes worse

ADAPTIVE EQUIPMENT:

PATIENT/FAMILY GOALS: decrease pain/radiating sx

SPECIAL QUESTIONS:

1. PERTINENT MEDICAL PROBLEMS/SURGERIES/MEDS: (neg for steroids, Cance. pos DM), see above

2. WEIGHT LOSS/GAIN

COUGH/SNEEZE: more heavy breathing

BOWEL/BLADDER/Saddle Paresthesia? neg

HA/VISION DISTURBANCE/DIZZY: cluster HAs have stopped for now , some dizziness

in AMs occasionally

NIGHT PAIN/NIGHT SWEATS/CHILLS:

DROP ATTACKS: neg,

3.. PENDING DISABILITY/WORKERS COMP/PENSION/LITIGATION?

4.. OTHER -

0:

POSTURE: FHP and fwd shoulders, rounded upper back

RANGE OF MOTION:

C/S:

- flex: wnl c pn
- ext: 25 deg lower c/s going -cause
- R rot: 65 deg w/o limitation~
- L rot: 62 deg w/o limitation

CLEARED JOINTS: bil shoulders c ROM and OP

PALPATION: no sig TTP , R ct-t1 unilat stiffness

MOTIVATION: Pt appears motivated to work with therapy toward goals.

BARRIERS TO LEARNING: none

VISION/HEARING: not impaired

PT TREATMENT PROVIDED:

PT eval

-PATIENT EDUCATION/THEREX: Importance of good posture, basic anatomy.  
trial c/s

Dr.Bobs , applic/issue bicro c/s roll, postural re-ed and therex;scap  
retractions and longis colli

-MANUAL THERAPY:none

SYMPTOM RECHECK: portable c/s txn alleviated the tingling in L arm and pain  
in L

tricep that pt rpts manifested from earlier ROM testing of c/s extension

RESPONSE TO EDUCATION: Pt. verbalized understanding of above education  
and

returns good demo of HEP. Recommendations on frequency and duration/  
progression

provided and pt verbalized understanding., above added to HEP

-MANUAL THERAPY: none today

SYMPTOM RECHECK: decreases tingling, then pain s/p several mins light txn

RESPONSE TO EDUCATION: Pt. verbalized understanding of above education  
and

returns good demo of HEP. Written HEP given to pt. with pictures and  
recommendations on frequency and duration.

A: Pt is a 64 yo male veteran with c/s pain who presents with decreased  
ROM, increased pain, postural dysfunction and radiating sxs. Imaging  
shows'Moderate degenerative spondylosis, with mild canal stenosis and  
moderate to severe neural foraminal narrowing. Pt will benefit from  
continued

outpatient PT to improve same. Pt appears motivated and has good rehab  
potential

to meet the following goals:

Patient agrees to the following treatment plan and goals.

GOALS:

LTGs 10 weeks

1) pt indep in self progressing HEP

2) centralize radiating sxs to immed c/s area or abolish burning sensations

3) walking tolerance to 1 hour again w/o c/s aggs  
STGS 4 weeks  
1)pt self progress HEP w/min vcs

TREATMENT PLAN: Pt. education, therapeutic exercise, manual therapy techniques,  
modalities, body mechanics training, symptom management, equipment use  
education, txn

FREQUENCY: 1 x per 1-2week  
DURATION: 4-6 treatments  
PT tx time 60 mins

/es/ Bruce Baseflug, MPT  
Physical Therapist  
Signed: 07/18/2014 13:32

/es/ Mamatha Gupta, MD  
Staff Physician, Primary Care  
Cosigned: 07/18/2014 15:52

07/23/2014 ADDENDUM STATUS: COMPLETED  
Bruce, could you please order traction device for this pt? thanks.

/es/ Jean Lee, MD  
Staff Physician, Physical Med & Rehab  
Signed: 07/23/2014 14:37

Receipt Acknowledged By:  
07/23/2014 16:51 /es/ Bruce Baseflug,  
MPT  
Physical  
Therapist

07/23/2014 ADDENDUM STATUS: COMPLETED  
Dr.Lee, my initial PT POC had traction treatment included and I already  
ordered  
a portable c/s txn device via prosthetics on 7/18/14 and the purchase order  
was  
completed on 7/22/14- see prosthetics consult, thank you.

/es/ Bruce Baseflug, MPT  
Physical Therapist  
Signed: 07/23/2014 16:56

/es/ Jean Lee, MD  
Staff Physician, Physical Med & Rehab  
Cosigned: 07/24/2014 09:58

## TCP Telephone Care Staff Note

### Details

**Date entered:** July 10, 2014  
**Location:** MARTINEZ VA MEDICAL CENTER  
**Written by:** RENETA F DAVIS  
**Signed by:** RENETA F DAVIS  
**Date signed:** July 10, 2014

### Note

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUL 10, 2014@14:48:18 ENTRY DATE: JUL 10,  
2014@14:50:57  
AUTHOR: DAVIS, RENETA F EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

Type of call: OTHER.  
Facility Appointed PCP: GUPTA, MAMATHA  
No Associate Provider Identified  
Team: SAC PACT 9

Caller Response: \*OTHER  
The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called  
the

call center.

Contact Phone Number:

The following identifiers were used to verify this patient: SSN.

Chief Complaint: Not applicable to call.

Comments:

Pt states he was to have been referred to Physical Therapy a few weeks ago.

Pt

requests a call back from pcp.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 07/10/2014 @ 2:48:18 PM

Ending at: 07/10/2014 @ 2:49:38 PM

Length: 1 minutes.

Caller Area: MATHER

Identified problem: OTHER SPECIFIED COUNSELING.

Author: DAVIS,RENETA

/es/ Reneta Davis

medical support assistant

Signed: 07/10/2014 14:50

Receipt Acknowledged By:

07/10/2014 15:22 /es/ Gregory Elie,

RN

Care Coordinator,

RN

07/10/2014 15:49 /es/ Mamatha Gupta,

MD

Staff Physician, Primary

Care

07/10/2014 ADDENDUM

STATUS: COMPLETED

Pt informed that PT c/s placeds

/es/ Mamatha Gupta, MD

Staff Physician, Primary Care



Signed: 07/10/2014 15:52

07/15/2014 ADDENDUM

STATUS: COMPLETED

Pt. left voide message inquiring why his PT consult was not ordered as STAT. His MR and EMG were ordred STAT. Pt. request for his PT consult to ne ordered as STAT due to his pain. Will defer for consideration.

/es/ Angelita E. Villarin, RN, BSN

Case Manager, Primary Care Clinic

Signed: 07/15/2014 15:34

Receipt Acknowledged By:

07/15/2014 15:44 /es/ Gregory Elie,  
RN

Care Coordinator,

RN

07/15/2014 15:38 /es/ Mamatha Gupta,  
MD

Staff Physician, Primary

Care

## Acupuncture Progress 60176

### Details

**Date entered:** July 10, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JEAN LEE

**Signed by:** JEAN LEE

**Date signed:** July 10, 2014

### Note

LOCAL TITLE: Acupuncture Progress 60176

STANDARD TITLE: ACUPUNCTURE NOTE

DATE OF NOTE: JUL 10, 2014@11:13 ENTRY DATE: JUL 10,  
2014@11:13:39

AUTHOR: LEE, JEAN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

ACUPUNCTURE - Progress Note JUL 10, 2014

CAMPBELL, RONALD CLARK 546-80-2701

Follow Up of: left arm paresthesia

HPI: Pt was seen one month ago for acupuncture treatment for cluster HA. He states today that he is not sure if acupuncture has helped or not. He had bad HA that day. He has no HA in the last 4 days, which coincides with starting of Neurontin for paresthesia in his left arm. The left arm paresthesia started after painting and moving heavy boxes 5-6 w ago. There is no pain at neck or shoulder but paresthesia stated at the medial upper arm, goes down to the last 3 digits of the left hand. symptoms come on quickly when neck in neutral or slight extended position, relieved by flexion. He had MRI which showed severe spondylosis in multiple level. Had EMG but result is not avail.

## Medication Use:

Neurontin 300 mg po tid (new)

## Impression:

lower cervical radiculitis, left cluster HA

## Plan:

acupuncture trial of cervical radiculitis

## Acupuncture Points:

jiaqi C4,5,6,7,T1, Gb20, GB21, SI13,11, 8, 3

4 hz, 15 min

pt reports feeling very relaxed during treatment.

RTC; 2 w

/es/ Jean Lee, MD

Staff Physician, Physical Med & Rehab

Signed: 07/10/2014 11:26

## EMG Consult/Result 30009

### Details

**Date entered:** July 7, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** SHAISTA RAUF

**Signed by:** SHAISTA RAUF

**Date signed:** July 7, 2014

### Note

LOCAL TITLE: EMG Consult/Result 30009

STANDARD TITLE: NEUROLOGY PROCEDURE NOTE

DATE OF NOTE: JUL 07, 2014@16:43      ENTRY DATE: JUL 07,  
2014@16:43:13

AUTHOR: RAUF, SHAISTA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

HISTORY:

Patient reports chronic back pain since 1988. Over the year the pain has been getting worse, especially since the June of this year. The pain radiates down the left leg and she reports left leg is weak and numb. She has retention of urine and constipation; she went to emergency room for that, she is now

able to  
empty bladder and rectum.  
NEUROLOGIC EXAM: She has weakness of left LE, her strength is G 3-4-/5,  
this  
could possibly due to  
pain. STRE's 2+ except left ankle which is absent. Absent pain and  
vibration up  
to iliac crest in left LE.

Nerve Conduction Studies  
Anti Sensory Summary Table

| Site           | NR                          | Onset (ms) |              | Norm Onset (ms) | O-P Amp (μV) | Norm O-P  |              |
|----------------|-----------------------------|------------|--------------|-----------------|--------------|-----------|--------------|
| Amp            |                             |            |              |                 |              |           |              |
|                | Site1                       | Site2      | Delta-0 (ms) | Dist (cm)       |              | Vel (m/s) |              |
| Norm Vel       |                             |            |              |                 |              |           |              |
| (m/s)          |                             |            |              |                 |              |           |              |
| Left Sup Peron | Anti Sensory (Ant Lat Mall) |            |              |                 |              |           |              |
| 14 cm          |                             | 2.1        |              | 34.7            | >5.0         | 14 cm     | Ant Lat Mall |
|                | 10.0                        | 48         | >32          |                 |              |           | 2.1          |
| Left Sural     | Anti Sensory (Lat Mall)     |            |              |                 |              |           |              |
| Calf           |                             | 2.3        |              | 18.0            | >5.0         | Calf      | Lat Mall     |
|                | 10.0                        | 43         | >35          |                 |              |           | 2.3          |

Motor Summary Table

| Site                               | NR    | Onset (ms) |              | Norm Onset (ms) | P-T Amp (mV) | Norm P-T  |              |     |
|------------------------------------|-------|------------|--------------|-----------------|--------------|-----------|--------------|-----|
| Amp                                |       |            |              |                 |              |           |              |     |
|                                    | Site1 | Site2      | Delta-0 (ms) | Dist (cm)       |              | Vel (m/s) |              |     |
| Norm Vel                           |       |            |              |                 |              |           |              |     |
| (m/s)                              |       |            |              |                 |              |           |              |     |
| Left Peroneal Motor (Ext Dig Brev) |       |            |              |                 |              |           |              |     |
| Ankle                              |       | 8.6        | <6.1         | 2.5             | >2.5         | Ankle     | Ext Dig Brev | 8.6 |
|                                    | 0.0   |            |              |                 |              |           |              |     |
| B Fib                              |       | 15.6       |              | 2.4             |              | B Fib     | Ankle        | 7.0 |
| 29.0                               |       |            |              |                 |              |           |              |     |
|                                    | 41    | >38        |              |                 |              |           |              |     |
| Poplt                              |       | 18.1       |              | 3.2             |              | Poplt     | B Fib        | 2.5 |
| 10.0                               |       |            |              |                 |              |           |              |     |
|                                    | 40    | >40        |              |                 |              |           |              |     |

## Left Tibial Motor (Abd Hall Brev)

|       |      |      |      |      |       |               |     |
|-------|------|------|------|------|-------|---------------|-----|
| Ankle | 6.9  | <6.1 | 31.0 | >3.0 | Ankle | Abd Hall Brev | 6.9 |
|       | 0.0  |      |      |      |       |               |     |
| Knee  | 15.5 |      | 15.0 |      | Knee  | Ankle         | 8.6 |
| 41.0  |      |      |      |      |       |               |     |
|       | 48   | >35  |      |      |       |               |     |

## F Wave Studies

|                                    |            |               |                |              |
|------------------------------------|------------|---------------|----------------|--------------|
| NR                                 | F-Lat (ms) | Lat Norm (ms) | L-R F-Lat (ms) | L-R Lat Norm |
| Left Tibial (Mrkrs) (Abd Hallucis) |            |               |                |              |
|                                    | 49.91      | <0.0          | <5.7           |              |

## EMG

| Side | Muscle      | Nerve | Root    | Ins     | Act | Fibs | Psw  | Amp | Dur |
|------|-------------|-------|---------|---------|-----|------|------|-----|-----|
| Poly | Recrt       | Int   | Pat     | Comment |     |      |      |     |     |
| Left | AntTibialis |       | Dp Br   | Peron   |     | L4-5 | Nm1  | Nm1 | Nm1 |
|      | Nm1         | 0     | Nm1     | Nm1     |     |      |      |     |     |
| Left | MedGastroc  |       | Tibial  | S1-2    |     | Nm1  | Rare | 1+  | Nm1 |
|      | 0           | Nm1   | Nm1     |         |     |      |      |     |     |
| Left | VastusMed   |       | Femoral | L2-4    |     | Nm1  | Nm1  | Nm1 | Nm1 |
|      | 0           | Nm1   | Nm1     |         |     |      |      |     |     |

## Paraspinal EMG

| Side | Muscle      | Nerve  | Root | Ins  | Act | Fibs  | Psw | Comments |      |
|------|-------------|--------|------|------|-----|-------|-----|----------|------|
| Left | Lower Lumb  | Parasp |      | Rami |     | L4-S2 | Nm1 | Rare     | Rare |
| Left | Upper Lumb  | Parasp |      | Rami |     | L1-L2 | Nm1 | Nm1      | Nm1  |
| Left | Middle Lumb | Parasp |      | Rami |     | L2-L4 | Nm1 | Nm1      | Nm1  |

## NCV FINDINGS:

1. Motor nerve conduction studies revealed in the left peroneal nerve the CMAP amplitude was reduced but conduction velocity was normal. Left tibial nerve study was normal.

2. Left tibial F Wave latencies were within normal limits.
3. Sensory nerve conduction studies of the left sural and superficial peroneal nerves showed normal SNAP amplitude and conduction velocities.

**EMG FINDINGS:**

Needle evaluation of the Left medial gastrocnemius muscle showed slightly increased spontaneous activity. The Left Lower Lumbar Paraspinal muscle showed rare spontaneous activity. All remaining muscles (as indicated in the preceding table) showed no evidence of electrical instability.

**Impression:**

This study shows partially recovered L5 radiculopathy. Reduced CMAP amplitude in left peroneal nerve is likely due to loss of nerve fibers at the root level.

-----  
Shaista Rauf, M.D.

?

/es/ Shaista Rauf, MD

Neurologist

Signed: 07/07/2014 16:45

## **Injections, Immunizations, Skin Tests**

### **Details**

**Date entered:** June 26, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** RAYMOND JOHNSON

**Signed by:** RAYMOND JOHNSON

**Date signed:** June 26, 2014

### **Note**

LOCAL TITLE: Injections, Immunizations, Skin Tests  
STANDARD TITLE: IMMUNIZATION NOTE  
DATE OF NOTE: JUN 26, 2014@14:01      ENTRY DATE: JUN 26,  
2014@14:01:52  
AUTHOR: JOHNSON, RAYMOND      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

The patient received pneumococcal conjugate vaccine PCV13 (Prevnar 13)  
0.5ml IM today in Right Deltoid.  
Manufacturer/Lot #: Pfizer/Lot#/Exp Date:h45098 05/15  
Administered by protocol/policy  
Complications: None  
The Pneumococcal conjugate PCV13 (Prevnar 13) VIS was given to the  
patient today. VIS version date Feb 27,2013.

/es/ Raymond Johnson, LVN  
Nursing Service, Primary Care  
Signed: 06/26/2014 14:02

## Primary Care Note

### Details

**Date entered:** June 26, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** MAMATHA GUPTA  
**Signed by:** MAMATHA GUPTA  
**Date signed:** June 26, 2014

### Note

LOCAL TITLE: Primary Care Note  
STANDARD TITLE: PRIMARY CARE NOTE  
DATE OF NOTE: JUN 26, 2014@13:30      ENTRY DATE: JUN 26,  
2014@13:30:41  
AUTHOR: GUPTA, MAMATHA      EXP COSIGNER:

URGENCY :  
COMPLETED

STATUS :

PATIENT IDENTIFIED  
CAMPBELL, RONALD CLARK  
64 Y/O, WHITE, MALE  
DATE OF BIRTH: APR 11, 1950, SSN: 546-80-2701

CHIEF COMPLAINT: F/U of pain

-----  
HISTORY OF PRESENT ILLNESS:

Reports pain that started out along the thoracic spine and radiates down the left scapular region , inferior aspect of the left shoulder and into the left arm. Reports numbness in the left forearm, also has decreased grip in the left hand. Patient was seen by neurology this morning and was told that he would have MRI and EMG ordered.

-----  
REVIEW OF SYSTEMS: Denies current chest pain

-----  
MEDICATIONS: Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                        | Status     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                                                                                                                                                                |            |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE     |
| 2) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                            | ACTIVE     |
| 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE (S) |
| 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF               | ACTIVE     |



- NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
- 5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES. ACTIVE (S)
  - 6) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE. ACTIVE (S)
  - 7) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER) ACTIVE
  - 8) PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. ACTIVE
  - 9) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL. ACTIVE (S)
  - 10) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY. ACTIVE
  - 11) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. ACTIVE (S)
  - 12) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. ACTIVE (S)
  - 13) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE ACTIVE (S)
  - 14) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HA PROPHYLAXIS ACTIVE (S)

## Active Non-VA Medications

## Status

- =====
- 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY ACTIVE

15 Total Medications

-----  
Medications reconciled, updated list given to the patient  
-----

Recent lab results discussed with patient  
-----

PHYSICAL EXAM:

Vitals - most recent

BMI: 28.5

Weight: 192.4 lb [87.5 kg] (06/26/2014 13:21)

Temp: 95.7 F [35.4 C] (06/26/2014 13:21)

Pulse: 69 (06/26/2014 13:21)

Resp: 16 (06/26/2014 13:21)

BP: 141/69 (06/26/2014 13:25)

Gen:NAD

HEENT: anicteric

Lungs: clear to auscultation bilaterally.

Heart: S1,S2 regular.

Ext: no edema.

Neuro-pt's grasp with left hand and flexion at the elbow is weaker than the right  
-----

ASSESSMENT:

Radiculopathy most likely due to DDD

COPD

HTN

DM

hyperlipidemia

cluster headache

h/o ca prostate s/p RRP  
-----

PLAN:

Await EMG and MRI studies

Start gabapentin

Increase metformin to 500 mg twice a day, refer to diabetes education nurse

patient states that he has not done this in the past  
Pt's BPs at home are usually 130s. Pain is probably making bp higher. No  
med  
adjustment for now

-----  
FOLLOW UP: RTC 6 months for routine f/u, sooner for new or worsening  
symptoms.  
-----

Patient's concerns were discussed and questions were answered. Patient  
expressed understanding and agreed to the above plans, instructions  
and follow- ups.

Pt. aware of 1-800-382-8387 Advice RN #

Discussed healthy lifestyle, diet and exercise.  
-----

#### Clinical Reminders:

##### Colorectal Cancer Screening:

Based on a review of endoscopy and pathology reports, repeat  
colonoscopy is recommended in 5 years.

Date: February 28, 2014

/es/ Mamatha Gupta, MD

Staff Physician, Primary Care

Signed: 06/26/2014 14:03

## Preventive Health Screen 11514

### Details

**Date entered:** June 26, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** RAYMOND JOHNSON

**Signed by:** RAYMOND JOHNSON

**Date signed:** June 26, 2014

### Note

LOCAL TITLE: Preventive Health Screen 11514

STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO

DATE OF NOTE: JUN 26, 2014@13:22 ENTRY DATE: JUN 26,  
2014@13:22:32

AUTHOR: JOHNSON, RAYMOND

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

## Clinical Reminders:

Patient Education:

Hand Hygiene

LVN Medication Inventory:

LVN MEDICATION INVENTORY

## Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding  
Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                                  | Status     |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                                  |            |
| ===                           |                                                                                                                                                                                                                  |            |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS<br>BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO<br>IMPROVE BREATHING.                                                                                   | ACTIVE     |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE<br>TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE<br>STRENGTH.                                                                                                     | ACTIVE     |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE<br>FROM INHALER BY ORAL INHALATION TWICE A DAY FOR<br>BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT<br>SWALLOW.                                       | ACTIVE (S) |
| 4)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH<br>AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF<br>MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF<br>NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE     |
| 5)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE<br>DAILY - FOR DIABETES.                                                                                                                                   | ACTIVE (S) |
| 6)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2<br>PUFFS BY ORAL INHALATION TWICE A DAY - FOR                                                                                                                   | ACTIVE (S) |

- BREATHING. RINSE MOUTH AFTER USE.
- 7) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER) ACTIVE
  - 8) PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. ACTIVE
  - 9) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL. ACTIVE (S)
  - 10) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY. ACTIVE
  - 11) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. ACTIVE (S)
  - 12) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. ACTIVE (S)
  - 13) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE ACTIVE (S)
  - 14) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HA PROPHYLAXIS ACTIVE (S)

## Inactive Outpatient Medications

Status

=====

===

- 1) DOXYCYCLINE MONOHYDRATE 100MG CAP TAKE ONE CAPSULE BY MOUTH EVERY 12 HOURS - FOR INFECTION. TAKE WITH PLENTY OF WATER AND REMAIN UPRIGHT FOR 30 MINUTES. FOR PROFILE ONLY-DISPENSED FROM OMNICELL EXPIRED

## Active Non-VA Medications

Status

=====

===

1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY ACTIVE

16 Total Medications No Active Remote Medications for this patient  
Screen for Falls/Fall Risk:

The patient has not had any falls in the past year.

Vitals:

Most recent VS: Wt. 192.4 lb [87.5 kg] (06/26/2014 13:21)  
BP 150/70 (06/26/2014 13:21)  
HR 69 (06/26/2014 13:21)  
Temp 95.7 F [35.4 C] (06/26/2014 13:21)  
BMI 28.5

My HealtheVet Education:

The patient has access or uses the internet.

The patient already registered for My HealtheVet.

Nurse Pain Assessment:

Pain score:

9

Pain location:

--- neck area/lt shoulder

Pain date of onset:

--- 06/14

Character of the pain:

--- Numbness

Pain relieved by:

--- none

Pain exacerbated by:

--- movement

Pain affects the patient's ADLs:

Interferes with: Sleep

Diabetic with last BP $\geq$ 140/90:

Repeat BP:

141/69

/es/ Raymond Johnson, LVN

Nursing Service, Primary Care

Signed: 06/26/2014 13:25

# Neurology 11000

## Details

**Date entered:** June 26, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** MICHELLE L APPERSON

**Signed by:** MICHELLE L APPERSON

**Date signed:** June 30, 2014

## Note

LOCAL TITLE: Neurology 11000

STANDARD TITLE: NEUROLOGY E & M NOTE

DATE OF NOTE: JUN 26, 2014@11:05      ENTRY DATE: JUN 26,  
2014@11:05:22

AUTHOR: APPERSON, MICHELLE L    EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

\*\*\* Neurology 11000 Has ADDENDA \*\*\*

NEUROLOGY ATTENDING FOLLOW UP:

HISTORY OF PRESENT ILLNESS:

This is a 64-year-old left handed man with a history of cluster headaches, who is here for follow up. He spent 7 days painting the outside of a friend's mother's house. He is left handed. He then helped with some heavy lifting. Then about four days later, he can't move. He has pain in the left shoulder, with 'zingers' with certain neck movements, causing burning, numbness, tingling, extreme pain. He has numbness in the left forearm along the ulnar distribution to the third through fifth fingers. He has had this problem for three weeks and he has had difficulty getting a follow up. He has some improvement in the pain this morning. He slept last night after getting

a tolerable position.

He has been getting acupuncture for severe cluster headaches. He had a flare of the cluster headaches because he hasn't been sleeping well because of the pain.

He started prednisone for the cluster headaches when he had 8 headaches in one day on 6/15/14. He is in the middle of the prednisone cycle doing 4 per day. He states that the HA tend to return as he tapers off of the prednisone.

He loaded a gun and pulled the trigger in 11/2014.

#### PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 1. Depressive Disorder NOS *                  | 04/02/14 |            |
| BAHTEN, REGINA                                |          |            |
| S                                             |          |            |
| 2. Cluster headache (SNOMED CT 193031009)     | 02/07/14 |            |
| APPERSON, MICHEL                              |          |            |
| 3. Chronic obstructive lung disease           | 01/30/14 |            |
| GUPTA, MAMATHA                                |          |            |
| 4. Hypertension Nos                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 5. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 6. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 7. Headache                                   | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 8. Carcinoma, Prostate                        | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Arthralgias NOS                            | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 11. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |



## MEDICATIONS:

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                                                                                                                                                                                                | Status     |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                                                                                                                                                                                                |            |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                                                                                                                                                                                       | ACTIVE     |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                                                                                                                                                                                                                                         | ACTIVE     |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                                                                                                                                                                              | ACTIVE (S) |
| 4)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS                                                                                                                                                                        | ACTIVE     |
| 5)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                                                                                                                                                                                                                                    | ACTIVE (S) |
| 6)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                                                                                                                                                                                                  | ACTIVE (S) |
| 7)                            | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                                                                                                                                                                                          | ACTIVE     |
| 8)                            | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. | ACTIVE     |
| 9)                            | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                                                                                                                                                      | ACTIVE (S) |
| 10)                           | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                                                                                                                                                                        | ACTIVE     |
| 11)                           | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -                                                                                                                                                                                                                                                                            | ACTIVE     |

NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.

- |     |                                                                                                                                                                  |            |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 12) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM<br>INHALER BY ORAL INHALATION ONCE DAILY -FOR<br>BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT<br>SWALLOW. | ACTIVE (S) |
| 13) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A<br>DAY - USE MIGRAINE                                                                                      | ACTIVE (S) |
| 14) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY FOR HA PROPHYLAXIS                                                                            | ACTIVE (S) |

## Active Non-VA Medications

## Status

- =====
- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

15 Total Medications

## ALLERGIES:

PENICILLIN, PREDNISONE

## EXAMINATION:

VITALS: 06/26/2014 11:01 BP:158/71 HR:77 Wt:189.8 lb [86.3 kg

## General:

On general examination, he is an alert and oriented Caucasian man. Vital signs are stable and documented above. HEENT exam is normal. Extremities are without edema or rashes.

## Neuro:

MSE: The patient is alert, well groomed, appropriate, with normal affect and language.

## CRANIAL NERVES:

Pupils are equal, round and reactive to light bilaterally. Extraocular movements are intact without nystagmus. Facial sensation is symmetric and intact. Facial expression is normal with no facial weakness. Hearing intact to finger rub bilaterally. Palate elevation is symmetric and tongue protrusion

is midline. 5/5 shoulder shrug strength bilaterally.

MOTOR:

5/5 strength throughout in the upper and lower extremities.

REFLEXES:

Deep tendon reflexes are 2+ and symmetric bilaterally. Downgoing plantars bilaterally. No ankle clonus.

SENSORY:

Decreased pp and temperature in the entire palm.

ASSESSMENT/PLAN:

cluster HA -switches back and forth with the frovatriptan po and sumatriptan inj, uses O2 at home, on prednisone currently and getting periodic accupuncture.

- botox inj - consult placed

Neck pain

- EMG/NCS
- MR c-spine
- PT referral for cervical traction

/es/ Michelle L. Apperson, MD

Staff Neurologist

Signed: 06/30/2014 11:03

07/11/2014 ADDENDUM

STATUS: COMPLETED

MRI shows moderate to severe cervical stenosis at multiple levels. EMG of the

LEs: "Impression: This study shows partially recovered L5 radiculopathy. Reduced

CMAP amplitude in left peroneal nerve is likely due to loss of nerve fibers at

the root level". I'm not sure if the EMG might have been from a different patient because Dr. Rauf says 'she' and he has left sided neck / arm pain not

leg pain... Will double check.

/es/ Michelle L. Apperson, MD

Staff Neurologist

Signed: 07/11/2014 13:29

Receipt Acknowledged By:

07/11/2014 13:58 /es/ Christine Williams-Battistella RN,  
MSN

Care Manager Neurology/

CNL

## PACT Telephone Note

### Details

**Date entered:** June 23, 2014**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** GREGORY ELIE**Signed by:** GREGORY ELIE**Date signed:** June 23, 2014

### Note

LOCAL TITLE: PACT Telephone Note

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUN 23, 2014@09:19 ENTRY DATE: JUN 23,  
2014@09:19:38

AUTHOR: ELIE, GREGORY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* PACT Telephone Note Has ADDENDA \*\*\*

TELEPHONE NOTE

REFERRAL SOURCE

TELEPHONE ADVICE

PATIENT IDENTIFICATION:

RONALD CLARK CAMPBELL

546-80-2701

APR 11, 1950

(206)295-2554

The patient's identity was confirmed with the following items:

DOB.

SSN.

Telephone conversation with veteran/caregiver.

#### NATURE OF TELEPHONE CONTACT

#### CARE COORDINATION

#### ASSESSMENT

patient states the pain has to shoulder has gone down but he is getting some discomfort to his hand at times. requesting an appt with MD gupta for more information.

#### PLAN

: new appt scheduled in clinic

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

#### TELEPHONE TIME:

5-10 Minutes.

/es/ Gregory Elie, RN

Care Coordinator, RN

Signed: 06/23/2014 09:26

06/23/2014 ADDENDUM

STATUS: COMPLETED

please make an appointment with MD Gupta this week for patient.

/es/ Gregory Elie, RN

Care Coordinator, RN

Signed: 06/23/2014 09:27

Receipt Acknowledged By:

06/24/2014 11:17 /es/ William

Edwards

## Medical Support

Assistant

**TCP Telephone Care Staff Note****Details****Date entered:** June 23, 2014**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** MARITESS BAULA**Signed by:** MARITESS BAULA**Date signed:** June 23, 2014**Note**

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUN 23, 2014@08:57:33 ENTRY DATE: JUN 23,  
2014@09:12:56  
AUTHOR: BAULA,MARITESS EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Type of call: FOLLOW-UP.  
Facility Appointed PCP: GUPTA,MAMATHA  
No Associate Provider Identified  
Team: SAC PACT 9

Caller Response: APPT SAME DAY  
The patient, CAMPBELL,RONALD CLARK (546802701) Phone: (206)295-2554 called  
the  
call center.  
Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: DOB. SSN.

Chief Complaint: Not applicable to call.

Comments:

Pt states his back pain hasn't got any better since speaking with TAN on 6/16.

PCP: GUPTA, MAMATHA-ds

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: JUN 23, 2014 @ 08:01 (Call was suspended)

- SHELTON, DERRICK ALEXANDER JUN 23, 2014@08:01:13 - JUN 23, 2014@08:03:52

Ending at: 06/23/2014 @ 9:12:11 AM

Length: 17 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Caller Area: MATHER

Return phone call to patient. Report that he is not calling for Advice Nurse.

Report that he spoke to his RN CM PACT Gregory Elie last week regarding his

back pain. They discussed some home care he can do to make it better. He was

instructed to call PACT CM today if not better. Patient is calling today for a

telephone appt with CM.

Patient given appt with CM, Sac Care Manager Elie Tel 06/23/2014@13:15.

Identified problem: OTHER SPECIFIED COUNSELING.

Author: BAULA, MARITESS

/es/ Maritess Baula, RN, BSN, MBA

Telephone Care Program

Signed: 06/23/2014 09:12

Receipt Acknowledged By:

06/23/2014 11:07 /es/ Gregory Elie,

RN

Care Coordinator,

RN

06/25/2014 11:48

/es/ Mamatha Gupta,

MD

Staff Physician, Primary

Care

## TCP Telephone Care Staff Note

### Details

**Date entered:** June 16, 2014**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** ALMITA HERAMIA**Signed by:** ALMITA HERAMIA**Date signed:** June 16, 2014

### Note

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUN 16, 2014@10:23:06 ENTRY DATE: JUN 16,  
2014@10:44:30  
AUTHOR: HERAMIA,ALMITA EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

Type of call: SYMPTOM.  
Facility Appointed PCP: GUPTA,MAMATHA  
No Associate Provider Identified  
Team: SAC PACT 9

Caller Response: HOME CARE  
The patient, CAMPBELL,RONALD CLARK (546802701) Phone: (206)295-2554 called  
the  
call center.  
Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: SSN. Other:  
name.



## Comments:

He has back spasm pain for one week --- BHL  
GUPTA, MAMATHA on the SAC PACT 9 (hba note, ah, np)  
pls call (206)295-2554

Evaluation/Management Code: HC PRO PHONE CALL 21-30 MIN (98968).

Original call started at: JUN 16, 2014 @ 10:04 (Call was suspended)

- LIU, BILLY JUN 16, 2014@10:04:41 - JUN 16, 2014@10:05:43

- HERAMIA, ALMITA JUN 16, 2014@10:18:18 - JUN 16, 2014@10:18:32

Ending at: 06/16/2014 @ 10:38:41 AM

Length: 16 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Caller Area: MATHER

Chief Complaint: Back Pain After Lifting

## DSHI Disposition Report

Veteran Name: RONALD CLARK CAMPBELL

Veteran SSN: 546802701

Gender: 64 y/o Male

Chief Complaint: Back Pain After Lifting

Duration of Complaint: 1 Weeks

## RESULTS

System Concern: Herniated Disk

System Recommendation: 2-8 hours

Nurse Recommendation: 2-8 hours

Recommended Follow-up location: Physician office

Patient agreement: Yes

## NURSE COMMENTS

Returned call to vet who c/o upper back injury x~1 week ago with severe [8/10] back spasms in upper back, L>R. He was told by neurology RN that the spasms have been triggering his cluster HAs. Pt was on his knees clearing out boxes underneath stairs at a rental knees and twisted and turned while lifting

with his arms and shoulders instead of his legs. 2-3 days later it crept up on me. Cannot get into any comfortable position. Pt was just Rxd prednisone for cluster HAs. Tried ice (minimal relief), chiropractor (no relief; worse if anything), and hottub (relief x 30-40 min). Pt notes that overall his back spasms have gotten a little bit better.

#### POSITIVE RESPONSES

+ HPI: back pain, severe, duration longer than 2 hours

#### NEGATIVE RESPONSES

- HPI: back pain, radiation down leg
- HPI: leg numbness, since the injury
- HPI: leg weakness, unilateral, since the injury
- HPI: urinary incontinence, since the injury

#### PATIENT EDUCATION

No F2F PCP appts within the next week. Home care measures and warning signs reviewed with the patient. Will forward note to PCP and CM FYI.

Home care for back spasms include:

Apply warm compresses:

- | More effective if muscle spasms are present
- | Apply for 20-30 minutes, every 1-2 hours.

Rest your back

- | Avoid bedrest.
- | Return to walking as soon as possible.:
- | Back stretching exercises
- | Back range of motion exercises

Notify your doctor if you have a herniated disk and any of the following:

Loss of bladder control:

- | Urinary incontinence
- | Decreased urination
- | Inability to urinate

Loss of bowel control

Inability to walk

Worsening arm weakness (unilateral)  
Worsening arm numbness (unilateral)  
Worsening leg weakness (unilateral)  
Worsening leg numbness (unilateral)  
Worsening back pain  
Worsening neck pain

Pt understands and agrees w/ plan of care.

#### ADDITIONAL INFORMATION

Type of call: Symptom information

Pain level: 8

Encounter start: Mon, 16 Jun 2014 17:34:25 +0000 UTC

Encounter duration: 8 minutes 30 seconds

Nurse name: HERAMIA,ALMITA

Identified problem: Other Specified Counseling.

Patient/Caller agrees with plan.

Author: HERAMIA,ALMITA

/es/ HERAMIA,ALMITA NP

Telephone Advice NP, MTZ

Signed: 06/16/2014 10:44

Receipt Acknowledged By:

06/16/2014 13:55 /es/ Simon Chan,  
M.D.

Internal

Medicine

for MAMATHA

GUPTA

06/16/2014 11:08 /es/ Gregory Elie,  
RN

Care Coordinator,

RN

06/16/2014 ADDENDUM

STATUS: COMPLETED

talked to patient and he stated he was lifting some boxes under a stairwell. and  
x3days later began to have pain and discomfort to upper back. he then called the  
telephone nurse and Neurology because of severe Headaches. patient was called by  
me and offered stretching exercises for the upper back which patient stated "I  
don't know anything about exercises for the upper back and he would appreciate  
some. He is going to request medication from his Neurologist and stated he will  
come and pick them up today. patient was told to stop by the Section D Primary  
Care and talk to me so I can give him some upper back exercises per KRAMES.  
Will  
await patients arrival.

/es/ Gregory Elie, RN  
Care Coordinator, RN  
Signed: 06/16/2014 11:12

Receipt Acknowledged By:  
06/16/2014 12:39 /es/ Simon Chan,  
M.D.

Internal

Medicine

for MAMATHA

GUPTA

## Telephone Care VISN 21 Note

### Details

**Date entered:** June 15, 2014

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** JOHN J JENNINGS

**Signed by:** JOHN J JENNINGS

**Date signed:** June 15, 2014

**Note**

LOCAL TITLE: Telephone Care VISN 21 Note  
STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE  
DATE OF NOTE: JUN 15, 2014@13:05:05 ENTRY DATE: JUN 15,  
2014@13:11:58  
AUTHOR: JENNINGS, JOHN J EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

\*\*\* Telephone Care VISN 21 Note Has ADDENDA \*\*\*

The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called the  
call center.

The following identifiers were used to verify this patient: DOB. SSN.  
Other:  
full name.  
Contact Phone Number: 206-295-2554  
Caller Area: MATHER  
Type of call: SYMPTOM.  
Facility Appointed PCP: GUPTA, MAMATHA  
No Associate Provider Identified  
Team: SAC PACT 9

Chief Complaint: Headaches (Recurrent)

Comments:  
John (C2701) - Cluster headaches x 1 day.

Caller Response: ER-VA

Patient/Caller agrees with plan.  
Identified problem: OTHER SPECIFIED COUNSELING.

DSHI Disposition Report  
Veteran Name: RONALD CLARK CAMPBELL  
Veteran SSN: 546802701

Gender: 64 y/o Male

Chief Complaint: Headaches (Recurrent)

Duration of Complaint: 3 Days

#### RESULTS

System Concern: Subarachnoid Hemorrhage

System Recommendation: Urgent

Nurse Recommendation: Urgent

Recommended Follow-up location: Emergency room, VA

Patient agreement: No

Temperature: not taken

#### NURSE COMMENTS

Patient calling with 10/10 HA.. He was advised to go to Mather VA ER now.

#### POSITIVE RESPONSES

+ HPI: headache, severe

+ HPI: headache, worst ever experienced

#### NEGATIVE RESPONSES

- HPI: fever, subjective

- HPI: head injury, within past 10 days

- HPI: mental status change, confusion

- PMH: migraine headaches

#### ADDITIONAL INFORMATION

Type of call: Symptom information

Pain level: 10

Redirection Survey: I do not know what I would have done

Encounter start: Sun, 15 Jun 2014 20:06:35 +0000 UTC

Encounter duration: 4 minutes 46 seconds

Nurse name: JENNINGS,JOHN J

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Original call started at: JUN 15, 2014 @ 12:53 (Call was suspended)

- SAYEGH,PAUL A JUN 15, 2014@12:53:40 - JUN 15, 2014@12:55:13

Ending at: 06/15/2014 @ 1:10:47 PM

Length: 7 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Author: JENNINGS, JOHN J

/es/ John J. Jennings, RN

Nursing Service, Telephone Care Advice

Signed: 06/15/2014 13:11

Receipt Acknowledged By:

06/16/2014 14:04 /es/ Simon Chan,  
M.D.

Internal

Medicine

for MAMATHA

GUPTA

06/16/2014 ADDENDUM

STATUS: COMPLETED

Would need to see pt within the VA system if that service is available.

/es/ Simon Chan, M.D.

Internal Medicine

Signed: 06/16/2014 14:05

## PM&R Physical Medicine Clinic Consult

### Details

**Date entered:** June 12, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JEAN LEE

**Signed by:** JEAN LEE

**Date signed:** June 12, 2014

### Note

LOCAL TITLE: PM&R Physical Medicine Clinic Consult

STANDARD TITLE: PHYSICAL MEDICINE REHAB CONSULT

DATE OF NOTE: JUN 12, 2014@15:43 ENTRY DATE: JUN 12,  
2014@15:43:05

AUTHOR: LEE, JEAN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

CHIEF COMPLAINT: cluster HA

HPI: Pt is a 64 y old man who was diagnosed with cluster HA since 1999. Over the years, he had extensive work up and many types of treatment. However, HA seems getting worse. Currently he has daily HA for the last 11 months. HA starts at the right side nasalis muscle area, moving to the right temporal to the occipital, stabbing sensation behind the right eye, no photophobia, no nausea but the right eye can get watery. While coming to the VA parking lot today, he started having one, he immediately gave himself an imitrex shot, the HA has faded away. he is happy to learn that he is here for acupuncture treatment.

PMH: Computerized Problem List is the source for the following:

|                                           |          |            |
|-------------------------------------------|----------|------------|
| 1. Depressive Disorder NOS *              | 04/02/14 |            |
| BAHTEN, REGINA S                          |          |            |
| 2. Cluster headache (SNOMED CT 193031009) | 02/07/14 |            |
| APPERSON, MICHEL                          |          |            |
| 3. Chronic obstructive lung disease       | 01/30/14 |            |
| GUPTA, MAMATHA                            |          |            |
| 4. Hypertension Nos                       | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 5. Hyperlipidemia                         | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 6. Diabetes Type II                       | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 7. Headache                               | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 8. Carcinoma, Prostate                    | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 9. Arthralgias NOS                        | 11/26/13 | CHANG, MYO |
| S                                         |          |            |



10. Impotence

11/26/13

CHANG, MYO
- S
11. Vitamin D deficiency (SNOMED CT 34713006)

11/26/13

CHANG, MYO
- S

PSH: No surgeries on file.

Other:

MEDS: Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                         | Status     |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                         |            |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                | ACTIVE     |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                                                                  | ACTIVE     |
| 3)                            | DOXYCYCLINE MONOHYDRATE 100MG CAP TAKE ONE CAPSULE BY MOUTH EVERY 12 HOURS - FOR INFECTION. TAKE WITH PLENTY OF WATER AND REMAIN UPRIGHT FOR 30 MINUTES. FOR PROFILE ONLY-DISPENSED FROM OMNICELL       | ACTIVE     |
| 4)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                       | ACTIVE     |
| 5)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE     |
| 6)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                                                             | ACTIVE (S) |
| 7)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                           | ACTIVE     |
| 8)                            | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED                                                                                                    | ACTIVE     |

## VIA QUICK ORDER)

- |     |                                                                                                                                                                                                                      |            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 9)  | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                            | ACTIVE (S) |
| 10) | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                              | ACTIVE     |
| 11) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE     |
| 12) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                              | ACTIVE     |
| 13) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE                                                                                                                                             | ACTIVE (S) |
| 14) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HA PROPHYLAXIS                                                                                                                                   | ACTIVE (S) |

## Active Non-VA Medications

## Status

- =====
- |    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

15 Total Medications

Other:

ALLERGIES: PENICILLIN, PREDNISONE

## Physical Exam:

middle age man, normal gait,  
normal CN  
no local tender points

## Diagnosis:

Cluster HA

## PLAN:

acupuncture trial for HA

shenmen

GV20, GV24.5, 4 sishenchong,  
LI11, LI4, ST36, 4hz, cross link 10 min,  
yinxiong, GB13,GB12

pt tolerated well. felt very relaxed from treatment.

RTC: pt will be overbooked on July 9. pt will go to community acupuncturist  
at  
citrus heights for continue treatment while the writer of this note is  
away.

Return to clinic:

Other:

/es/ Jean Lee, MD  
Staff Physician, Physical Med & Rehab  
Signed: 06/12/2014 16:00

## Urology Transition Plan

### Details

**Date entered:** June 4, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** ROBERT CARTER  
**Signed by:** ROBERT CARTER  
**Date signed:** June 4, 2014

### Note

LOCAL TITLE: Urology Transition Plan  
STANDARD TITLE: UROLOGY DISCHARGE NOTE  
DATE OF NOTE: JUN 04, 2014@09:28 ENTRY DATE: JUN 04,  
2014@09:28:47  
AUTHOR: CARTER, ROBERT EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

## UROLOGY TRANSITION OF CARE:

RONALD CLARK CAMPBELL has been followed in the Urology clinic for:  
diagnosis and/or treatment of prostate Cancer.

PRESENT ILLNESS: 64 y/o male with Hx PCa treated with RRP in April, 2010.  
Then had slight increase in PSA, but re-evaluation of tissue suggested  
focal GS 9/10. Then had RT, completed Feb., 2013. (Seattle)

Sx - 1 time nocturia, but denies hesitancy, straining, dysuria, or  
hematuria. Normal bowel movements; denies blood.

SEXUAL FUNCTION IS NORMAL.

| Collection DT    | Spec  | PSA   |
|------------------|-------|-------|
| 05/19/2014 08:21 | SERUM | <0.01 |
| 12/11/2013 14:12 | SERUM | <0.01 |

REC: Patient is stable and can have PSA follow-up by Dr. Gupta.  
Since he had aggressive PCa, would suggest PSA every 6 months  
for 1 more year; if still undetectable, PSA annually for at  
least another 5 years (10 years post Rx). Obviously he can  
be referred back to Urology if there are future problems.

The patient is clinically stable and may transfer care back to the Primary  
Care team. Education has been done on key symptoms or occurrences to  
bring  
to the attention of health care staff that might suggest disease  
exacerbation  
or recurrence necessitating future attention in Urology.

/es/ Robert Carter, MD  
Staff Urologist

Signed: 06/04/2014 09:31

## Urology Telephone Note 13092

### Details

**Date entered:** June 4, 2014**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ROBERT CARTER**Signed by:** ROBERT CARTER**Date signed:** June 4, 2014

### Note

LOCAL TITLE: Urology Telephone Note 13092  
STANDARD TITLE: UROLOGY TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JUN 04, 2014@07:17      ENTRY DATE: JUN 04,  
2014@07:17:13  
AUTHOR: CARTER, ROBERT      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

UROLOGY NOTE:

PATIENT IDENTIFICATION:

RONALD CLARK CAMPBELL

546-80-2701

APR 11, 1950

(206)295-2554

The patient's identity was confirmed with the following items:

Name.

SSN.

TELEPHONE TIME: 12\_MIN

CHIEF COMPLAINT:

PCa

PRESENT ILLNESS: 64 y/o male with Hx PCa treated with RRP in April, 2010.

Then had slight increase in PSA, but re-evaluation of tissue suggested focal GS 9/10. Then had RT, completed Feb., 2013. (Seattle)

Sx - 1 time nocturia, but denies hesitancy, straining, dysuria, or hematuria.

Normal bowel movements; denies blood.

SEXUAL FUNCTION IS NORMAL.

| Collection DT    | Spec  | PSA   |
|------------------|-------|-------|
| 05/19/2014 08:21 | SERUM | <0.01 |
| 12/11/2013 14:12 | SERUM | <0.01 |

| Active Outpatient Medications (By Drug Class)                                                                                                                                                                           | Status     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                                                                                                                                                                                                                   |            |
| 1) DOXYCYCLINE MONOHYDRATE 100MG CAP TAKE ONE CAPSULE BY MOUTH EVERY 12 HOURS - FOR INFECTION. TAKE WITH PLENTY OF WATER AND REMAIN UPRIGHT FOR 30 MINUTES. FOR PROFILE ONLY-DISPENSED FROM OMNICELL                    | ACTIVE     |
| =====                                                                                                                                                                                                                   |            |
| 2) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS              | ACTIVE     |
| 3) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE (S) |
| =====                                                                                                                                                                                                                   |            |
| 4) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE                                                                                                                                             | ACTIVE (S) |
| =====                                                                                                                                                                                                                   |            |
| 5) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HA PROPHYLAXIS                                                                                                                                   | ACTIVE (S) |

- =====
- 6) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL. ACTIVE (S)
- =====
- 7) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY. ACTIVE
- =====
- 8) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES. ACTIVE (S)
- =====
- 9) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE. ACTIVE
- =====
- 10) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING. ACTIVE
- 11) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. ACTIVE
- =====
- 12) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. ACTIVE
- =====
- 13) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER) ACTIVE
- =====
- 14) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE ACTIVE

TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE  
STRENGTH.

| Active Non-VA Medications (By Drug Class)           | Status |
|-----------------------------------------------------|--------|
| =====                                               | =====  |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

IMP: PCa

REC: Patient is stable and can have PSA follow-up by Dr. Gupta.  
Since he had aggressive PCa, would suggest PSA every 6 months  
for 1 more year; if still undetectable, PSA annually for at  
least another 5 years (10 years post Rx). Obviously he can  
be referred back to Urology if there are future problems.

/es/ Robert Carter, MD  
Staff Urologist  
Signed: 06/04/2014 09:28

Receipt Acknowledged By:  
06/04/2014 12:37 /es/ Mamatha Gupta,  
MD

Staff Physician, Primary

Care

## Emergency Dept Discharge



**Details****Date entered:** May 24, 2014**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** GARY ROBERTS**Signed by:** GARY ROBERTS**Date signed:** May 24, 2014**Note**

LOCAL TITLE: Emergency Dept Discharge

STANDARD TITLE: DISCHARGE NOTE

DATE OF NOTE: MAY 24, 2014@05:26      ENTRY DATE: MAY 24,  
2014@05:26:42

AUTHOR: ROBERTS, GARY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

You have been evaluated in the Sacramento VA Medical Center Emergency Department.

You were treated today for:  
FEVER AND PNEUMONIA.

If your symptoms worsen or new symptoms develop, contact your physician or return to the Emergency Department immediately.

For your specific condition you should look for warning signs that include:

FEELING WORSE INSTEAD OF BETTER DESPITE APPROPRIATE USE OF MEDICATION.

-----  
---

To follow up with your primary care provider please call 1 800-382-8387.  
To follow up with the Mental Health Provider please call 1-916-366-5420 M  
to F.

The Suicide Hot line 24 / 7 at 1-800-273-8255

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\*\*\* THE TELEPHONE ADVICE NURSE CAN BE REACHED AT:1-800-382-8387. \*\*\*

We recommend that you follow up with your primary care provider within 1 week. Your primary care provider along with your care manager will be notified of your visit to the Emergency Department. There is a possibility that your follow up may be accomplished with a telephone appointment.

You have been given a prescription for:

DOXYCYCLINE (antibiotic): USE AS DIRECTED, TAKE UNTIL ALL MEDICATION IS GONE.

BE SURE TO CALL TUESDAY FOR A FOLLOW UP APPOINTMENT WITH YOUR PCP.

/es/ Gary Roberts, MD  
Staff Physician, Emergency Department  
Signed: 05/24/2014 06:02

## Nursing Emergency Dept Note

### Details

**Date entered:** May 24, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** SHEILA L MITCHELL  
**Signed by:** SHEILA L MITCHELL  
**Date signed:** May 24, 2014

**Note**

LOCAL TITLE: Nursing Emergency Dept Note  
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE  
DATE OF NOTE: MAY 24, 2014@04:40 ENTRY DATE: MAY 24,  
2014@04:40:34  
AUTHOR: MITCHELL, SHEILA L EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

0430 Hip lock placed in right forearm using 20g cath. Blood and urine  
specimens  
collected and sent to lab.  
0445 To x-ray and returned via wheelchair.  
0522 Moxifloxacin 400mg IV hung and infusing.  
0630 Moxifloxacin 400mg completed. Hep loc removed with cath intact.  
0633 Reviewed discharge instructions.  
Vital signs taken and recorded.  
0635 Discharged, ambulating with steady gait.

/es/ Sheila L. Mitchell, RN  
Staff Nurse, Emergency Department  
Signed: 05/24/2014 06:44

**Emergency Dept Clinician Note****Details**

**Date entered:** May 24, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** GARY ROBERTS  
**Signed by:** GARY ROBERTS  
**Date signed:** May 24, 2014

**Note**

LOCAL TITLE: Emergency Dept Clinician Note  
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: MAY 24, 2014@03:58      ENTRY DATE: MAY 24,  
2014@03:58:20

AUTHOR: ROBERTS, GARY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

CHIEF COMPLAINT:

Fever.

HISTORY OF PRESENT ILLNESS:

Pt is a 64 y/o male who states that he has had intermittant fever and  
chills since Tuesday. States he had a Tmax of 103 degrees which dropped  
to  
101.4 after APAP and cold compresses. States he has had intermittant  
spiking  
fevers since that time. States that these events are associated with  
facial  
flushing.

Denies associated cough, chest pain, SOB, nausea, vomiting,  
diarrhea,  
constipation, urgency, frequency and dysuria.

REVIEW OF SYSTEMS:

Negative for systems not addressed in HPI.

PROBLEMS / PAST MEDICAL HISTORY:

-----

Computerized Problem List is the source for the following:

1. Depressive Disorder NOS \*  
BAHTEN, REGINA

04/02/14

S  
2. Cluster headache (SNOMED CT 193031009) 02/07/14  
APPERSON, MICHEL  
3. Chronic obstructive lung disease 01/30/14  
GUPTA, MAMATHA  
4. Hypertension Nos 11/26/13 CHANG, MYO  
S  
5. Hyperlipidemia 11/26/13 CHANG, MYO  
S  
6. Diabetes Type II 11/26/13 CHANG, MYO  
S  
7. Headache 11/26/13 CHANG, MYO  
S  
8. Carcinoma, Prostate 11/26/13 CHANG, MYO  
S  
9. Arthralgias NOS 11/26/13 CHANG, MYO  
S  
10. Impotence 11/26/13 CHANG, MYO  
S  
11. Vitamin D deficiency (SNOMED CT 34713006) 11/26/13 CHANG, MYO  
S

ALLERGIES: PENICILLIN, PREDNISONE

MEDICATIONS:

-----

Medication Reconciliation performed NO

Computer is the source for the following medication list:

TOPIRAMATE 100MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY - USE  
MIGRAINE  
VERAPAMIL HCL 240MG SA TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR  
HA  
PROPHYLAXIS  
TIOTROPIUM 18MCG INHL CAP 30 Sig: INHALE 1 CAPSULE FROM INHALER BY ORAL  
INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO  
NOT  
SWALLOW.  
ROSUVASTATIN CA 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY -  
TO

LOWER CHOLESTEROL.

SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT    Sig: INJECT 1 CARTRIDGE  
(6MG/0.5ML)

UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD.  
DO

NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.

FORMOTEROL FUMARATE 12MCG INHL CAP    Sig: INHALE ONE CAPSULE FROM INHALER  
BY

ORAL INHALATION TWICE A DAY FOR BREATHING - \*CAPSULE FOR INHALATION  
DEVICE;

DO NOT SWALLOW.

MOMETASONE FUROATE 220MCG ORAL INHL 120    Sig: INHALE 2 PUFFS BY ORAL  
INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.

MONTELUKAST NA 10MG TAB    Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR  
ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)

METFORMIN HCL 500MG TAB    Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR  
DIABETES.

SILDENAFIL CITRATE 100MG TAB    Sig: TAKE ONE-HALF TABLET BY MOUTH AS  
DIRECTED

ONE HOUR BEFORE SEXUAL ACTIVITY.

ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL    Sig: INHALE 2 PUFFS BY ORAL  
INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.

FROVATRIPTAN 2.5MG TAB PKG 9    Sig: TAKE ONE TABLET BY MOUTH AS DIRECTED :  
-

TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS  
IF

NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS

CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB    Sig: TAKE ONE TABLET BY MOUTH  
ONCE

DAILY - TO IMPROVE BONE STRENGTH.

PHYSICAL EXAM:

GENERAL: AAO x 3; NAD.

-----

VITALS: P: 74 (05/24/2014 03:51); BP: 131/77 (05/24/2014 03:51);

RR: 18 (05/24/2014 03:51); Temp: 97.8 F [36.6 C] (05/24/2014 03:51);

|                  | Pulse ox: Measurement DT | P0x |
|------------------|--------------------------|-----|
|                  | (L/MIN)                  | (%) |
| 05/24/2014 03:51 | 96                       |     |
| 02/18/2014 08:25 | 97                       |     |

HEENT:

EOMI, PERRLA, neck supple, pharynx clear.

CHEST:

No wheezes, rales or rhonchi.

COR:

RRR without MRG.

SKIN:

No rashes or lesions.

ED ASSESSMENT/PLAN:

Intermittant spiking fever without associated sx in pt without travel history or known disease exposure. Will check labs, CXR and observe.

LABS/IMAGING:

CXRReport:

PA and lateral chest without comparison.

Findings:

Heart size normal. Small right lower lobe heterogeneous opacity best seen on the lateral. No significant effusion.

## Impression:

Small right lower lobe opacity concerning for pneumonia.

## ----- CBC -----

| BLOOD   | May 24<br>2014<br>04:20 | May 19<br>2014<br>08:19 | Feb 03<br>2014<br>14:20 | Units | Reference<br>Ranges |
|---------|-------------------------|-------------------------|-------------------------|-------|---------------------|
| -----   |                         |                         |                         |       |                     |
| ---     |                         |                         |                         |       |                     |
| WBC     | 17.1 H                  | 14.6 H                  | 6.2                     | K/cmm | 4.8 - 10.8          |
| RBC     | 4.28 L                  | 4.83                    | 5.10                    | M/cmm | 4.7 - 6.1           |
| HGB     | 13.1 L                  | 14.8                    | 15.6                    | g/dL  | 14 - 18             |
| HCT     | 39.8 L                  | 45.3                    | 46.8                    | %     | 42 - 52             |
| MCV     | 93.0                    | 93.7                    | 91.8                    | fL    | 80 - 99             |
| MCH     | 30.7                    | 30.7                    | 30.6                    | uug   | 27 - 34             |
| MCHC    | 33.0                    | 32.8                    | 33.3                    | gm/dL | 32 - 35.2           |
| RDW     | 14.3                    | 14.1                    | 14.5                    | %     | 11.5 - 14.5         |
| PLT     | 190                     | 244                     | 223                     | K/cmm | 130 - 400           |
| MPV     | 8.2                     | 7.1                     | 8.4                     | fL    | 7 - 10.4            |
| NEUT %  | 90.7 H                  | 84.9 H                  | 61.9                    | %     | 40 - 80             |
| LYMPH % | 4.2 L                   | 9.1 L                   | 26.5                    | %     | 20 - 51             |
| MONO %  | 4.9                     | 5.6                     | 7.8                     | %     | 2 - 13              |
| EOS %   | 0.1 L                   | 0.2 L                   | 3.1                     | %     | .5 - 7              |
| BASO %  | 0.1                     | 0.2                     | 0.7                     | %     | 0 - 2               |
| NEUT #  | 15.6 H                  | 12.4 H                  | 3.8                     | K/cmm | 1.5 - 7.9           |
| LYMPH # | 0.7 L                   | 1.3                     | 1.6                     | K/cmm | 1.2 - 3.4           |
| MONO #  | 0.8                     | 0.8                     | 0.5                     | K/cmm | .2 - 1.2            |
| EOS #   | 0.0 L                   | 0.0 L                   | 0.2                     | K/cmm | .1 - .5             |
| BASO #  | 0.0                     | 0.0                     | 0.0                     | K/cmm | 0 - .2              |

## ED COURSE:

0518: X-ray noted. Will treat for pneumonia in pt with PCN allergy.



ASSESSMENT :

Pneumonia.

PLAN:

IV abx load.

Doxycycline.

F/u with PCP.

Condition on d/c: improved.

Disposition: home.

/es/ Gary Roberts, MD  
Staff Physician, Emergency Department  
Signed: 05/24/2014 07:00

Receipt Acknowledged By:  
05/27/2014 11:00 /es/ Mamatha Gupta,  
MD  
Staff Physician, Primary  
Care

## Nursing Emergency Dept Triage

### Details

**Date entered:** May 24, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** SHEILA L MITCHELL  
**Signed by:** SHEILA L MITCHELL  
**Date signed:** May 24, 2014

### Note

LOCAL TITLE: Nursing Emergency Dept Triage  
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT TRIAGE NOTE  
DATE OF NOTE: MAY 24, 2014@03:52      ENTRY DATE: MAY 24,  
2014@03:52:07  
AUTHOR: MITCHELL, SHEILA L      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

## NURSING EMERGENCY DEPARTMENT TRIAGE/DISPOSITION

Time of Triage:

May 24, 2014@03:52

Mode of Arrival: Ambulatory

Chief Complaint:

64 yo male here with fever off/on x 3-4 days in the afternoons and evening  
timeframes. No cough. No problems voiding.

Pain from chronic headache.

## VITAL SIGNS:

BP: 131/77 (05/24/2014 03:51)  
Heart rate: 74 (05/24/2014 03:51)  
Respiration: 18 (05/24/2014 03:51)  
Temperature: 97.8 F [36.6 C] (05/24/2014 03:51)  
Oxygen Saturation:  
Measurement DT      POx  
                                 (L/MIN) (%)  
05/24/2014 03:51      96  
02/18/2014 08:25      97

Pain: 4 (05/24/2014 03:51)

MENTAL STATUS:

Level Of Awareness: Alert

Oriented To: Person, place, date, situation.

Accucheck Glucose Level

MG/DL: FS 259

SUICIDE & AGGRESSION SCREEN

Does patient have any thought of harming self?

No

Did patient act in any way on a plan to harm self before coming to ED?

No

Besides the above action if any occurred, has patient attempted suicide in the last 12 months?

No

Does patient have any thought of harming others?

No

Are you living in a home where you have been hit, kicked, verbally or sexually threatened by someone recently?

No

Patient allergies: PENICILLIN, PREDNISONE

Allergy Assessment complete: Yes

Current Medications:

Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                               | Status |
|-------------------------------------------------------------------------------------------------------------|--------|
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS<br>BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO | ACTIVE |

- IMPROVE BREATHING.
- 2) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE ACTIVE  
TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE  
STRENGTH.
  - 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE ACTIVE  
FROM INHALER BY ORAL INHALATION TWICE A DAY FOR  
BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
  - 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF  
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF  
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
  - 5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE  
DAILY - FOR DIABETES.
  - 6) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE  
PUFFS BY ORAL INHALATION TWICE A DAY - FOR  
BREATHING. RINSE MOUTH AFTER USE.
  - 7) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)
  - 8) ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.
  - 9) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.
  - 10) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -  
NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.
  - 11) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE (S)  
INHALER BY ORAL INHALATION ONCE DAILY -FOR  
BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
  - 12) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A ACTIVE (S)  
DAY - USE MIGRAINE
  - 13) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE (S)  
TWICE A DAY FOR HA PROPHYLAXIS

## Inactive Outpatient Medications

## Status

=====

- 1) SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE SYST INJECT 1 EXPIRED  
CARTRIDGE UNDER THE SKIN TWICE A DAY - NO MORE THAN  
2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24  
HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

15 Total Medications

TRIAGE LEVEL :  
LEVEL 4

/es/ Sheila L. Mitchell, RN  
Staff Nurse, Emergency Department  
Signed: 05/24/2014 03:55

## TCP Telephone Care Staff Note

### Details

**Date entered:** May 23, 2014  
**Location:** MARTINEZ VA MEDICAL CENTER  
**Written by:** MILDRED ILUMIN  
**Signed by:** MILDRED ILUMIN  
**Date signed:** May 23, 2014

### Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAY 23, 2014@16:14:31 ENTRY DATE: MAY 23,  
2014@16:29:43

AUTHOR: ILUMIN, MILDRED

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of call: SYMPTOM.

Facility Appointed PCP: GUPTA, MAMATHA

No Associate Provider Identified

Team: SAC PACT 9

Caller Response: URGENT CARE

The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called  
the  
call center.

Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: DOB. SSN.

Comments:

The caregiver said,

"His temperature is @ 101.2 and he has extremely low BP """""" -----

BHL GUPTA, MAMATHA on the SAC PACT 9 pls call

(206)295-2554

Note: Informs Mather ER open 24 hrs hba note

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: MAY 23, 2014 @ 16:03 (Call was suspended)

- LIU, BILLY MAY 23, 2014@16:03:22 - MAY 23, 2014@16:06:21

Ending at: 05/23/2014 @ 4:25:51 PM

Length: 14 minutes. (Call was suspended. This call length is the total  
amount

of time spent "active" in Telecare Record Manager.)

Caller Area: MATHER

Chief Complaint: Fever (over 100.4 degrees F)

#### DSHI Disposition Report

Veteran Name: RONALD CLARK CAMPBELL

Veteran SSN: 546802701

Gender: 64 y/o Male

Chief Complaint: Fever (over 100.4 degrees F)

Duration of Complaint: 20 Minutes

#### RESULTS

System Concern: Cellulitis; Lymphangitis; Skin Abscess

System Recommendation: 12-24 hours

Nurse Recommendation: 12-24 hours

Recommended Follow-up location: Urgent care, VA

Patient agreement: Yes

Temperature: 101.2 F

#### NURSE COMMENTS:

C/O on and off fever, chills since last night

Pt. reports doing cleaning project Mon until Thursday with sun exposure for 10-

12 hrs. Stated body covered from head to toe with 30 percent exposure to sun. Totally exhausted yesterday, developed fever, chills last night with temp-

102.3/F. Took Tylenol and cold compress slept with temp- 101.6/f.

"Woke up today feeling great", brought grandkids to school, Exposed to sun for

30 minutes . Twenty minutes ago with red, flushed face having chills , checked temp- 101.2/F. No other symptoms.

BP: 123/64, HR-73

118/63, HR-78

latest 135/62, HR-80

#### POSITIVE RESPONSES

+ HPI: myalgias

+ HPI: skin erythema, localized, worsening

+ HPI: weakness, fatigue, more than usual

+ MEDS: oral corticosteroids taken daily

+ PMH: diabetes

## NEGATIVE RESPONSES

- HPI: abdominal pain
- HPI: back pain
- HPI: cervical lymph node swelling, cervical lymph node tenderness
- HPI: cough, new or worsening
- HPI: diarrhea
- HPI: dysuria
- HPI: headache
- HPI: hematuria
- HPI: increased urinary frequency
- HPI: nasal congestion, duration longer than 2 days
- HPI: periorbital erythema
- HPI: rash
- HPI: red streaks, from the wound or insect bite
- HPI: rhinorrhea, yellow or brown
- HPI: skin lump, painful
- HPI: skin swelling, skin erythema
- HPI: skin tenderness, skin erythema
- HPI: sore throat
- HPI: symptoms similar to past UTI
- HPI: symptoms worsening
- HPI: tick bite, within past 6 weeks
- HPI: urinary urgency, constant
- HPI: vomiting
- HPI: weakness, worsening
- MEDS: chemotherapy
- MEDS: insulin
- PMH: HIV positive
- PMH: valvular heart disease
- PSH: organ transplant

## PATIENT EDUCATION

HOME CARE ON HEAT EXPOSURE per Briggs:

Loosen clothing

Drink plenty of Cold liquids

Cool towels ,Fan to help cool body

Advised MATHER UC Urgent eval .Patient decline as due to long distance.

Explained to patient that delayed treatment may worsen condition.

Agreeable to Nearest VA ER.



Informed that care recieved from Private/Community ER or outside of VA may not be covered by VA benefits, however want to be sure he is safe and well. Advised to call back 24/7 for any other needs/concerns. Pt. verbalizes understanding of information and agrees with plan.

**ADDITIONAL INFORMATION**

Type of call: Symptom information

Pain level: 0

Encounter start: Fri, 23 May 2014 23:20:35 +0000 UTC

Encounter duration: 8 minutes 19 seconds

Nurse name: ILUMIN,MILDRED

Identified problem: OTH UNSP COUNSEL.

Patient/Caller agrees with plan.

Author: ILUMIN,MILDRED

/es/ Mildred Ilumin, BSN, RN

Nursing Service, Primary Care

Signed: 05/23/2014 16:46

Receipt Acknowledged By:

05/27/2014 11:26 /es/ Mamatha Gupta,  
MD

Staff Physician, Primary

Care

05/27/2014 08:28 /es/ Theresa Ann Furlong,  
RN

Nursing

Service

## Patient Lab Reminder Letter

### Details

**Date entered:** May 7, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** THERESA ANN FURLONG

**Signed by:** THERESA ANN FURLONG

**Date signed:** May 7, 2014

## Note

LOCAL TITLE: Patient Lab Reminder Letter

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: MAY 07, 2014@09:38      ENTRY DATE: MAY 07,  
2014@09:38:26

AUTHOR: FURLONG, THERESA ANN      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

CLINIC ADDRESS:

10535 Hospital Way, Mather, CA 95655-1200

MAY 07, 2014

RONALD CLARK CAMPBELL

1521 WHITEHORSE ROAD

MEADOW VISTA, CALIFORNIA 95722

Dear Mr. CAMPBELL:

Your provider GUPTA, MAMATHA, has reviewed your medical chart and determined that you are due for laboratory tests to monitor your: Diabetes

Please have your blood drawn at your local VA clinic

within the next two weeks. Appropriate laboratory testing is essential to improving your health.

Please be FASTING for your laboratory test. FASTING means no food, milk, or

juice for 10 to 12 hours before your laboratory test. You can drink water.

If you are diabetic do NOT take your diabetes medication in the morning until

after your blood is drawn and you have had something to eat.

Please bring your VA Identification Card to have your blood drawn. You do not need any laboratory slips or paperwork.

Sincerely,

/es/ Theresa Ann Furlong, RN  
Nursing Service

Patient Record Number 7468482

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** April 30, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** May 1, 2014

### Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up  
STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: APR 30, 2014@11:34      ENTRY DATE: APR 30,  
2014@11:34:37  
AUTHOR: BAHTEN, REGINA S      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 64 year old MALE referred to the Mental Health Primary Care Clinic by: Gupta.

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%      VERIFIED  
Total S/C %: 60

|                     |     |
|---------------------|-----|
| KNEE CONDITION      | 10% |
| S/C                 |     |
| IMPAIRMENT OF FEMUR | 10% |
| S/C                 |     |
| TRAUMATIC ARTHRITIS | 10% |
| S/C                 |     |
| KNEE CONDITION      | 10% |
| S/C                 |     |
| BACK STRAIN         | 20% |
| S/C                 |     |
| LOWER LEG CONDITION | 20% |
| S/C                 |     |

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                     | Status |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                             |        |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS<br>BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO<br>IMPROVE BREATHING. | ACTIVE |
| 2) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE<br>TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE<br>STRENGTH.                   | ACTIVE |

- |     |                                                                                                                                                                                                                      |            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 3)  | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                    | ACTIVE (S) |
| 4)  | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS              | ACTIVE     |
| 5)  | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                                                                          | ACTIVE (S) |
| 6)  | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                                        | ACTIVE (S) |
| 7)  | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                                | ACTIVE (S) |
| 8)  | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                            | ACTIVE (S) |
| 9)  | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                              | ACTIVE (S) |
| 10) | SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE SYST INJECT 1 CARTRIDGE UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.            | ACTIVE     |
| 11) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. | ACTIVE (S) |
| 12) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                              | ACTIVE (S) |
| 13) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE                                                                                                                                             | ACTIVE (S) |
| 14) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HA PROPHYLAXIS                                                                                                                                   | ACTIVE (S) |

Active Non-VA Medications

Status

=====

1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY ACTIVE

15 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective: Worsening communications in relationships with wife and GF, has been withdrawing and getting more headaches. Ongoing transitions and pt is not using his salesmanship skills as though the people in his person life were his bosses. He is withdrawing from relationships, prefers to be non-confrontational.

Current substance abuse issues:

Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I just don't know, but you can see I have a sense of humor, still...."

Affect: appropriate to content, warm

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Yes

If pain is an ongoing issue, is there a plan to seek care? Yes, neuro

Assessment:

Pain syndrome, anxiety, not getting any worse  
cluster headaches.

Severer partner relational problems and problems with his children

Treatment Recommendations:

Pt gave his guns to his buddy.

Continue meds without change.

Pt was given list from VHHFA as he is minimally interested in additional  
meds,

Continue meds without change.

Return to clinic: 1-2 months.

Labs per PCP

Follow-up with PCP for COPD.

Follow-up with specialist for sleep study

Feeling Good by David Burns..

Refer to psychology prn next visit.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

Length of today's visit: 45 min

The risks, benefits, and side effects of psychiatric medications were  
discussed with the patient. The patient expressed understanding and the  
willingness to take medications. YES

Level of Care: ☒\_x\_\_Acute      ☐\_\_\_\_Subacute      ☐\_\_\_Maintenance

**MEDICATION RECONCILIATION:****No Changes To Medications:**

The patient's current CPRS Medication List was reviewed with Patient/Caregiver, and was found to be correct and up to date.

- no meds added
- no meds discontinued
- no meds changed
- no discrepancies noted

Patient/Caregiver has a reconciled medication list.

The importance of managing personal medication information was discussed w/ Patient/Caregiver:

- carry medication list at all times, in the event of emergency
- update medication list when meds are added, stopped, or changed
- give a list to his/her primary care physician at every visit and bring medication bottles if possible

/es/ Regina S. Bahten

Physician

Signed: 05/01/2014 11:44

## Telephone Care VISN 21 Note

### Details

**Date entered:** April 25, 2014

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** JOHN J JENNINGS

**Signed by:** JOHN J JENNINGS

**Date signed:** April 25, 2014

### Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: APR 25, 2014@19:45      ENTRY DATE: APR 25, 2014@19:57:13



AUTHOR: JENNINGS, JOHN J      EXP COSIGNER:  
URGENCY:      STATUS:

COMPLETED

The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called the  
call center.

The following identifiers were used to verify this patient: DOB. SSN.  
Contact Phone Number: (206)295-2554  
Caller Area: MATHER  
Type of call: SYMPTOM.  
Facility Appointed PCP: GUPTA, MAMATHA  
No Associate Provider Identified  
Team: SAC PACT 9

Chief Complaint: Not applicable to call.

Comments:

John (C2701) Pt has clustered headaches. Pt has ?'s re: meds he can take

Caller Response: \*OTHER

Patient/Caller agrees with plan.

Identified problem: OTHER SPECIFIED COUNSELING.

Patient has taken Sumatriptan, Patient advised per consultation with  
Pharmacist Manuel in Sacramento to wait at least 12 hours before dosing  
with  
Fluvatriptan.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Original call started at: APR 25, 2014 @ 19:30 (Call was suspended)

- JUAREZ, ESTHER APR 25, 2014@19:30:27 - APR 25, 2014@19:31:19

Ending at: 04/25/2014 @ 7:52:35 PM

Length: 8 minutes. (Call was suspended. This call length is the total  
amount

of time spent "active" in Telecare Record Manager.)

Author: JENNINGS, JOHN J

/es/ John J. Jennings, RN  
Nursing Service, Telephone Care Advice  
Signed: 04/25/2014 19:57

Receipt Acknowledged By:

04/28/2014 14:27 /es/ Mamatha Gupta,  
MD

Staff Physician, Primary

Care

05/07/2014 13:30 /es/ Michelle L. Apperson,  
MD

Staff

Neurologist

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** March 31, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** April 2, 2014

### Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up  
STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE  
DATE OF NOTE: MAR 31, 2014@11:48 ENTRY DATE: MAR 31,  
2014@11:49:04

AUTHOR: BAHTEN, REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 63 year old MALE referred to the Mental Health  
Primary Care Clinic by:

## DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

Total S/C %: 60

KNEE CONDITION 10%

S/C

BACK STRAIN 20%

S/C

LOWER LEG CONDITION 20%

S/C

IMPAIRMENT OF FEMUR 10%

S/C

TRAUMATIC ARTHRITIS 10%

S/C

KNEE CONDITION 10%

S/C

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                         | Status     |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                         |            |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                | ACTIVE     |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                                                                  | ACTIVE     |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                       | ACTIVE (S) |
| 4)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE     |
| 5)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                                                             | ACTIVE (S) |

- |     |                                                                                                                                                                                                                                                                                                                                                                                |            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 6)  | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                                                                                                                                                                                                  | ACTIVE (S) |
| 7)  | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                                                                                                                                                                                          | ACTIVE (S) |
| 8)  | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. | ACTIVE     |
| 9)  | ROSUVASTATIN CA 40MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY - TO LOWER CHOLESTEROL.                                                                                                                                                                                                                                                                                      | ACTIVE (S) |
| 10) | SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.                                                                                                                                                                                                                                                                        | ACTIVE (S) |
| 11) | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS.                                                                                                                                                           | ACTIVE (S) |
| 12) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                                                                                                                                                                                        | ACTIVE (S) |
| 13) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE                                                                                                                                                                                                                                                                                                       | ACTIVE (S) |
| 14) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HA PROPHYLAXIS                                                                                                                                                                                                                                                                                             | ACTIVE (S) |

## Active Non-VA Medications

## Status

=====

|    |                                                  |        |
|----|--------------------------------------------------|--------|
| 1) | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |
|----|--------------------------------------------------|--------|

15 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective:

Ongoing drama with divorce and kids. Has had loss of support of wife, GF, D's but his Sister has her own drama. Is seeing Girlfriend again. States per his insight last month, he has been avoiding drama

Also lost his job and home.

He is having issues with his headaches, is having fewer now that his stress level is higher.

He left job due to clash with culture which was unhealthy.

"I haven't been this healthy in 15 years! I'm not leaving this area, although my

kids are moving to Washington."

Am I creating the stress because I'm an adrenaline junkie?

Physically feeling never better.

Current substance abuse issues: Denied.

Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I just don't know, but you can see I have a sense of humor, still...."

Affect: appropriate to content, warm

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Yes

If pain is an ongoing issue, is there a plan to seek care? Yes, neuro

Assessment:

Treatment Recommendations:

Length of today's visit: 45 min

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

M

Diagnosis:

I: pain syndrome; anxiety

II: open

III: cluster h/a

IV: severe, health, relationship, financial, friends

V: 50

Impression: 63 y/o WM with anxiety sx in the context of unremitting cluster  
ha/

Level of Care: ☒ Acute      ☐ Subacute      ☐ Maintenance

Refer to [www.ncptd.org](http://www.ncptd.org) or other website or reading.

No: (if no, describe)

Signed: 04/02/2014 15:33

## Telephone Care VISN 21 Note

### Details

**Date entered:** March 28, 2014

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** JOHN J JENNINGS

**Signed by:** JOHN J JENNINGS

**Date signed:** March 28, 2014

### Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: MAR 28, 2014@20:16:51 ENTRY DATE: MAR 28, 2014@20:29:26

AUTHOR: JENNINGS, JOHN J

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of call: INFORMATION.

Facility Appointed PCP: GUPTA, MAMATHA

No Associate Provider Identified

Team: SAC PACT 9

Caller Response: \*OTHER

The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called the call center.

Contact Phone Number:

Caller Area: MATHER

Comments:

John(C2701) meds ?

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Original call started at: MAR 28, 2014 @ 20:13 (Call was suspended)

- SMITH, SEPIA MAR 28, 2014@20:13:13 - MAR 28, 2014@20:13:57



Ending at: 03/28/2014 @ 8:25:09 PM

Length: 9 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Author: JENNINGS, JOHN J

The following identifiers were used to verify this patient: DOB. SSN.

Chief Complaint: Not applicable to call.

Patient taking Frovatriptan asking how many hours does he have to wait before

takin Sumatriptan. Checked with Manuel in Mather inpatient Pharm who states

that he recommends 24 hours from last dose of Frovatriptan. Patient informed

Identified problem: OTHER SPECIFIED COUNSELING.

/es/ John J. Jennings, RN

Nursing Service, Telephone Care Advice

Signed: 03/28/2014 20:29

Receipt Acknowledged By:

03/31/2014 12:42 /es/ Mamatha Gupta,

MD

Staff Physician, Primary

Care

04/02/2014 08:45 /es/ Tamara Ortiz-Hammer,

RN

Care Manager, Primary

Care

## NFDR Consult

### Details

**Date entered:** March 4, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** CHARISSE MAY C VIVAR

**Signed by:** CHARISSE MAY C VIVAR**Date signed:** March 4, 2014**Note**

LOCAL TITLE: NFDR Consult  
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT  
DATE OF NOTE: MAR 04, 2014@18:14      ENTRY DATE: MAR 04,  
2014@18:14:37  
AUTHOR: VIVAR, CHARISSE MAY      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Lipid NFDR

63 y/o WHITE MALE patient with HLP with request for:  
Rosuvastatin 20mg Take ½ 40mg tablet daily      Days Supply: 90 Refills: 3

Computerized Problem List is the source for the following:

|                                               |          |            |
|-----------------------------------------------|----------|------------|
| 1. Cluster headache (SNOMED CT 193031009)     | 02/07/14 |            |
| APPERSON, MICHEL                              |          |            |
| 2. Chronic obstructive lung disease           | 01/30/14 |            |
| GUPTA, MAMATHA                                |          |            |
| 3. Hypertension Nos                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 4. Hyperlipidemia                             | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 5. Diabetes Type II                           | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 6. Headache                                   | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 7. Carcinoma, Prostate                        | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 8. Arthralgias NOS                            | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 9. Impotence                                  | 11/26/13 | CHANG, MYO |
| S                                             |          |            |
| 10. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                             |          |            |

Current Lipid meds: Rosuvastatin 20mg/d

Other current meds (including OTC if known):

| Active Outpatient Medications |                                                                                                                                                                                                                                                                                                                                                                                | Status     |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                                                                                                                                                                                                |            |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                                                                                                                                                                                       | ACTIVE     |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                                                                                                                                                                                                                                         | ACTIVE     |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                                                                                                                                                                              | ACTIVE     |
| 4)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS                                                                                                                                                                        | ACTIVE     |
| 5)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                                                                                                                                                                                                                                    | ACTIVE (S) |
| 6)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                                                                                                                                                                                                  | ACTIVE     |
| 7)                            | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                                                                                                                                                                                          | ACTIVE     |
| 8)                            | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. | ACTIVE     |
| 9)                            | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT                                                                                                                                                                                                                          | ACTIVE     |

USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.

- 10) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE (S)  
INHALER BY ORAL INHALATION ONCE DAILY -FOR  
BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
- 11) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE ACTIVE (S)
- 12) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE (S)  
TWICE A DAY FOR HA PROPHYLAXIS

## Active Non-VA Medications

## Status

=====

1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY ACTIVE

O: Vitals - most recent BMI: 27.7  
Height: 69 in [175.3 cm] (02/03/2014 12:31)  
Weight: 187 lb [85.0 kg] (02/18/2014 08:25)  
Pulse: 62 (02/18/2014 08:25)  
BP: 140/66 (02/18/2014 08:25)

## SCL1 - Lipid Values

| Collection DT    | Spec  | CHOL | TRIGLYC | HDL | LDL-CHO |
|------------------|-------|------|---------|-----|---------|
| 11/20/2013 08:28 | PLASM | 152  | 127     | 53  | 74      |

## SHF - Health Factor Select

No data available for OUTSIDE LDL

## ALT, AST, CPK

| Collection DT    | Spec  | ALT | AST |
|------------------|-------|-----|-----|
| 02/03/2014 14:20 | PLASM | 27  | 23  |

## SCL1 - CHEMISTRIES

| Collection DT    | Spec  | NA  | K     | CL  | CO2 | BUN | CREAT |
|------------------|-------|-----|-------|-----|-----|-----|-------|
| 02/03/2014 14:20 | PLASM | 139 | 4.1   | 106 | 24  | 16  | 0.86  |
| 11/20/2013 08:28 | PLASM | 140 | 3.1 L | 105 | 27  | 24  | 0.99  |

Creat clearance calculation based on ideal or actual body weight: IBW^75.61

HbA1c, TSH, Uric Acid

| Collection DT    | Spec  | HGBA1c | Tsh  |
|------------------|-------|--------|------|
| 11/20/2013 08:28 | SERUM |        | 1.80 |
| 11/20/2013 08:28 | BLOOD | 6.8    | H    |

## Drug Allergies:

PENICILLIN, PREDNISONE

A/P: Hyperlipidemia currently well controlled, on high-intensity statin (rosuvastatin 20mg/d from VA Puget Sound), consistent with AHA/ACC guidelines.

AST/ALT wnl. SCR/CrCl wnl. Based on previous fills, compliance appears to be good.

Lifestyle modifications/disease management: BMI 27.7; pt needs to be queried and continually counseled on the strong need for TLC: weight loss, diet, exercise.

Patient should be counseled to report s/sx of myopathy/rhabdomyolysis (muscle pain, muscle weakness, dark urine) immediately and stop statin/fibric acid immediately should they occur.

## Reference:

VA National Policy - Patient actively receiving an NF medication at another VA health-care system should continue to receive that NF medication when transferring their care to another VA health-care system.

## Prescription:

## Drug Name

ROSUVASTATIN CA 40 MG TAB

## SIG

TAKE ONE-HALF TABLET BY MOUTH EVERY DAY TO REDUCE  
CHOLESTEROL\*\*REPLACES SIMVASTATIN\*\*

Facility: PUGET SOUND HCS

## Recommendation:

NFDR is approved & if patient is compliant no renewal NFDR is necessary in the

/es/ Charisse May C. Vivar, Pharm.D.  
Clinical Pharmacist  
Signed: 03/04/2014 18:24

## TCP Telephone Care Staff Note

## Details

**Date entered:** March 3, 2014  
**Location:** MARTINEZ VA MEDICAL CENTER  
**Written by:** KIMBERLY A THOMAS YOUNG  
**Signed by:** KIMBERLY A THOMAS YOUNG  
**Date signed:** March 3, 2014

### Note

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: MAR 03, 2014@08:34:51 ENTRY DATE: MAR 03,  
2014@08:35:45  
AUTHOR: THOMAS YOUNG,KIMBER EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Type of call: INFORMATION.

Facility Appointed PCP: GUPTA, MAMATHA  
No Associate Provider Identified  
Team: SAC PACT 9

Caller Response: \*OTHER

The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called the  
call center.

Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: SSN.

Comments:

pt verifying his address

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 03/03/2014 @ 8:34:51 AM

Ending at: 03/03/2014 @ 8:35:16 AM

Length: 0 minutes.

Caller Area: MATHER

Chief Complaint: Not applicable to call.

Identified problem: OTH UNSP COUNSEL.

Patient/Caller agrees with plan.

Author: YOUNG, KIMBERLY A

/es/ Kimberly A. Young

Telephone Care

Signed: 03/03/2014 08:35

## TCP Telephone Care Staff Note

### Details

**Date entered:** March 3, 2014

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** J'NAI PINKARD

**Signed by:** J'NAI PINKARD**Date signed:** March 3, 2014**Note**

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: MAR 03, 2014@08:04:47 ENTRY DATE: MAR 03,  
2014@08:07:44  
AUTHOR: PINKARD, J'NAI EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

Type of call: INFORMATION.  
Facility Appointed PCP: GUPTA, MAMATHA  
No Associate Provider Identified  
Team: SAC PACT 9

Caller Response: MESSAGE LEFT  
The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called  
the  
call center.  
Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: SSN.

**Comments:**

pt requesting TAP to discuss recent rx order, one of which is missing for  
his  
cholesterol

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).  
Starting at: 03/03/2014 @ 8:04:47 AM  
Ending at: 03/03/2014 @ 8:07:25 AM  
Length: 2 minutes.  
Caller Area: MATHER



Chief Complaint: Not applicable to call.

Identified problem: OTH UNSP COUNSEL.

Author: PINKARD,J'NAI

/es/ PINKARD,J'NAI

Signed: 03/03/2014 08:07

Receipt Acknowledged By:

03/03/2014 11:20 /es/ Mamatha Gupta,  
MD

Staff Physician, Primary

Care

03/06/2014 09:26 /es/ Tamara Ortiz-Hammer,  
RN

Care Manager, Primary

Care

03/03/2014 ADDENDUM

STATUS: COMPLETED

Theresa pl call

/es/ Mamatha Gupta, MD

Staff Physician, Primary Care

Signed: 03/03/2014 11:21

Receipt Acknowledged By:

03/03/2014 12:16 /es/ Theresa Ann Furlong,  
RN

...

03/03/2014 ADDENDUM

STATUS: COMPLETED

TC to pt. ID verified by SSN an DOB.

ROSUVASTATIN CA 40 MG TAB

6090415D

DISCONTINUED 45

09/09/2013 12/08/2013

(2)

SIG: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY TO REDUCE  
CHOLESTEROL\*\*REPLACES

SIMVASTATIN\*\*

Provider: GOLOB, ANNA L

Cost/Fill: \$ 35.11

Pt stated he received the above medication from Puget Sound VA and needs it refilled stating he has a couple of weeks left but does not want to run out.

This CM informed the pt that his RX request for a refill will be forwarded to Dr. Gupta to review and refill if appropriate. Pt voiced understanding.

/es/ Theresa Ann Furlong, RN

...

Signed: 03/03/2014 12:22

Receipt Acknowledged By:

03/03/2014 13:49

/es/ Mamatha Gupta,

MD

Staff Physician, Primary

Care

## Tele-Eye Imaging Consult

### Details

**Date entered:** February 28, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** CRISTA CORBETT

**Signed by:** CRISTA CORBETT

**Date signed:** February 28, 2014

### Note

LOCAL TITLE: Tele-Eye Imaging Consult

STANDARD TITLE: OPHTHALMOLOGY REPORT

DATE OF NOTE: FEB 28, 2014@14:22 ENTRY DATE: FEB 28, 2014@14:22:26

AUTHOR: CORBETT, CRISTA

EXP COSIGNER:

URGENCY:  
COMPLETED

STATUS:

PUPIL DILATION:

Pupils not dilated for imaging

IMAGE QUALITY ASSESSMENT:

Image quality adequate

DIABETIC SURVEILLANCE ASSESSMENT:

RIGHT RETINAL IMAGES:

No Diabetic Retinopathy

LEFT RETINAL IMAGES:

Diabetic Retinopathy

Mild nonproliferative Diabetic Retinopathy

EXAM:

Result:

Exam Result: Abnormal

RECOMMENDATIONS:

Refer to:

Either Ophthalmology or Optometry

Within 3-4 months

\*\*\*\*\*  
\*Digital retinal imaging has been shown to be an effective method \*  
\*of screening for diabetic retinopathy, but cannot substitute for \*  
\*a comprehensive eye exam. \*  
\*\*\*\*\*

Imaging Staff:

Imager(select ONE): Alexander, Collier

/es/ Crista Corbett, OD

Optometrist

Signed: 02/28/2014 14:23

Receipt Acknowledged By:

03/03/2014 07:48 /es/

LOGAN, SYERRA

Admin Clerk, Medical

Service

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** February 28, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** February 28, 2014

### Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: FEB 28, 2014@11:21      ENTRY DATE: FEB 28,  
2014@11:21:57

AUTHOR: BAHTEN, REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE - Follow-up assessment and treatment

RONALD CLARK CAMPBELL is 63 year old MALE referred to the Mental Health Primary Care Clinic by:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 60

KNEE CONDITION

10%

S/C

TRAUMATIC ARTHRITIS

10%

S/C

BACK STRAIN

20%

S/C

LOWER LEG CONDITION

20%

S/C

KNEE CONDITION

10%

S/C

IMPAIRMENT OF FEMUR

10%

S/C

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                                                                                                                                                                                                | Status     |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                                                                                                                                                                                                | =====      |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                                                                                                                                                                                       | ACTIVE     |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                                                                                                                                                                                                                                         | ACTIVE     |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                                                                                                                                                                                              | ACTIVE     |
| 4)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS                                                                                                                                                                        | ACTIVE     |
| 5)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                                                                                                                                                                                                                                    | ACTIVE (S) |
| 6)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                                                                                                                                                                                                                                  | ACTIVE     |
| 7)                            | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                                                                                                                                                                                                                                          | ACTIVE     |
| 8)                            | PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. | ACTIVE     |
| 9)                            | SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1                                                                                                                                                                                                                                                                                                                               | ACTIVE (S) |

CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -  
NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.

- |     |                                                                                                                                                                  |        |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 10) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM<br>INHALER BY ORAL INHALATION ONCE DAILY -FOR<br>BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT<br>SWALLOW. | ACTIVE |
| 11) | TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A<br>DAY - USE MIGRAINE                                                                                      | ACTIVE |
| 12) | VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY FOR HA PROPHYLAXIS                                                                            | ACTIVE |

## Active Non-VA Medications

## Status

- |       |                                                  |        |
|-------|--------------------------------------------------|--------|
| ===== |                                                  |        |
| 1)    | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

13 Total Medications

Other Mental Health Providers, including Vet Center Staff:

Subjective: Has had loss of support of wife, GF, D's but his Sister is active.

Also lost his job and home.

He is having issues with his headaches, is having fewer now that his stress

level is higher.

He left job due to clash with culture which was unhealthy.

"I haven't been this healthy in 15 years! I'm not leaving this area, although my

kids are moving to Washington."

Am I creating the stress because I'm an adrenaline junkie?

Moving to Forestville tomorrow near the Russian River.

Current substance abuse issues: Denied.

## Mental Status Exam:

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I just don't know, but you can see I have a sense of humor, still...."

Affect: appropriate to content, warm

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

"Do you think I'm creating the chaos in my life so that I can have value for  
rescuing everyone from the chaos???"

## PAIN EVALUATION:

Is ongoing pain a significant issue? Yes

Is this pt's pain managed by primary care or the pain management program? Yes

If pain is an ongoing issue, is there a plan to seek care? Yes, neuro

## Assessment:

## Treatment Recommendations:

Length of today's visit: 45 min

The risks, benefits, and side effects of psychiatric medications were discussed with the patient. The patient expressed understanding and the willingness to take medications. YES

M

Diagnosis:

I: pain syndrome; anxiety

II: open

III: cluster h/a

IV: severe, health, relationship, financial, friends

V: 50

Impression: 63 y/o WM with anxiety sx in the context of unremitting cluster ha/ cuasing loss of jobs, money, marriage, friendships, health. Biolgically, he is complicated as above. Psychologically, his trauma hx wa not discussed. Socially he just moved to Sacramento, is umemployed and separated from his wife which has also cost him friendships. Spiritual issues were not discussed.

Level of Care: ☒Acute      ☐Subacute      ☐Maintenance

Treatment Plan:

Pt gave his guns to his buddy.

Continue meds without change.

Pt was given list from VHHFA as he is minimally interested in additional meds,

will continue eval at next visit.

Continue meds without change.

Return to clinic: 1-2 months.

Labs per PCP

Follow-up with PCP for COPD.

Follow-up with specialist for sleep study

Feeling Good by David Burns..

Refer to psychology prn next visit.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.



The plan was discussed with the patient. The patient understood and agreed to the plan, anticipated outcomes, and interventions.

Yes: x

No: (if no, describe)

#### MEDICATION RECONCILIATION:

No Changes To Medications:

#### Allergies:

PENICILLIN, PREDNISONE

#### Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                                                         | Status     |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| =====                         |                                                                                                                                                                                                         |            |
| ===                           |                                                                                                                                                                                                         |            |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                                                                | ACTIVE     |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                                                                  | ACTIVE     |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.                                       | ACTIVE     |
| 4)                            | FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS | ACTIVE     |
| 5)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                                                             | ACTIVE (S) |
| 6)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2                                                                                                                                                        | ACTIVE     |

- PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.
- 7) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER) ACTIVE
  - 8) PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS, THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES ARE FLARING. ACTIVE
  - 9) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING ERGOTAMINE/ERGOT-CONTAINING DRUGS. ACTIVE (S)
  - 10) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. ACTIVE
  - 11) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY - USE MIGRAINE ACTIVE
  - 12) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HA PROPHYLAXIS ACTIVE

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| ===                                                 |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

### 13 Total Medications

No Active Remote Medications for this patient

The patient's current CPRS Medication List was reviewed with Patient/Caregiver, and was found to be correct and up to date.

- no meds added
- no meds discontinued
- no meds changed
- no discrepancies noted

Patient/Caregiver has a reconciled medication list.

The importance of managing personal medication information was discussed w/ Patient/Caregiver:

- carry medication list at all times, in the event of emergency
- update medication list when meds are added, stopped, or changed
- give a list to his/her primary care physician at every visit and bring medication bottles if possible

/es/ Regina S. Bahten

Physician

Signed: 02/28/2014 16:04

## GI Study Results

### Details

**Date entered:** February 28, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** HOMAYOUN SHOJAMANESH

**Signed by:** HOMAYOUN SHOJAMANESH

**Date signed:** February 28, 2014

### Note

LOCAL TITLE: GI Study Results

STANDARD TITLE: GASTROENTEROLOGY LETTERS

DATE OF NOTE: FEB 28, 2014@10:20 ENTRY DATE: FEB 28, 2014@10:20:12

AUTHOR: SHOJAMANESH, HOMAYOU EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care

System (VANCHCS)

10535 Hospital Way, Sacramento, CA 95655-1200

CAMPBELL, RONALD CLARK  
11980 LAUREL AVE  
FORESTVILLE, CALIFORNIA 95436

FEB 28, 2014

Dear Mr. CAMPBELL, RONALD CLARK,

This letter is written in follow-up to your recent colonoscopy procedure.

----The result of the colon polyp(s) removed were:

Adenoma ( no cancer), Hyperplastic ( no cancer)

The recommended follow-up is:

5 years

Please call the GI Section if you do not receive this appointment.  
Continue to follow-up with your primary care doctor for your general  
medical care.

Please call the GI section phone number below if you have any questions or  
concerns about this information and would like to talk to a staff member.

For Patients seen in Sacramento

GI Section

VA Medical Center

Sacramento, CA 95655

916-366-5339

OR

For Patients seen in Martinez

GI Section

Martinez Outpatient Clinic

Martinez, CA 94553

925-372-2000 X 5168 or

925-372-2762

Sincerely,

/es/ Homayoun Shojamanesh, MD  
Staff Physician, Gastroenterology

Patient Record Number 7468482

## Tele-Eye Screening Consult

### Details

**Date entered:** February 28, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** COLLIER ALEXANDER  
**Signed by:** COLLIER ALEXANDER  
**Date signed:** February 28, 2014

### Note

LOCAL TITLE: Tele-Eye Screening Consult  
STANDARD TITLE: OPHTHALMOLOGY REPORT  
DATE OF NOTE: FEB 28, 2014@09:22 ENTRY DATE: FEB 28,  
2014@09:22:36  
AUTHOR: ALEXANDER, COLLIER EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy  
PATIENT DEMOGRAPHICS:

Sex: MALE  
Date of birth: APR 11, 1950  
Patient race: WHITE

Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:

Duration of diabetes (years):

Less than 1 year

Date: November 26, 2013

Information obtained by:

Chart documentation

Last retinal evaluation:

Date unknown

Information obtained by:

Self Report

LABS:

| Collection DT    | Spec  | HGBA1c |
|------------------|-------|--------|
| 11/20/2013 08:28 | BLOOD | 6.8 H  |

| Collection DT    | Spec  | CHOL | TRIGLYC | HDL | LDL-CHO |
|------------------|-------|------|---------|-----|---------|
| 11/20/2013 08:28 | PLASM | 152  | 127     | 53  | 74      |

CURRENT DIABETES THERAPY:

Oral agent

Comment: Metformin

DISPOSITION:

Patient scheduled for Diabetic Teleretinal Imaging

/es/ Collier Alexander

Health Technician

Signed: 02/28/2014 09:23

## Treadmill 30032

### Details

**Date entered:** February 19, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** SAUL SCHAEFER

**Signed by:** SAUL SCHAEFER

**Date signed:** February 21, 2014

## Note

LOCAL TITLE: Treadmill 30032  
STANDARD TITLE: CARDIOLOGY PROCEDURE NOTE  
DATE OF NOTE: FEB 19, 2014@13:19      ENTRY DATE: FEB 19,  
2014@13:19:40  
AUTHOR: SCHAEFER, SAUL      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

\*\*\* Treadmill 30032 Has ADDENDA \*\*\*

CAMPBELL, RONALD CLARK

AGE:63      GENDER:MALE

HEIGHT:69 in [175.3 cm] (02/03/2014 12:31)  
WEIGHT:187 lb [85.0 kg] (02/18/2014 08:25)

REFERRING PROVIDER: Gupta, Mamatha  
PROVIDER PERFORMING TEST:  
OTHER:  
FELLOW/NP: Janelle Michel NP  
TECHNICIAN: Shaw, F

DATE OF TEST: Feb 19, 2014  
LOCATION OF TEST: Nuclear Medicine

REASON FOR TEST: Chest Discomfort

STRESS TEST PROTOCOL: BRUCE  
NUCLEAR IMAGING PERFORMED: Yes  
(if YES, please see RADIOLOGY report for IMAGING results)

TEST PERFORMED ON BETA BLOCKER/CALCIUM CHANNEL BLOCKER: Yes

TIME EXERCISED: 7 Min. 54 Sec.

METS: 9.90

RESTING HEART RATE: 71 bpm

MAXIMUM HEART RATE: 130 bpm

PERCENTAGE OF MAXIMUM AGE-PREDICTED HEART RATE: 82%

RESTING BLOOD PRESSURE: 143/68mmHg

MAXIMUM BLOOD PRESSURE: 218/76mmHg

REASON FOR TERMINATION: LEG CRAMPS

\*\*\*\*\*

RESTING ECG: Normal

FUNCTIONAL CAPACITY: Normal

HR RESPONSE TO STRESS: Appropriate

BP RESPONSE TO STRESS: Hypertensive

CHEST PAIN: None

ARRHYTHMIAS: PVCs beats-isolated

ST CHANGES: None

\*\*\*\*\*

CONCLUSIONS:

technically non-Diagnostic secondary to failure to meet 85% MPHR; however,  
test is essentially negative and low risk (Duke score = 8)

/es/ Saul Schaefer, MD

Section Chief, Cardiology

Signed: 02/21/2014 09:44

03/17/2014 ADDENDUM

STATUS: COMPLETED

-----DISCONTINUED-----

60179868      SILDENAFIL CITRATE 100MG TAB    4 DP>11-26 11-26    11    30

Dr. Gupta,

Mr. Campbell called pharmacy telephone care requesting re-initiation of  
Sildenafil for ED. If approved, please mail. Thank you.



/es/ Jamie Young, Pharm.D.  
Supervisory Clinical Pharmacist  
Signed: 03/17/2014 08:35

Receipt Acknowledged By:  
03/18/2014 09:09 /es/ Mamatha Gupta,  
MD  
Staff Physician, Primary  
Care

## Informed Consent

### Details

**Date entered:** February 19, 2014  
**Location:** NORTHERN CALIFORNIA HCS  
**Written by:** JANELLE A MICHEL  
**Date signed:** None recorded

### Note

LOCAL TITLE: Informed Consent  
STANDARD TITLE: PROCEDURE CONSENT  
DATE OF NOTE: FEB 19, 2014@10:53:32 ENTRY DATE: FEB 19,  
2014@10:54:39  
AUTHOR: MICHEL, JANELLE A EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Signature Informed Consent for  
HEART - STRESS TEST - EXERCISE WITH MPI (EXERCISE STRESS TEST WITH  
MYOCARDIAL PERFUSION IMAGING)  
1. Anatomical Location: use of vein in arm to administer radioactive  
tracer  
2. Informed consent was obtained at 10:52 AM on February 19, 2014.  
The full consent document can be accessed through Vista Imaging.  
3. Patient name: CAMPBELL, RONALD CLARK

4. The patient HAS decision-making capacity.

5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication): To evaluate the blood flow to the heart muscle at rest and with stress. This test helps detect and assess coronary artery disease. This test helps to diagnose blockage(s) in the coronary arteries. This test provides a prognosis for those with known coronary blockage(s). This test will help estimate the risk to the heart of an upcoming surgery.

7. Treatment/procedure: This procedure involves using myocardial perfusion imaging (MPI) to compare pictures of the heart at rest and during stress. A radioactive tracer is used. It is injected in the blood stream. It is taken up by living heart muscle cells. If these cells are able to take up the tracer, then that area of the heart will light up on the images. If there is a significant blockage in the heart arteries, or the heart muscle cells are damaged, then no tracer will be seen. This will produce a dark area on the images. By comparing the rest and stress images, your doctor can determine areas damaged or having decreased blood flow. This test evaluates your heart while exercising. This test may be done on a treadmill or stationary bicycle.

Your provider will put an IV (small plastic tube) into a vein. This is usually in your arm. Your provider will also place small stickers on your skin. These are called electrodes. Your provider attaches these electrodes to a recording machine. This machine is called an electrocardiogram (ECG). This allows the provider to monitor your heart during the procedure. Your provider will inject a small amount of radioactive material through the IV. You will be asked to either sit or lie still in a nuclear camera. This will take pictures of your heart over 10-20 minutes.

You will start out exercising at a slow pace. You will increase your effort gradually. As you exercise, your heart function and blood pressure will be recorded. When you have reached your target exercise level, or if symptoms or ECG changes are noted, a radioactive material will be injected again. You will be asked to either sit or lie still in a nuclear camera. A second set of pictures will be taken over 10-20 minutes. When the test is completed, your provider will remove the electrodes and IV.

8. Neither anesthesia nor moderate sedation will be used.

## 9. Consent to Blood Products (if applicable):

It is not expected that blood products will be used in this treatment/procedure.

10. Practitioner obtaining consent: Michel, Janelle A (NURSE PRACTITIONER)

11. Supervising practitioner: Barnett, Charles A (CHIEF, NUCLEAR MEDICINE)

12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):

13. Witness Name(s):

14. Comments:

Comprehension Check Procedure2|DM

\*\*\* SCANNED DOCUMENT \*\*\*

SIGNATURE NOT REQUIRED

Electronically Filed: 02/19/2014

by: IMED IMED-SERVER

## GI Post Procedure Phone Call

### Details

**Date entered:** February 19, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** BREANNA ARMSTRONG

**Signed by:** BREANNA ARMSTRONG

**Date signed:** February 19, 2014

## Note

LOCAL TITLE: GI Post Procedure Phone Call  
STANDARD TITLE: GASTROENTEROLOGY TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: FEB 19, 2014@08:20 ENTRY DATE: FEB 19,  
2014@08:20:29  
AUTHOR: ARMSTRONG, BREANNA EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Patient's Name: CAMPBELL, RONALD CLARK

Phone# 206-295-2554

Procedure: Colonoscopy

Procedure Date: Feb 18, 2014

MD: Shojamanesh, Homayoun

Spoke With: patient Date & Time: Feb 19, 2014@08:15

Did you experience any of the following:

- Fever / chills? No
- Redness, soreness, swelling or bruising of IV , Thoracentesis or Paracentesis puncture site? No
- Loss of consciousness? No
- Bleeding (in stool, emesis, sputum, or at PEG tube site)? No
- Severe abdominal pain? No
- Nausea/Vomiting? No
- Difficulty swallowing? No
- Sore throat? No
- Chest pain or chest tightness? No

- Shortness of breath? No
- Hoarseness? No
- Lung pain? No
- Severe peri rectal pain? No
- Urinary retention post hemorrhoid banding? No

Were you satisfied with your experience? Yes

Is there anything we could have done better? Rated experience 10/10

Physician notified? No

Comments/Instructions:

/es/ CUNNINGHAM, BREANNA C RN

Signed: 02/19/2014 08:21

## GI Discharge Instructions

### Details

**Date entered:** February 18, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** PAUL BARREDO

**Signed by:** PAUL BARREDO

**Date signed:** February 18, 2014

### Note

LOCAL TITLE: GI Discharge Instructions

STANDARD TITLE: GASTROENTEROLOGY NURSING NOTE

DATE OF NOTE: FEB 18, 2014@11:59 ENTRY DATE: FEB 18,  
2014@11:59:06

AUTHOR: BARREDO, PAUL

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

VANCHCS GI Clinic Discharge Instructions::

-Do not drive a motor vehicle, operate machinery, or make important

decisions for at least 24 hours after your procedure. The medication given during your procedure may make you dizzy and sleepy and will affect how you act and think.

-You may resume a normal diet after you leave today unless instructed otherwise. However, for the first meal please eat light food, nothing greasy or spicy.

-During your procedure the doctor added air into your GI tract so you may experience some abdominal bloating and cramping. The sooner you can pass the air the better you will feel. The discomfort or bloating will subside in a few hours but may last all day.

-If you have any of the following symptoms, please call the clinic at (916) 366-5339 for advice.

- A. Passing or vomiting large amounts of blood.
- B. Passing black or tarry stools.
- C. Fever over 100° with or without chills.
- D. Severe tenderness or redness at IV needle puncture site.
- E. Severe abdominal or chest pain.
- F. Shortness of breath or tightness in the chest.
- G. Loss of consciousness or frequent bouts of dizziness.

-MEDICATIONS: You may resume your medications after the procedure unless instructed otherwise by your physician.

Resume all meds today

### Colonoscopy

-Call or return to ER if you experience severe abdominal distension or severe abdominal pain.

-Large amount of bleeding (>2 tablespoons.)

-Nausea, vomiting, or fever.

GI Clinic phone number (916) 366-5339 (8:00am-4:30pm)

After 4:30pm, weekends and holidays, please call (800) 382-8387

Follow Up:

Primary Provider

hand out given: polyps, hemorrhoids, diverticulosis and high fiber diet.

POST-OP INSTRUCTION given to patient and responsible adult. Verbalized understanding.

If you would like a copy of your procedure report, please contact Release of Information (ROI) at (916) 843 7005.

/es/ Paul Barredo, LVN

Staff LVN, GI

Signed: 02/18/2014 12:06

Receipt Acknowledged By:

02/18/2014 12:17 /es/ Rodelei M. Salera,  
RN

GI Staff

Nurse

## Colonoscopy Consult 19273

### Details

**Date entered:** February 18, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** HOMAYOUN SHOJAMANESH

**Signed by:** HOMAYOUN SHOJAMANESH

**Date signed:** February 18, 2014

### Note

LOCAL TITLE: Colonoscopy Consult 19273

STANDARD TITLE: GASTROENTEROLOGY PROCEDURE CONSULT

DATE OF NOTE: FEB 18, 2014@11:41 ENTRY DATE: FEB 18,  
2014@11:41:16

AUTHOR: SHOJAMANESH, HOMAYOU EXP COSIGNER:  
URGENCY: STATUS:

COMPLETED

COLONOSCOPY REPORT FEB 18, 2014

PATIENT NAME; CAMPBELL, RONALD CLARK546-80-2701

INDICATIONS: The patient is an 63-year-old MALE with hx colon polyps, hx copd, hx cluster headache, here for colonoscopy (0A), states last colonoscopy 3 years ago. States no n/v, no abd pain, no hematochezia, no melena, no altered stools, no wt loss, no FHx CRC.

PHYSICAL EXAMINATION: The patient is in no acute distress. CHEST: Clear. CARDIOVASCULAR: Regular rate. ABDOMINAL: Nondistended, normal bowel sounds, soft, nontender. EXTREMITIES: No edema.

HEALTH STATUS: ASA 2.

CONSENT: The procedure was discussed with the patient with the benefits and risks, including but not limited to bleeding, perforation and breathing difficulties. The patient was aware of the risks and gave written informed consent.

ENDOSCOPIST: Dr. Shojamanesh

MEDICATIONS: Fentanyl 100 mcg, Versed 4 mg, Benadryl 50 mg

cecum time; 6 min  
withdrawal time; 39 min

DESCRIPTION OF PROCEDURE: The patient was brought to the Endoscopy Suite and was given 2 liters of supplemental oxygen by nasal cannula. Cardiac and pulse oximetry monitoring were performed. After adequate



intravenous conscious sedation, colonoscopy initiated.

The Olympus Colonoscope was inserted into the rectum, slowly advanced to the sigmoid and remaining colon and into the cecum. Bowel preparation was fair

to good. Scattered areas stool that washed/moved/suctioned.

Scope was then withdrawn, while examining mucosal surfaces.

Patient tolerated the procedure well and there were no immediate complications.

#### FINDINGS:

Exam to cecum. Right and left colon diverticulosis from cecum to sigmoid. Three

3-5mm sessile transverse colon polyps removed with cold forceps. Somewhat tortuous colon. Rectum with hemorrhoids.

#### IMPRESSION:

Colon polyps removed.

Diverticulosis.

Hemorrhoids.

#### RECOMMENDATIONS:

Check path.

High fiber diet.

F/u pcp.

/es/ Homayoun Shojamanesh, MD

STAFF PHYSICIAN, GASTROENTEROLOGY

Signed: 02/18/2014 17:36

## Pre-Procedure Note 60302

### Details

**Date entered:** February 18, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** HOMAYOUN SHOJAMANESH

**Signed by:** HOMAYOUN SHOJAMANESH

**Date signed:** February 18, 2014

**Note**

LOCAL TITLE: Pre-Procedure Note 60302  
STANDARD TITLE: PROCEDURE NOTE  
DATE OF NOTE: FEB 18, 2014@10:06 ENTRY DATE: FEB 18,  
2014@10:06:46  
AUTHOR: SHOJAMANESH,HOMAYOU EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Diagnosis: hx colon polyp  
Scheduled Procedure: colon

Reason for the planned procedure: same

PHYSICAL ASSESSMENT:  
Allergies: PENICILLIN, PREDNISONE  
Mental Status: Alert and Oriented x3

Airway: Can patient open mouth wide? yes  
Can patient stick out tongue? yes  
Comments:

Lung: Comments: Lungs clear

Heart: heart regular rate  
Exam specific to procedure: Comments: Abdomen is soft, unremarkable, and  
no  
masses felt

Vital Signs: VITALS: 02/18/2014 08:25 BP:140/66 HR:62 Wt:187 lb [85.0  
kg]

Medications: Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                               | Status |
|-------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                       |        |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS<br>BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO | ACTIVE |

- IMPROVE BREATHING.
- 2) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE ACTIVE  
TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE  
STRENGTH.
  - 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE ACTIVE  
FROM INHALER BY ORAL INHALATION TWICE A DAY FOR  
BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
  - 4) FROVATRIPTAN 2.5MG TAB PKG 9 TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF  
MIGRAINE, MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF  
NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS
  - 5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE  
DAILY - FOR DIABETES.
  - 6) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE  
PUFFS BY ORAL INHALATION TWICE A DAY - FOR  
BREATHING. RINSE MOUTH AFTER USE.
  - 7) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)
  - 8) PREDNISONE 10MG TAB TAKE SIX TABLETS BY MOUTH ONCE ACTIVE  
DAILY FOR 5 DAYS, THEN TAKE FIVE TABLETS ONCE DAILY  
FOR 5 DAYS, THEN TAKE FOUR TABLETS ONCE DAILY FOR 5  
DAYS, THEN TAKE THREE TABLETS ONCE DAILY FOR 5  
DAYS, THEN TAKE TWO TABLETS ONCE DAILY FOR 5 DAYS,  
THEN TAKE ONE TABLET ONCE DAILY WITH FOOD.. USE FOR  
MIGRAINE RELIEF. TAKE WHEN THE CLUSTER HEADACHES  
ARE FLARING.
  - 9) SUMATRIPTAN SUCCINATE 6MG/0.5ML RFL KIT INJECT 1 ACTIVE  
CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY -  
NO MORE THAN 2 INJECTIONS IN 24 HR PERIOD. DO NOT  
USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.
  - 10) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM ACTIVE  
INHALER BY ORAL INHALATION ONCE DAILY -FOR  
BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
  - 11) TOPIRAMATE 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A ACTIVE  
DAY - USE MIGRAINE
  - 12) VERAPAMIL HCL 240MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE

## TWICE A DAY FOR HA PROPHYLAXIS

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

13 Total Medications

Is new EKG or CXR Necessary: no  
Pertinent Lab data:

Mallampati score: 1

American Society of Anesthesiologist (ASA) Classification:

1

[X] 2

3

4

(see below for ASA Classification Key)

Class 1: No organic, physiologic, biomedical, or psychiatric disturbance

Class 2: Mild to moderate systemic disease (Examples: well controlled HTN;  
well controlled asthma; well-controlled diabetes mellitus;  
age<1 year or >70 years)

Class 3: Severe systemic disease (Examples: poorly-controlled HTN;  
poorly-controlled diabetes mellitus; symptomatic respiratory  
disease (e.g. asthma, COPD); massive obesity.

Class 4: Severe systemic disease already life-threatening  
(Examples: unstable angina, debilitating respiratory disease)  
(Requires Anesthesia Consult)

RE-EVALUATION Prior to Procedure - To be completed by Procedure MD/Dentist  
at the time of procedure.

I have reviewed the interim history  
and repeated the relevant physical exam. There are no significant  
changes compared to prior visit. If changes in medical condition or  
exam are significant, list;

**SEDATION PLAN:**

☒ Sedation/Anesthesia options, benefits, and risks were discussed including: nausea/vomiting, allergic reactions, unexpected cardiac or pulmonary problems, and cardiac arrest. Patient expressed understanding and wishes to proceed with planned sedation/anesthesia.

Did a family member or companion accompany the patient and participate in the discussion and Interview? no

☒ Procedure can proceed with sedation.

Sedation Plan:

☒ Moderate

Deep

General Anesthesia

Comments:

/es/ Homayoun Shojamanesh, MD  
STAFF PHYSICIAN, GASTROENTEROLOGY  
Signed: 02/18/2014 10:12

## Informed Consent

### Details

**Date entered:** February 18, 2014

**Location:** NORTHERN CALIFORNIA HCS

**Written by:** WILHELMINA CANETE

**Date signed:** None recorded

### Note

LOCAL TITLE: Informed Consent  
STANDARD TITLE: PROCEDURE CONSENT

DATE OF NOTE: FEB 18, 2014@10:00:23 ENTRY DATE: FEB 18,  
2014@10:01:35

AUTHOR: CANETE, WILHELMINA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

### Signature Informed Consent for

COLONOSCOPY WITH POSSIBLE INTERVENTIONS (VA) (COLONOSCOPY WITH  
POSSIBLE INTERVENTIONS)

1. Anatomical Location: colon

2. Informed consent was obtained at 10:00 AM on February 18, 2014.

The full consent document can be accessed through Vista Imaging.

3. Patient name: CAMPBELL, RONALD CLARK

4. The patient HAS decision-making capacity.

5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):

Common reasons include:

To look for polyps and cancer in the colon.

To look for the cause of bleeding from colon.

To look for inflammation of the colon (colitis).

To investigate possible problems in the colon found on other tests,  
such as x-ray or blood tests.

Other reasons.

7. Treatment/procedure: A flexible tube that has a light and a camera  
is used. It allows your doctor to look inside of the colon. Your  
colon is also known as the large intestine or lower intestine. Your  
doctor inserts the scope into the rectum and steers it through the  
colon. Your doctor may:

Remove samples of tissue with a set of small tweezers. This is  
called a biopsy.

Remove polyp(s) with a tweezers or wire loop. A polyp is a bump or  
growth.

Prevent or stop bleeding. Your doctor may use heat, injection of  
drugs into the colon lining, or clips (staples).

Inject a permanent dye (tattoo) into an area of the colon to help  
find that area again later.

Stretch narrowed areas using balloons or other tools.

Take pictures.

There are other things you need to know:

You first have to clean out your colon. You will have to stay on a

liquid diet for a day before the procedure. You must not eat or drink any food the morning of the procedure. You will have to drink a special liquid to flush out your colon. This is usually done by drinking a gallon of a slightly salty liquid. You drink it over several hours the night before the test and, in some cases, the morning of the test. Most patients choose to have sedation (medicine given by vein to make you sleepy and reduce pain). If you have sedation, you will have to arrange for a responsible adult to be with you when you go home. If you have sedation, you should not drive, operate machinery, or make important decisions until at least the day following your test.

The procedure usually takes from 15 to 60 minutes. You will most likely be at the office or hospital for several hours. This includes the time before and after the procedure.

8. Moderate sedation will be used.

9. Consent to Blood Products (if applicable):

I CONSENT to the use of blood products during this treatment/procedure if they are needed. I understand that the benefit of blood products is that they may improve my overall condition or save my life. I understand that my consent for use of blood products is valid while I recover from the treatment/procedure. My provider will determine when this recovery period ends. If this consent form expires, my treatment plan changes, or if blood products are needed for a reason that is unrelated to this treatment/procedure,

I will be asked again for my consent for use of blood products. I understand that common risks of using blood products include (but are not limited to) infection or irritation where the needle is placed, fever, chills, and skin rashes. Other rare but more serious complications may occur such as allergic reactions, heart failure due to fluid overload, acute pulmonary edema (fluid leaking into the lungs), shock, or death. I also understand that transfusions of blood or blood products involve a small risk of transmission of diseases such as Hepatitis B (1 in 137,000), Hepatitis C (1 in 1,000,000), and HIV/AIDS (1 in 1,900,000). There is also a small risk of bacterial infection when blood platelets are transfused. Alternatives to blood or blood products may be available if my health, time, and procedure permit. These alternatives may include auto-donation (using my own previously donated blood) and intra-operative salvage (my own

blood collected during surgery). In addition, medications may be used to reduce the need for blood products.

10. Practitioner obtaining consent: Shojamanesh, Homayoun (PHYSICIAN)

11. Supervising practitioner:

12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):

13. Witness Name(s):

14. Comments:

Comprehension Check Procedure2|DM

\*\*\* SCANNED DOCUMENT \*\*\*  
SIGNATURE NOT REQUIRED

Electronically Filed: 02/18/2014  
by: IMED IMED-SERVER

## Gastroenterology Nurse Note

### Details

**Date entered:** February 18, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER



**Written by:** WILHELMINA CANETE**Signed by:** WILHELMINA CANETE**Date signed:** February 18, 2014**Note**

LOCAL TITLE: Gastroenterology Nurse Note

STANDARD TITLE: GASTROENTEROLOGY NURSING NOTE

DATE OF NOTE: FEB 18, 2014@09:00 ENTRY DATE: FEB 18,  
2014@09:00:21

AUTHOR: CANETE, WILHELMINA EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

\*\*\* Gastroenterology Nurse Note Has ADDENDA \*\*\*

ADM TIME:

Vitals - most recent

Temp: 97.2 F [36.2 C] (02/18/2014 08:25)

BP: 140/66 (02/18/2014 08:25)

HR: 62 (02/18/2014 08:25)

RR: 16 (02/18/2014 08:25) 02 Sat:

FBS:

RA/02@LPM

Pain: 0 (02/18/2014 08:25)

Location:

\*\*\*\*\*

YES 1. PATIENT ID: Verbal, ID Band, VA Card

Allergies: PENICILLIN, PREDNISONE

Allergy information verified: YES

NO 2.

No 3a. Pt. has an Advance Directive in Medical Record

No 3b. Pt. provided us with a copy of Advance Directive today

4. H&amp;P in chart (within 30 days) Read &amp; Reviewed

YES 5. Consent Signed, Dated &amp; Timed (within 30 days)

Patient verbally verified:

YES 6. Correct Procedure

YES 7. NPO Since: Time & Date: Feb 18, 2014 @ 05:30

Last Solid Food: Feb 16, 2014 @ 18:00

Yes 8. Bowel Prep Completed

Color of last Bowel Movement: Yellow

Fleets enema given: Time:

Results: Administered By: clear liq diet yesterday. Split prep 2nd  
dose  
finished at  
0530

YES 9. MD Orders, Nursing Assessment Completed

NO 10. Implants: Type: Location:

YES 11. Pt. Valuables: Guernsey

NO 13. Dentures:

14.

YES 15. Driver/Escort Waiting If yes,

Name: Penny-wife

YES 16. Post Procedure Instructions Reviewed with Patient, Driver/Escort

Date of Interview: FEB 18, 2014 Patient Age: 63

Physician: Dr Shojamanesh

Procedure: colonoscopy

Upon arrival patient was offered the option to don a hospital gown and have an IV placed prior to seeing the GI practitioner. Patient verbally consented to don gown and have an IV placed.

Patient was provided with a signaling device, and he/she was instructed to activate it at any time if he/she wishes to abort the planned procedure.

HAVE THERE BEEN ANY RECENT CHANGES IN YOUR MEDICATIONS?: None

If yes MD will be alerted for medication reconciliation purposes:

## CURRENT MEDICATIONS TAKEN TODAY:

vit D, verapamil at 0715 , inhalers

Are you using Fentanyl Patches? no

If Yes, when was the last time applied?

Diabetic (IDDM): no

Last dose:

Diabetic (NIDDM): yes

ASA: yes

Last dose: 81mg, 7 days ago

NSAIDS: no

Last dose:

Anti-platelets Therapy: no

Anticoagulation Therapy: no

LOC: AAO

Cognitive Limitations: None

Circ/Perfusion: Warm, Dry

Heart Tones: Normal

h/o HTN

Respirations: Regular

h/o asthma, COPD on inhalers

GI: Soft

Pain: 0

GU: Voids w/o problems

Comments:

h/o prostate ca,had surgery and radiation

GYN:

Skin: Intact

Comments:

Musc/Skeletal/Activity:

Mobility: Independent

Manual Dexterity: Normal

Comments:

Behavioral/Emotional Status: Calm, Cooperative

Comments:

Barriers to Learning/Functional Assessment:

Vision: Unimpaired

Glasses/Contact Lenses:

Hearing: Unimpaired

Communication: Normal

Interpreter Required:

Nutritional Assessment: Special Diet Restrictions  
diabetic

Cultural/Religious Preferences:

christian

PLAN OF CARE - Pre-Procedure Sedation

Knowledge deficit related to impending procedure

Outcomes: Patient has adequate and appropriate information related to pre-procedure, intra-procedure, and post-procedure

Instruct patient at initial visit that he/she must arrive with a responsible

adult to transport them following the procedure.

Procedure will be re-scheduled if arrangements not made.

Explain purpose of pre procedure sedation

Explain how conscious sedation works

Explain monitoring of vital signs/patient pain status throughout procedure.

Enroll patient in procedure class

Above actions completed

#### PLAN OF CARE - Intra- Procedure SEDATION

Potential for anxiety related to possible pain during impending procedure and

unfamiliar environment

Outcomes: Patient shows no signs of anxiety and verbalizes decreased level of

anxiety during procedure.

Allow private time 1 on 1 with patient to discuss fear or concerns

Explain monitoring of vital signs/patient pain status throughout procedure.

Discuss medications and how patient is monitored

Ask patient if he/she or someone he/she knows has ever had an untoward reaction

to sedation ... encourage discussion

Discuss any problems patient may have had with breathing, airway obstruction in

past.

Above actions completed

Potential for risk for altered gas exchange and ineffective breathing patterns

secondary to sedation

Outcomes: Patient will exhibit no signs of respiratory distress and airway

will remain patent throughout the procedure

Nurse will assess current allergies and update documentation of allergies in

CPRS

Nurse will verify/maintain NPO status

Nurse will assure that all equipment in close proximity and in working order

prior to procedure

Nurse administering conscious sedation will keep noise level to a minimum.

Nurse will remain alert to subtle changes such as dyspnea, hyperventilation,

cyanosis, shortness of breath or stridor

in breathing patterns and possible drop in oxygen saturation and/or hypotension

keeping physician informed of patient

status during procedure.

Above actions completed

Potential for actual pain during procedure

Outcome: Patient will verbalize or demonstrate relief of pain during and post-procedure.

Nurse will assess level of pain throughout the procedure and administer analgesic as needed per order and evaluate effectiveness.

Above actions completed

## PLAN OF CARE -Post- Procedure SEDATION

Potential for altered level of consciousness or sensory motor deficit at discharge

Outcome: Patient will remain free of injury and will be oriented x 3 prior to discharge.

Patient will be fully awake and oriented, exhibit the ability to cough and deep breath prior to discharge, ambulate with steady gain as appropriate per pre-procedure, with minimal pain, and minimal nausea.

Above actions completed

Potential knowledge deficit for self care

Outcome: Patient and/or caregiver will verbalize an understanding of discharge instructions

Discharge instructions will be provided to patient. Nurse will assure all questions are answered, and have patient repeat instructions as they understood them. Nurse will individualize teaching based on patients' ability to understand.

Nurse will place follow-up call to patient the following work ay of procedure.

Assure patient doing well post-procedure, answer questions and reinforce dates for follow-up, if any.

Above actions completed

Patient will be fully awake and oriented, exhibit the ability to cough and deep

Report given to receiving unit.

ETOH use? No



Chronic pain Medication use? No  
Drug use? No  
Tobacco use? No

Additional Comments:

Hx Prostate Ca - sx 2010; radiation tx Jan-Feb 2013

No change in medical condition since seen for anesthesia pre-op. Patient agrees to proceed.

A procedure was done using an endoscope with the following serial number [SCOPE 1]:

Serial#: PCF-9416

/es/ Hazel C. Terrado RN,BSN,CGRN  
Staff Nurse, GI Clinic  
Signed: 02/18/2014 10:13

02/18/2014 ADDENDUM  
FSBS=95 mg/dl @ 0907

STATUS: COMPLETED

/es/ Hazel C. Terrado RN,BSN,CGRN  
Staff Nurse, GI Clinic  
Signed: 02/18/2014 10:14

## Telephone Care VISN 21 Note

### Details

**Date entered:** February 16, 2014  
**Location:** MARTINEZ VA MEDICAL CENTER  
**Written by:** LISA M MANIO-BIBAT  
**Signed by:** LISA M MANIO-BIBAT  
**Date signed:** February 16, 2014

### Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: FEB 16, 2014@18:46:05 ENTRY DATE: FEB 16,  
2014@19:05:02

AUTHOR: MANIO-BIBAT,LISA M EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

The patient, CAMPBELL,RONALD CLARK (546802701) Phone: (206)295-2554 called  
the  
call center.

Contact Phone Number:

The following identifiers were used to verify this patient: DOB. SSN.  
Type of call: SYMPTOM.

Facility Appointed PCP: GUPTA,MAMATHA

No Associate Provider Identified

Team: SAC PACT 9

Caller Area: MATHER

Comments:

Manio-Bibat(C2701) Question about onset of action for Bisacodyl tablet.  
TAN

instructed Veteran to expect onset of action within 6-12 hrs of taking  
tablet

PO.

Caller Response: \*OTHER

Patient/Caller agrees with plan.

Chief Complaint: Not applicable to call.

Identified problem: OTHER SPECIFIED COUNSELING.

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: FEB 16, 2014 @ 18:10 (Call was suspended)

- WING,JAMIE A FEB 16, 2014@18:10:53 - FEB 16, 2014@18:11:49

Ending at: 02/16/2014 @ 6:58:10 PM

Length: 13 minutes. (Call was suspended. This call length is the total  
amount

of time spent "active" in Telecare Record Manager.)

Author: MANIO-BIBAT,LISA M

/es/ MANIO-BIBAT,LISA M

Signed: 02/16/2014 19:05

Receipt Acknowledged By:

02/18/2014 13:28 /es/ Mamatha Gupta,

MD

Staff Physician, Primary

Care

## NFDR Consult

### Details

**Date entered:** February 13, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** TRACY PHAM

**Signed by:** TRACY PHAM

**Date signed:** February 14, 2014

### Note

LOCAL TITLE: NFDR Consult

STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT

DATE OF NOTE: FEB 13, 2014@13:49 ENTRY DATE: FEB 13,  
2014@13:50:52

AUTHOR: PHAM, TRACY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

S/O:

Triptan NFDR

63 y/o WHITE MALE patient with migraines with request for:

Drug Name: imitrex inj

Dose: 6 mg /0.5 ml

Route: SC

Schedule           bid  
Quantity:           18  
# of Refills:       11

pt w/ migraines currently prescribed

FROVATRIPTAN TAB 2.5MG

TAKE ONE TABLET BY MOUTH AS DIRECTED : - TAKE 1ST DOSE AT ONSET OF MIGRAINE,

MAY TAKE ADDITIONAL DOSE AFTER 2 HOURS IF NEEDED. DO NOT TAKE MORE THAN 3 TABLETS IN 24 HOURS nfdR appr 2/14tp#

s/w pt:

pt has up to 8-10 cluster headaches per day during the clusters

pt is using injections more.

pt's aware of not taking more than 3 tablets of frovatriptan in 24 hours.

Pt's advised to use either oral or injection. Do not use both at the same time/day

pt also mentions that he will be traveling to Japan. Pt needs up to 18 injections for traveling. Advised pt to come to pharmacy with the traveling

documents, pharmacy will be able to provide more than 1 month supply

A/P:

Reference:

VISN 21 Triptan Limitations Criteria

[http://vaww.visn21.med.va.gov/pharmacy/CFU\\_Docs/TRIPTANS%20LIMITATION%20CRITERIA.doc](http://vaww.visn21.med.va.gov/pharmacy/CFU_Docs/TRIPTANS%20LIMITATION%20CRITERIA.doc).

Quantity restrictions are for the entire triptan class. Since pt will be on

both injection and oral tablets, each quantity is adjusted so that the maximum

triptan quantity per month is not exceeded.

Recommendation: NFDR is approved & if patient is compliant no renewal NFDR is

necessary in the future. RX (adjusted qty #8) entered in VISTA and will be

mailed to patient

/es/ Tracy Pham, Pharm.D., CACP

Pharmacist

Signed: 02/14/2014 12:07

Receipt Acknowledged By:

02/14/2014 13:53 /es/ Michelle L. Apperson,

MD

Staff

Neurologist

## NFDR Consult

### Details

**Date entered:** February 11, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** TRACY PHAM

**Signed by:** TRACY PHAM

**Date signed:** February 11, 2014

### Note

LOCAL TITLE: NFDR Consult

STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT

DATE OF NOTE: FEB 11, 2014@14:41 ENTRY DATE: FEB 11,  
2014@14:41:45

AUTHOR: PHAM, TRACY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Triptan NFDR

63 y/o WHITE MALE patient with migraines with request for:

Drug Name: frovatriptan

Dose: 2.5 mg

Route: oral

Schedule           bid  
Quantity:           9  
# of Refills:      11

Per Neurology: pt has up to 10 cluster headaches per day during the clusters,  
and pt's unable to take more than 2 sumatriptan injection in 24 hours.

pt w/ migraines currently prescribed:

SUMATRIPTAN INJ 6MG/0.5ML  
INJECT 1 CARTRIDGE (6MG/0.5ML) UNDER THE SKIN TWICE A DAY - NO MORE THAN 2  
INJECTIONS IN 24 HR PERIOD. DO NOT USE WITHIN 24 HRS OF TAKING  
ERGOTAMINE/ERGOT-CONTAINING DRUGS.

VERAPAMIL TAB,SA 240MG  
TAKE ONE TABLET BY MOUTH TWICE A DAY FOR HA PROPHYLAXIS

TOPIRAMATE TAB 100MG  
TAKE ONE TABLET BY MOUTH TWICE A DAY

Computerized Problem List is the source for the following:

|                                           |          |            |
|-------------------------------------------|----------|------------|
| 1. Cluster headache (SNOMED CT 193031009) | 02/07/14 |            |
| APPERSON, MICHEL                          |          |            |
| 2. Chronic obstructive lung disease       | 01/30/14 |            |
| GUPTA, MAMATHA                            |          |            |
| 3. Hypertension Nos                       | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 4. Hyperlipidemia                         | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 5. Diabetes Type II                       | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 6. Headache                               | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 7. Carcinoma, Prostate                    | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 8. Arthralgias NOS                        | 11/26/13 | CHANG, MYO |
| S                                         |          |            |
| 9. Impotence                              | 11/26/13 | CHANG, MYO |
| S                                         |          |            |

10. Vitamin D deficiency (SNOMED CT 34713006)  
S

11/26/13 CHANG, MYO

VITALS: 02/07/2014 10:50 BP:159/74 HR:76 Wt:194.4 lb [88.4 kg

Reference:

VISN 21 Triptan Limitations Criteria -

[http://vaww.visn21.med.va.gov/pharmacy/CFU\\_Docs/TRIPTANS%20LIMITATION%20CRITERIA.doc](http://vaww.visn21.med.va.gov/pharmacy/CFU_Docs/TRIPTANS%20LIMITATION%20CRITERIA.doc)

Recommendation: NFDR is approved & if patient is compliant no renewal NFDR is necessary in the future. RX as written in consult entered in VISTA and will be mailed to patient

Formulary Restrictions:

All triptans (formulary and non-formulary) have quantity limitations per month. Use of formulary or non-formulary agents in excess of monthly quantity limitations requires a non-formulary drug request (see non-formulary criteria below). Approved triptan quantity non-formulary requests also have quantity limitations as recommended by the American Academy of Neurology (AAN). According to the AAN Migraine Headache Guidelines, acute therapy should be limited to 2 headache days per week on a regular basis in an effort to guard against medication over-use headaches (AKA, rebound headache or drug-induced headache)

/es/ Tracy Pham, Pharm.D., CACP  
Pharmacist  
Signed: 02/11/2014 15:14

Receipt Acknowledged By:

02/24/2014 11:27 /es/ Michelle L. Apperson,  
MD

Staff

Neurologist

## Neurology Attending Consult 60241

### Details

**Date entered:** February 7, 2014**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** MICHELLE L APPERSON**Signed by:** MICHELLE L APPERSON**Date signed:** February 7, 2014

### Note

LOCAL TITLE: Neurology Attending Consult 60241

STANDARD TITLE: NEUROLOGY ATTENDING CONSULT

DATE OF NOTE: FEB 07, 2014@11:03 ENTRY DATE: FEB 07,  
2014@11:03:32

AUTHOR: APPERSON, MICHELLE L EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

Thank you for referring RONALD CLARK CAMPBELL to the VA Neurology Clinics. The patient was seen in the Neurology Rapid Access Clinic on 2/7/14.

#### HISTORY OF PRESENT ILLNESS:

This is a 63-year-old right-handed man who may be ambidextrous (eats and throws a ball left handed) who has been referred here for neurologic evaluation.

He clarified that as a young child, he used his left hand for everything then switched to his writing with his right hand in 1st grade to be like everyone else.

He transferred here from Puget Sound VA. They diagnosed him with cluster HA. He started to get headaches in 1999, severe HA. Triggered by ETOH or warm



climates. Clusters of headaches off and on after this. Then in 2008, they increased and were cyclical in nature every 7-10 days then none for months. He couldn't identify a cause. In 2009 he was finally diagnosed with cluster headaches. He was tried on various prophylactic agents and sumatriptan nasal for abortive treatment. The sumatriptan worked 50% of the time. Otherwise, Headache would continue for up to 3 hours. Oxygen with a high flow concentrator was started in 2011. That was very effective if used within 10 minutes. He couldn't travel any longer because of the O2 tanks. HA worsened to the point that he couldn't work at all since 2011. In 2011, the headache never went away and he was diagnosed with 'chronic' headache. He cut out any possible triggers, including alcohol that was a definite trigger. He couldn't identify any triggers (barometric pressure, exercise, chocolate, etc... ).

He ended up taking early retirement in 2012. He finally was hospitalized for DHE treatment. This resolved his headache for 11 months. Then he was even thinking about going back to work part time when the headaches returned, worse than ever. He had another DHE inpatient treatment that helped but headaches returned within 3 days. He started to have a cluster flare in 12/2013 that was treated with prednisone.

He moved to Sacramento in 10/2013, trying to get more help from the VA for his headaches. Since he's been here, he has been unable to get his medications filled. The Puget Sound VA refused to fill his headache meds. His wife left him after 41 years of marriage. He considered suicide in 2013 and called the VA hotline. He has been seen in MH and dx'ed with PTSD from headaches.

Then for the last two weeks, he had increased headaches despite

verapamil + topiramate. He was having 5-6 headaches at night. He was taking two sumatriptan per 24 hour period. He generally tries oxygen, then a sumatriptan injection, then the HA comes back, he tries oxygen again all throughout the night. He has several headaches then throughout the day. At some point, he stopped the verapamil. The headaches occurred like clockwork off and on every few hours all night and all day. Now back to one per night for the last few days. He restarted verapamil 4 days ago and he wonders if that might be related to his headaches improving. He continued to take topiramate throughout this time.

**PAST MEDICAL HISTORY:**

Computerized Problem List is the source for the following:

|                                              |          |            |
|----------------------------------------------|----------|------------|
| 1. Chronic obstructive lung disease          | 01/30/14 |            |
| GUPTA, MAMATHA                               |          |            |
| 2. Hypertension Nos                          | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 3. Hyperlipidemia                            | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 4. Diabetes Type II                          | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 5. Headache                                  | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 6. Carcinoma, Prostate                       | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 7. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 8. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 9. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                            |          |            |

**MEDICATIONS:**

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                   | Status |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                         |                                                                                                                                                                   |        |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                            | ACTIVE |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE |
| 4)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                       | ACTIVE |
| 5)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                     | ACTIVE |
| 6)                            | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                             | ACTIVE |
| 7)                            | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.           | ACTIVE |

| Active Non-VA Medications |                                                  | Status |
|---------------------------|--------------------------------------------------|--------|
| =====                     |                                                  |        |
| 1)                        | Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

Verapamil SR 240 mg twice daily

topiramate 50 mg bid

Melatonin 10 mg before bedtime every night

sumatriptan SC inj gives instant relief however he is limited to 2 inj / 24 hours

ALLERGIES:

PENICILLIN, PREDNISONE

## EXAMINATION:

VITALS: 02/07/2014 10:50 BP:159/74 HR:76 Wt:194.4 lb [88.4 kg

## General:

On general examination, he is an alert and oriented Caucasian man. Vital signs are stable and documented above. Extremities are without edema or rashes.

## Neuro:

MSE: The patient is alert, well groomed, appropriate, with normal affect and language.

## CRANIAL NERVES:

Pupils are equal, round and reactive to light bilaterally. Extraocular movements are intact without nystagmus. Facial sensation is symmetric and intact. Facial expression is normal with no facial weakness. Palate elevation is symmetric and tongue protrusion is midline. 5/5 shoulder shrug strength bilaterally.

## MOTOR:

5/5 strength throughout in the upper and lower extremities. Normal tone. No pronator drift

## REFLEXES:

Deep tendon reflexes are 2+ and symmetric bilaterally. Downgoing plantars bilaterally. No ankle clonus.

## SENSORY:

Intact pinprick and temperature sensation throughout. Absent vibration sense at the toes bilaterally, intact at the ankles.

## COORDINATION:

Normal rapid alternating fine finger movements, finger-to-nose, and heel-to-

shin. Normal general gait and tandem gait.

#### LABORATORY RESULTS / IMAGING:

CTH 2/4/14: Unremarkable.

#### ASSESSMENT/PLAN:

Cluster headaches - inadequate follow up since referral to Mather VA for neurology care. Agree with multifaceted approach to treatment given the disabling nature of these severe cluster headaches.

- home O2 concentrator (has helped his headaches in the past and then he

- won't require so many tanks at home)

- frovatriptan prn for B.T. if Imitrex is nonlasting.

- prednisone daily during clusters to prevent headaches. 60>>10

mg

- taper by 10 mg every 5 days.

- increase topiramate to 100 mg bid

- continue verapamil 240 mg bid

f/u in 2-3 months. He will call the clinic with any bt HA.

/es/ Michelle L. Apperson, MD

Staff Neurologist

Signed: 02/07/2014 12:57

## Nursing Emergency Dept Education

### Details

**Date entered:** February 3, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JIMMY L COCHRAN

**Signed by:** JIMMY L COCHRAN

**Date signed:** February 3, 2014

### Note

LOCAL TITLE: Nursing Emergency Dept Education  
STANDARD TITLE: EMERGENCY DEPT EDUCATION NOTE  
DATE OF NOTE: FEB 03, 2014@19:10 ENTRY DATE: FEB 03,  
2014@19:10:34  
AUTHOR: COCHRAN, JIMMY L EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

EMERGENCY DEPARTMENT PATIENT EDUCATION AND DISPOSITION  
RECOMMENDATIONS  
Problem or Problems to be prioritized.

Pain Score: Pain Scale:  
6 (02/03/2014 12:31)

The patient's learning needs including cultural and religious beliefs,  
emotional barriers, desire and motivation to learn, physical and cognitive  
limitations and barriers to communication were assessed.  
Patient had NO Barriers to education identified.  
Readiness to Learn:  
Ready to learn.  
Patient Preferences for Learning:  
Patient expresses no preference

Patient handout provided for primary complaint.  
YES  
Patient education provided on medications.  
YES  
Physician instructions reviewed with patient.  
YES  
Other Patient Education if necessary:

Patient and/or significant other received & verbalizes understand of their  
discharge instructions.

YES

Patient and/or significant other is able to return demonstrate the following:

NA

MENTAL STATUS:

Level Of Awareness: Alert

Oriented To: Person,place,date,situation.

DISPOSITION:

HOME

\*\*\*

Patient left Walking without assistance

VITAL SIGNS:

| Measurement DT   | TEMP<br>F(C) | RESP | PULSE | BP     | POx<br>(L/MIN) (%) |
|------------------|--------------|------|-------|--------|--------------------|
| 02/03/2014 12:31 | 97.2(36.2)   | 17   | 64    | 181/89 | 95                 |
| 01/30/2014 14:19 | 96.5(35.8)   | 14   | 62    | 128/64 | 97                 |
| 12/18/2013 10:57 | 97.4(36.3)   | 18   | 51    | 136/63 |                    |

| Measurement DT   | PAIN | WEIGHT<br>LB(KG) [BMI] |
|------------------|------|------------------------|
| 02/03/2014 12:31 | 6    | 197(89.36) [29*]       |
| 01/30/2014 14:19 | 5    | 196.4(89.09) [29*]     |
| 12/18/2013 10:57 | 3    | 196(88.90) [29*]       |

/es/ Jim L. Cochran, RN, MSN

TCU Staff Nurse

Signed: 02/03/2014 19:10

## Emergency Dept Discharge

### Details

**Date entered:** February 3, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** WILLIAM F SMITH

**Signed by:** WILLIAM F SMITH

**Date signed:** February 3, 2014

### Note

LOCAL TITLE: Emergency Dept Discharge

STANDARD TITLE: DISCHARGE NOTE

DATE OF NOTE: FEB 03, 2014@18:52      ENTRY DATE: FEB 03,  
2014@18:52:33

AUTHOR: SMITH, WILLIAM F

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

You have been evaluated in the Sacramento VA Medical Center Emergency Department.

You were treated today for: headache

If your symptoms worsen or new symptoms develop, contact your physician or return to the Emergency Department immediately.

For your specific condition you should look for warning signs that include: continued or worsening of symptoms

-----  
---  
To follow up with your primary care provider please call 1 800-382-8387.  
To follow up with the Mental Health Provider please call 1-916-366-5420 M  
to F.

The Suicide Hot line 24 / 7 at 1-800-273-8255  
-----



-----

\*\*\* THE TELEPHONE ADVICE NURSE CAN BE REACHED AT:1-800-382-8387. \*\*\*

We recommend that you follow up with a specialist [identified below] within 1 month. Your primary care provider along with your care manager will be notified of your visit to the Emergency Department. There is a possibility that your follow up may be accomplished with a telephone appointment.  
Neurology as scheduled.

Your X-rays were read by the Hospital Physician. Radiologists will provide an official interpretation in the next 24hrs. Please consult your Primary Care Doctor for official results.

/es/ William F. Smith, MD  
Staff Physician, Emergency Department  
Signed: 02/03/2014 18:54

## Nursing Emergency Dept Note

### Details

**Date entered:** February 3, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** JOEDALYN BIALK  
**Signed by:** JOEDALYN BIALK  
**Date signed:** February 3, 2014

### Note

LOCAL TITLE: Nursing Emergency Dept Note

STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: FEB 03, 2014@14:54 ENTRY DATE: FEB 03,  
2014@14:54:28

AUTHOR: BIALK, JOEDALYN

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* Nursing Emergency Dept Note Has ADDENDA \*\*\*

1345 Pt ambulated to exam 8 a,ox4 c/o cluster headaches.

1420 IV started over R ac with BD Nexiva #20 x 1 attempt by RN J.Stayner.  
Labs  
drawn by CN RN J.Stayner.

1430 Pt asleep, not awaken. Imitrex 6 mg subq order not yet released.

1450 CT called to remind pending order for head CT.

1508 Received call from CT.

1513 Pt ambulated to CT accompanied by writer. No wc available either  
inside or  
outside ED. RN Oksana Teleten to call volunteer office to bring wc to ED.

1525 UA sent to lab.

1525 Imitrex 6 mg given subq over R arm for c/o cluster headache,10/10.

1530 117/73-52-16-98% at r/a.

1550 Report given to in coming RN J.Covhran to assume care.

/es/ Joedaly Bialk, RN

Emergency Department

Signed: 02/03/2014 15:55

02/03/2014 ADDENDUM

STATUS: COMPLETED

1600 - Assumed care of pt after receiving report. Pt sleeping and MD agrees  
to

allow pt to sleep.

1700 - Pt remains quietly resting in rm NAD noted.

1720 - Pt reports pain has returned to previous level and requested O2.

1730 - MD agreed with treatment and O2 started at 10 L using simple mask.

1740 - MD in to eval pt and Toradol 30 mg IVP ordered.

1745 - Pt given Toradol 30 mg IVP.

1830 - Pain 3/10, pt awaiting dispo.

1910 - Pt cleared to go home, 20 ga IV cath removed intact from RAC.

152/86, 51,

16, 96% RA, pain 2/10.

#### MEDICATIONS

Toradol 30 mg IVP

/es/ Jim L. Cochran, RN, MSN

TCU Staff Nurse

Signed: 02/03/2014 19:10

## Emergency Dept Clinician Note

### Details

**Date entered:** February 3, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** WILLIAM F SMITH

**Signed by:** WILLIAM F SMITH

**Date signed:** February 3, 2014

### Note

LOCAL TITLE: Emergency Dept Clinician Note

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: FEB 03, 2014@14:14 ENTRY DATE: FEB 03,  
2014@14:14:38

AUTHOR: SMITH, WILLIAM F

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

CHIEF COMPLAINT / REASON FOR VISIT:

Chief Complaint: Headache

HISTORY OF PRESENT ILLNESS: 63 y/o wm with 6-7 mo hx of chronic headaches

-

supposedly dxed as cluster

headache , and today he is beginning another. He is treated with oxygen  
and

sumatriptan at home.

REVIEW OF SYSTEMS:

GENERAL: Review of systems all negative except for HPI

PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

|                                     |          |            |
|-------------------------------------|----------|------------|
| 1. Chronic obstructive lung disease | 01/30/14 |            |
| GUPTA, MAMATHA                      |          |            |
| 2. Hypertension Nos                 | 11/26/13 | CHANG, MYO |
| S                                   |          |            |
| 3. Hyperlipidemia                   | 11/26/13 | CHANG, MYO |
| S                                   |          |            |
| 4. Diabetes Type II                 | 11/26/13 | CHANG, MYO |
| S                                   |          |            |
| 5. Headache                         | 11/26/13 | CHANG, MYO |
| S                                   |          |            |
| 6. Carcinoma, Prostate              | 11/26/13 | CHANG, MYO |
| S                                   |          |            |
| 7. Arthralgias NOS                  | 11/26/13 | CHANG, MYO |
| S                                   |          |            |
| 8. Impotence                        | 11/26/13 | CHANG, MYO |
| S                                   |          |            |

9. Vitamin D deficiency (SNOMED CT 34713006)  
S

11/26/13 CHANG, MYO

ALLERGIES: PENICILLIN, PREDNISONE

GENERAL:

VITALS: P: 64 (02/03/2014 12:31); BP: 181/89 (02/03/2014 12:31);  
RR: 17 (02/03/2014 12:31); T: 97.2 F [36.2 C] (02/03/2014 12:31);

Pulse ox: Measurement DT POx  
(L/MIN)(%)

02/03/2014 12:31 95

01/30/2014 14:19 97

HEENT:

Ear canals and TMs are normal. EOM normal, oropharynx is normal.  
eyes: eom intact perrrladc, no abn noted in retinae

NECK:

supple and non tender

CHEST:

Lungs clear. Air-entry equal and bilateral. No crackles or rhonchi.

CARDIAC EXAM:

S1, S2 are heard, normal. There is no rub, gallop or murmur.

ABDOMEN:

non tender

EXREMITIES:

mves all well

## CNS:

There is no acute focal neurological deficit.

Cerebella: Negative Romberg, Negative Babinski

## Sensory:

Intact

## Motor:

4/5

## Deep tendon reflexes:

tongue protrusion correct, heels down shins - finger to nose -  
finger

-

correct.

no pronator drift

## LABS/Imaging:

cbc - wnl

pt 11.3 inr 1.03

cmp: glu 134

ua - neg

ct head - no acute intracranial abnormality

## ASSESSMENT:

1. headache

2.

3.

## PLAN:

mitrex - pt able to sleep for two hours but woke with increased pain  
Nasal oxy and toredol 30 mg IV and pt's pain down to 3/10.

Pt quite upset that he can't get out of the cycle of meds for his  
headaches.

He

has an appt in 4 days with neurology.

Patient advised to call for any concerns, questions or symptoms.

Return to Urgi Center if sypmtoms worsen.

Treatment and plan discussed and agreed upon with the patient.

Condition on Discharge:Improved

Disposition:

Discharged home with self.

/es/ William F. Smith, MD

Staff Physician, Emergency Department

Signed: 02/03/2014 18:58

## Nursing Emergency Dept Triage

### Details

**Date entered:** February 3, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** YOLANDA PEREZ

**Signed by:** YOLANDA PEREZ

**Date signed:** February 3, 2014

### Note

LOCAL TITLE: Nursing Emergency Dept Triage

STANDARD TITLE: NURSING EMERGENCY DEPARTMENT TRIAGE NOTE

DATE OF NOTE: FEB 03, 2014@12:31      ENTRY DATE: FEB 03,  
2014@12:31:50

AUTHOR: PEREZ, YOLANDA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* Nursing Emergency Dept Triage Has ADDENDA \*\*\*

NURSING URGENT CARE TRIAGE/DISPOSITION

Time of Triage:

Feb 3,2014@12:31

Chief Complaint:

"Cluster headaches" x 6 months worse in last 30 days with some dizziness and blurred vision off and on. Pt states that his friend said he was "out of it" yesterday and early this AM. Headaches unrelieved with medications prescribed. Pt awake a&o, no facial droop or slurred speech noted, no weakness. Gait steady, to lobby, no distress.

Current Medications:

Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                        | Status |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE |
| 2) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                            | ACTIVE |
| 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE |
| 4) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                       | ACTIVE |
| 5) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                     | ACTIVE |
| 6) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                             | ACTIVE |
| 7) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR                                                                     | ACTIVE |



BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.

| Inactive Outpatient Medications                                                                                                                                                                                                                                                                                                                 | Status  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| =====                                                                                                                                                                                                                                                                                                                                           |         |
| 1) BISACODYL 5MG EC TAB TAKE THREE TABLETS BY MOUTH AT 8PM AND TAKE THREE TABLETS AT 8AM - START FIRST DOSE 2 NIGHTS BEFORE COLONOSCOPY.                                                                                                                                                                                                        | EXPIRED |
| 2) GOLYTE - FLAVORED TAKE 1 GALLON BY MOUTH AS DIRECTED - MIX WITH 1 GALLON OF WATER. DRINK THE FIRST 1/2 GALLON OF GOLYTELY STARTING AT 6PM THE NIGHT BEFORE THE EXAM. - DRINK THE REMAINING 1/2 GALLON OF GOLYTELY STARTING 5 HOURS PRIOR TO THE EXAM. DO NOT EAT SOLID FOOD ALL DAY PRIOR TO YOUR COLONOSCOPY PROCEDURE, CLEAR LIQUIDS ONLY. | EXPIRED |

| Active Non-VA Medications                           | Status |
|-----------------------------------------------------|--------|
| =====                                               |        |
| 1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH ONCE DAILY | ACTIVE |

10 Total Medications

Patient allergies: PENICILLIN, PREDNISONE  
Allergy Assessment complete: Yes

#### VITAL SIGNS:

BP: 181/89 (02/03/2014 12:31)

Heart rate: 64 (02/03/2014 12:31)

Respiration: 17 (02/03/2014 12:31)

Tempature: 97.2 F [36.2 C] (02/03/2014 12:31)

Oxygen Saturation:

Measurement DT P0x  
(L/MIN)(%)

02/03/2014 12:31 95

01/30/2014 14:19 97

Pain: 6 (02/03/2014 12:31)

Accucheck Glucose Level

MG/DL: 122

MENTAL STATUS:

Level Of Awareness: Alert

Oriented To: Person, place, date, situation.

SUICIDE IDEATION SCREEN

DOES PATIENT HAVE ANY THOUGHTS OF HARMING SELF OR OTHERS?

NO

SUICIDE PLAN/HISTORY SCREEN

PATIENT DOES NOT HAVE A PLAN AND THERE HAS BEEN NO ATTEMPT IN THE LAST YEAR.

TRIAGE LEVEL:

LEVEL 3

/es/ Yolanda Perez, RN

Staff Nurse Emergency Room

Signed: 02/03/2014 12:34

02/03/2014 ADDENDUM

STATUS: COMPLETED

1420: #20g IV catheter placed right A/C. 1st attempt. Pt tolerated without complaint. Labs drawn with IV start and sent.

/es/ Joseph Stayner, RN, BSN

Staff Nurse, Emergency Department

Signed: 02/03/2014 14:24

## TCP Telephone Care Staff Note

### Details

**Date entered:** February 3, 2014

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** FELICIA PARK

**Signed by:** FELICIA PARK

**Date signed:** February 3, 2014

### Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: FEB 03, 2014@11:04:12 ENTRY DATE: FEB 03,  
2014@11:19:44

AUTHOR: PARK, FELICIA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Type of call: SYMPTOM.

Facility Appointed PCP: GUPTA, MAMATHA

No Associate Provider Identified

Team: SAC PACT 9

Caller Response: ER-VA

The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called the  
call center.

Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: SSN. Other:  
name.

Comments:

per pt, "thinks hes having a stroke" (pcp/gupta) - jp

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: FEB 03, 2014 @ 11:01 (Call was suspended)

- PINKARD, J'NAI FEB 03, 2014@11:01:28 - FEB 03, 2014@11:02:23

Ending at: 02/03/2014 @ 11:18:16 AM

Length: 14 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Caller Area: MATHER

Chief Complaint: Headache

#### DSHI Disposition Report

Veteran Name: RONALD CLARK CAMPBELL

Veteran SSN: 546802701

Gender: 63 y/o Male

Chief Complaint: Headache

Duration of Complaint: 7 Months

#### RESULTS

System Concern: Subarachnoid Hemorrhage

System Recommendation: Emergency

Nurse Recommendation: Emergency

Recommended Follow-up location: Emergency room, VA

Patient agreement: Yes

Temperature: not taken

#### NURSE COMMENTS

Received Vet direct call from hba,

J'Nai, to my x2397 with reports of pt

"thinks

he's having a stroke." Vet on line and states "I'm having a cluster headache, I need to get oxygen." He c/o h/a x "seven months every night." He

states headaches last anywhere from "fifteen minutes to three hours." He

states headache at present is 10/10. He states "blurred vision." He

states he is at the Mather ER" right now." He states he is in his truck. He states he was in there already and "they wont treat me."

## POSITIVE RESPONSES

- + HPI: headache, severe
- + HPI: headache, worst ever experienced
- + HPI: mental status change, abnormally sleepy and cannot be completely awakened
- + HPI: mental status change, confusion

## NEGATIVE RESPONSES

- HPI: fever, subjective
- HPI: head injury, within past 10 days

## PATIENT EDUCATION

Advised pt to seek care emergently. Advised based on his responses that he will be treated sooner than most pts in ER. Advised Vet that he needs to see a doctor now or his condition could worsen. Vet agrees. He will go back in to the ER now.

Advised to call tan for any further concerns.

Note forwarded to pcp,cm and Mather ER/UC

## ADDITIONAL INFORMATION

Type of call: Symptom information

Pain level: 10

Redirection Survey: I do not know what I would have done

Encounter start: Mon, 03 Feb 2014 19:06:44 +0000 UTC

Encounter duration: 10 minutes 33 seconds

Nurse name: PARK,FELICIA

Identified problem: Other Specified Counseling.

Author: PARK,FELICIA

/es/ Felicia Park, RN

Staff Nurse

Signed: 02/03/2014 11:19

Receipt Acknowledged By:

02/04/2014 10:42  
MD

/es/ Mamatha Gupta,

Staff Physician, Primary

Care

02/03/2014 14:57  
RN

/es/ Theresa Ann Furlong,

Care Manager

PCC

## Primary Care Short Note

### Details

**Date entered:** January 30, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** MAMATHA GUPTA

**Signed by:** MAMATHA GUPTA

**Date signed:** January 30, 2014

### Note

LOCAL TITLE: Primary Care Short Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: JAN 30, 2014@14:32      ENTRY DATE: JAN 30,  
2014@14:32:19

AUTHOR: GUPTA, MAMATHA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient was identified by stating his full name, social security number and birthday.

Note dictated

Job ID- 12223751

Discussed healthy lifestyle, diet and exercise.

Patient's concerns were discussed and questions were answered.

Patient expressed understanding and agreed to the above

plans, instructions and follow- ups.  
Pt. aware of 1-800-382-8387 Advice RN #

/es/ Mamatha Gupta, MD  
Staff Physician, Primary Care  
Signed: 01/30/2014 14:54

## Primary Care Note

### Details

**Date entered:** January 30, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** MAMATHA GUPTA  
**Signed by:** MAMATHA GUPTA  
**Date signed:** February 4, 2014

### Note

LOCAL TITLE: Primary Care Note  
STANDARD TITLE: PRIMARY CARE NOTE  
DATE OF NOTE: JAN 30, 2014@14:30      ENTRY DATE: FEB 04,  
2014@10:18:31  
AUTHOR: GUPTA, MAMATHA      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

\*\*\* Primary Care Note Has ADDENDA \*\*\*

PATIENT NAME: CAMPBELL, RONALD

CHIEF COMPLAINT:  
Chest pain and pain in the left upper back.

HISTORY OF PRESENT ILLNESS:  
The patient reports pain the left scapular region off and on for the past few weeks. He also reports off and on chest pain that he thinks is being caused by anxiety. It is about a 2/10 and lasts for about 30

minutes until he gets his stress level under control. The chest pain does not radiate.

REVIEW OF SYSTEMS:

He denies any current chest pain. Medications reconciled.

PHYSICAL EXAMINATION:

GENERAL: NAD. VITAL SIGNS: Temperature 96.5, heart rate 62, blood pressure 128/64. BACK: Tender point in the muscles lateral to the left scapula. HEART: Regular rate and rhythm.

ASSESSMENT:

1. Trigger point.
2. Chest pain.

PLAN:

1. The patient was educated on the trigger point and told how to manually deactivate it. The patient is also following up with Dr. Bahten for management of his stress and anxiety.
2. Most likely his chest pains are related to anxiety, but we will order stress test to rule out cardiac disease.
3. Followup in six months for routine, sooner for new or worsening symptoms.

D: 01/30/2014

T: 02/01/2014

Job number: 1223751

RRH/CMTS

\$end:

/es/ Mamatha Gupta, MD

Staff Physician, Primary Care

Signed: 02/04/2014 10:43

02/20/2014 ADDENDUM

STATUS: COMPLETED

Stress test was normal

/es/ Mamatha Gupta, MD

Staff Physician, Primary Care

Signed: 02/20/2014 17:33



Receipt Acknowledged By:

02/24/2014 12:49 /es/ Raymond Johnson,  
LVN

Nursing Service, Primary

Care

02/24/2014 ADDENDUM

STATUS: COMPLETED

Spoked with pt today 2/24/14 at 1245pm, Stress test was normal.

/es/ Raymond Johnson, LVN

Nursing Service, Primary Care

Signed: 02/24/2014 12:49

## Preventive Health Screen 11514

### Details

**Date entered:** January 30, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** RAYMOND JOHNSON

**Signed by:** RAYMOND JOHNSON

**Date signed:** January 30, 2014

### Note

LOCAL TITLE: Preventive Health Screen 11514  
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO  
DATE OF NOTE: JAN 30, 2014@14:22 ENTRY DATE: JAN 30,  
2014@14:22:56  
AUTHOR: JOHNSON, RAYMOND EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Clinical Reminders:

Patient Education:

Readiness to Learn

The patient is ready to learn and is receptive.

Hand Hygiene

## LVN Medication Inventory:

## LVN MEDICATION INVENTORY

## Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications   |                                                                                                                                                                   | Status  |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| =====                           |                                                                                                                                                                   |         |
| ===                             |                                                                                                                                                                   |         |
| 1)                              | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE  |
| 2)                              | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                            | ACTIVE  |
| 3)                              | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE  |
| 4)                              | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                       | ACTIVE  |
| 5)                              | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                     | ACTIVE  |
| 6)                              | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                             | ACTIVE  |
| 7)                              | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.           | ACTIVE  |
| Inactive Outpatient Medications |                                                                                                                                                                   | Status  |
| =====                           |                                                                                                                                                                   |         |
| ===                             |                                                                                                                                                                   |         |
| 1)                              | BISACODYL 5MG EC TAB TAKE THREE TABLETS BY MOUTH AT 8PM AND TAKE THREE TABLETS AT 8AM - START FIRST DOSE 2 NIGHTS BEFORE COLONOSCOPY.                             | EXPIRED |

- 2) GOLYTE - FLAVORED TAKE 1 GALLON BY MOUTH AS DIRECTED EXPIRED  
- MIX WITH 1 GALLON OF WATER. DRINK THE FIRST 1/2  
GALLON OF GOLYTELY STARTING AT 6PM THE NIGHT  
BEFORE THE EXAM. - DRINK THE REMAINING 1/2 GALLON  
OF GOLYTELY STARTING 5 HOURS PRIOR TO THE EXAM. DO  
NOT EAT SOLID FOOD ALL DAY PRIOR TO YOUR  
COLONOSCOPY PROCEDURE, CLEAR LIQUIDS ONLY.

9 Total Medications No Active Remote Medications for this patient  
Vitals:

Most recent VS: Wt. 196.4 lb [89.3 kg] (01/30/2014 14:19)  
BP 128/64 (01/30/2014 14:19)  
HR 62 (01/30/2014 14:19)  
Temp 96.5 F [35.8 C] (01/30/2014 14:19)  
BMI 29.1

#### HTN Lifestyle Education:

The patient was counseled on the importance of regular exercise and/or physical activity in the control of blood pressure.

The patient has a limited ability to exercise but was encouraged to increase physical activity as much as possible since any increase in activity may be beneficial in improving BP control.

#### Tetanus-Diphtheria-(Pertussis):

The patient declines to be immunized.

#### Pneumococcal PPSV23 (Pneumovax):

The patient declines to receive the recommended dose of pneumococcal polysaccharide vaccine PPSV23 (Pneumovax).

#### Hep C Testing for at Risk Patient:

The patient declines to accept or allow hepatitis C serology to be done at this facility.

#### HIV Screening:

The patient declines to be tested for HIV infection.

/es/ Raymond Johnson, LVN  
Staff LVN, Primary Care Clinic  
Signed: 01/30/2014 14:25

## TCP Telephone Care Staff Note

**Details****Date entered:** January 22, 2014**Location:** MARTINEZ VA MEDICAL CENTER**Written by:** FELICIA PARK**Signed by:** FELICIA PARK**Date signed:** January 22, 2014**Note**

LOCAL TITLE: TCP Telephone Care Staff Note  
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: JAN 22, 2014@14:07:21 ENTRY DATE: JAN 22,  
2014@14:25:49  
AUTHOR: PARK, FELICIA EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Type of call: SYMPTOM.  
Facility Appointed PCP: GUPTA, MAMATHA  
No Associate Provider Identified  
Team: SAC PACT 9

Caller Response: 911  
The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called  
the  
call center.  
Contact Phone Number: (206)295-2554

The following identifiers were used to verify this patient: DOB. SSN.  
Other:  
name.

Comments:  
TIGHTNESS IN CHEST, TINGLING IN LEFT ARM-GUPTA-CSA FELICIA

Evaluation/Management Code: HC PRO PHONE CALL 21-30 MIN (98968).  
Original call started at: JAN 22, 2014 @ 14:05 (Call was suspended)

- SWAFFORD-ABALOS, CONNIE JAN 22, 2014@14:05:07 - JAN 22, 2014@14:06:17  
Ending at: 01/22/2014 @ 2:22:27 PM  
Length: 16 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)  
Caller Area: MATHER

Chief Complaint: Chest Squeezing

#### DSHI Disposition Report

Veteran Name: RONALD CLARK CAMPBELL  
Veteran SSN: 546802701  
Gender: 63 y/o Male  
Chief Complaint: Chest Squeezing  
Duration of Complaint: 20 Minutes

#### RESULTS

System Concern: Angina; Heart Attack  
System Recommendation: Urgent  
Nurse Recommendation: Urgent  
Recommended Follow-up location: 911  
Patient agreement: No  
Blood pressure: not taken  
Pulse: not taken

#### NURSE COMMENTS

Received call to my x6349 from hba, Connie. Vet on line. He c/o "chest tightness, squeezing" x 20 minutes. He reports that he just finished "hitting a bucket of golf balls." He rates chest squeezing as 3/10. He denies any sob, dizziness, lightheadedness, nausea, heartburn. He states that the chest discomfort/pain comes in "waves." He c/o L arm tingling.

#### POSITIVE RESPONSES

+ HPI: chest pain, crushing quality  
+ HPI: chest pain, duration longer than 10 minutes

## NEGATIVE RESPONSES

- HPI: chest pain, severe
- HPI: diaphoresis, with chest pain
- HPI: discomfort, neck or jaw or shoulder or arm
- HPI: dyspnea, with chest pain
- HPI: nausea, with chest pain
- HPI: syncope
- PMH: angina
- PMH: heart attack

## PATIENT EDUCATION

Advised to seek uc now. Advised call 911. Advised VA may or may not pay for 911 or non VA care. Pt states he will have someone take him to Mather. He states Mather is about an hour away. Advised that this wouldnt be my advice

but rather his choice. Advised to chew 325 mg ASA.  
Do not use aspirin if any of the following is true:  
You are allergic to aspirin  
You have vomited blood within the last 30 days  
You have had stool that has been black or red within the last month

Advised to call tan, available 24/7 for any further concerns.  
He expresses understanding of all information presented.

Note forwarded to pcp, cm's x2 and Mather ER

#### ADDITIONAL INFORMATION

Type of call: Symptom information

Pain level: 3

Redirection Survey: I do not know what I would have done

Encounter start: Wed, 22 Jan 2014 22:10:11 +0000 UTC

Encounter duration: 13 minutes 35 seconds

Nurse name: PARK, FELICIA

Identified problem: Other Specified Counseling.

Author: PARK, FELICIA

/es/ Felicia Park, RN

Staff Nurse

Signed: 01/22/2014 14:25

Receipt Acknowledged By:

01/22/2014 16:11 /es/ Mamatha Gupta,  
MD

Staff Physician, Primary

Care

01/22/2014 14:34 /es/ Tamara Ortiz-Hammer,  
RN

Care Manager, Primary

Care

## Dermatology Consult 15013

### Details

**Date entered:** January 10, 2014**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** AUDREY WANG**Signed by:** AUDREY WANG**Date signed:** January 10, 2014

### Note

LOCAL TITLE: Dermatology Consult 15013

STANDARD TITLE: DERMATOLOGY CONSULT

DATE OF NOTE: JAN 10, 2014@12:06 ENTRY DATE: JAN 10,  
2014@12:06:21

AUTHOR: WANG, AUDREY

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

The identity of the patient was confirmed by social security number and full name.

1/10/14

DERMATOLOGY CONSULTATION NOTE

CC: skin check

HPI: 63 yo M with history of NMSCs, BCCs x 2 on the back when he was in college, and SCC on the right flank 2011, treated at VA in Seattle. History of numerous sunburns in childhood. Moved to Sacramento recently to be with his daughter. Grew up in Redwood city and would frequent Half Moon Bay.

Wears



sunscreen daily now. No lesions of concern today.

PMH: Computerized Problem List is the source for the following:

|                                              |          |            |
|----------------------------------------------|----------|------------|
| 1. Hypertension Nos                          | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 2. Hyperlipidemia                            | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 3. Diabetes Type II                          | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 4. Headache                                  | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 5. Carcinoma, Prostate                       | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 6. Arthralgias NOS                           | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 7. Impotence                                 | 11/26/13 | CHANG, MYO |
| S                                            |          |            |
| 8. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/13 | CHANG, MYO |
| S                                            |          |            |

ALLERGIES: PENICILLIN, PREDNISONE

MEDICATIONS: Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                        | Status |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                                                                |        |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE |
| 2) BISACODYL 5MG EC TAB TAKE THREE TABLETS BY MOUTH AT 8PM AND TAKE THREE TABLETS AT 8AM - START FIRST DOSE 2 NIGHTS BEFORE COLONOSCOPY.                             | ACTIVE |
| 3) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                            | ACTIVE |
| 4) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE |
| 5) GOLYTE - FLAVORED TAKE 1 GALLON BY MOUTH AS DIRECTED - MIX WITH 1 GALLON OF WATER. DRINK THE FIRST 1/2                                                            | ACTIVE |

GALLON OF GOLYTELY STARTING AT 6PM THE NIGHT BEFORE THE EXAM. - DRINK THE REMAINING 1/2 GALLON OF GOLYTELY STARTING 5 HOURS PRIOR TO THE EXAM. DO NOT EAT SOLID FOOD ALL DAY PRIOR TO YOUR COLONOSCOPY PROCEDURE, CLEAR LIQUIDS ONLY.

- 6) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES. ACTIVE
- 7) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE. ACTIVE
- 8) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER) ACTIVE
- 9) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. ACTIVE

FH: non-melanoma skin cancers (father)

SH: former smoker

PHYSICAL EXAM: Per patient preference, waist-up skin exam was performed:

- erythematous scaly papules on the top of scalp, right trichion and right temple
- well-healed scars on the mid upper back, right paraspinal back, and right flank (lateral to breast) -- no evidence of recurrence; right flank scar looks slightly hypertrophic

#### ASSESSMENT/PLAN:

1. Actinic keratoses: top of scalp, right trichion and right temple
  - LN2 x 6 lesions total. Risks of treatment reviewed and patient consent obtained verbally.
  - Sun protection and use of sunscreen reviewed.
2. History of NMSCs, most recently SCC right flank (2011)
  - No lesions suspicious for skin cancer on exam today.
  - Signs and symptoms of skin cancer reviewed. He was asked to return for

evaluation of any new, changing or bleeding lesions.

RTC 6 months.

The patient was seen with Jayne Joo, MD (Dermatology Resident, PGY-4)

/es/ Audrey S. Wang, MD

Dermatology

Signed: 01/11/2014 00:50

## PCMHI- Primary Care Mental Health Follow-Up

### Details

**Date entered:** January 10, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** January 13, 2014

### Note

LOCAL TITLE: PCMHI- Primary Care Mental Health Follow-Up

STANDARD TITLE: MENTAL HEALTH INTERDISCIPLINARY NOTE

DATE OF NOTE: JAN 10, 2014@09:52      ENTRY DATE: JAN 10,  
2014@09:52:38

AUTHOR: BAHTEN, REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* PCMHI- Primary Care Mental Health Follow-Up Has ADDENDA \*\*\*

MHPC-Mental Health Primary Care - Psychotherapy Note

JAN 10, 2014 TIME IN:

Patient Info: CAMPBELL, RONALD CLARK 63

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 60

|                     |     |
|---------------------|-----|
| KNEE CONDITION      | 10% |
| S/C                 |     |
| KNEE CONDITION      | 10% |
| S/C                 |     |
| BACK STRAIN         | 20% |
| S/C                 |     |
| TRAUMATIC ARTHRITIS | 10% |
| S/C                 |     |
| IMPAIRMENT OF FEMUR | 10% |
| S/C                 |     |
| LOWER LEG CONDITION | 20% |
| S/C                 |     |

CURRENT LEVEL OF CARE: 1 Acute      1 Sub-Acute      1 Maintenance  
Computerized Problem List is the source for the following:

|                                              |            |
|----------------------------------------------|------------|
| 1. Hypertension Nos                          | 11/26/2013 |
| 2. Hyperlipidemia                            | 11/26/2013 |
| 3. Diabetes Type II                          | 11/26/2013 |
| 4. Headache                                  | 11/26/2013 |
| 5. Carcinoma, Prostate                       | 11/26/2013 |
| 6. Arthralgias NOS                           | 11/26/2013 |
| 7. Impotence                                 | 11/26/2013 |
| 8. Vitamin D deficiency (SNOMED CT 34713006) | 11/26/2013 |

GOAL FOR SESSION: f/u

CONTENT OF SESSION: f/u. Is feeling better, now working for State Dept with placing exchange students--has some purpose, it works on his schedule. Some better rela with ex.  
Is having some fun with GF from youth ( they split up in 1971). Has had a few days withouth h/a.

INTERVENTION: support

MENTAL HEALTH PRIMARY CARE -Initial Intake Assessment completion

Pt was truncated as pt had appt in GI at 11:00

RONALD CLARK CAMPBELL is 63 year old MALE referred to the Mental Health Primary Care Clinic by

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 60

TRAUMATIC ARTHRITIS

10%

S/C

LOWER LEG CONDITION

20%

S/C

IMPAIRMENT OF FEMUR

10%

S/C

KNEE CONDITION

10%

S/C

KNEE CONDITION

10%

S/C

BACK STRAIN

20%

S/C

Other Mental Health Providers, including Vet Center Staff:

Chief Complaint:

"severe cluster headaches, several stressors, has been having difficulty coping, please help pt with coping strategies, he may need psychotherapy as well."

Interview was limited by pt's needing to discuss medical rather than psych issues today.

Cluster headaches have been increasing. He has lost jobs over this. Has lost most of his life.

Has been tried on Li for his headaches, at one point he rec'd OD Li and subsequently tapered down, the off (weight gain). Has had Prostate CA with treatment which "kicked my butt," and COPD. Ongoing health issues that create

job losses, wife feels overwhelmed and he is cranky so she is stressed and she leaves for work. They are separated. He thought that everyone would be better off without him. He now lives in dangerous part of Auburn.

History of the Present Illness( to include any active substance abuse and):

\*\*\*\*Past Psychiatric History (to include past medications; history of suicidal, homicidal, or assaultive ideation or action; and history of substance abuse): 6 months 2012 for eval of emotional component of h/a.

Current substance abuse issues: Stopped EtOH years ago.

Current Medical Illness: cluster HA, copd, hyperlipidemia, htn, cluster headache, low vita d, oa and rcent diagnosed as he has DM . Prostate CA

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                   | Status |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                         |                                                                                                                                                                   |        |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                            | ACTIVE |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE |
| 4)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                       | ACTIVE |
| 5)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                     | ACTIVE |

- |    |                                                                                                                                                         |        |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 6) | MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                   | ACTIVE |
| 7) | TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE |

Any non-VA or over-the-counter medications:

Family/Social History (to include any family history of psychiatric illness,

attempted/completed suicides);

Denied family hx.

Childhood was "pleasantville," raised by parents, middle of 3 kids, others are

sisters.

Was involved in 2 Masters' programs.

1 marriage for 41 years, 4kids all "solid."

Naval academy, 3 months in VN, "uneventful," was injured in academy, had surgery

R knee with poor outcome and medical d/c

Has been in sales and marketing,

Has found an old GF. Had 7 w/o HA, "It was heaven."

Mental Status Exam:

Psychotic symptoms: No

Cognitive deficits/Memory Impairment: No

Judgment/Insight

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomona: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I just don't know, but you can see I have a sense of humor, still...."

Affect: appropriate to content, warm

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

##### Pain Plan:

\_x\_\_\_Pain Treatment is currently managed by a Primary Care Provider, will

look to neuro

\_\_\_\_Alert Primary Care Provider (via CPRS) of change in pain score

\_\_\_\_Patient referred to Primary Care for assignment to PCP

\_\_\_\_Pain treatment initiated or changed by this provider

##### Diagnosis:

I: pain syndrome; anxiety

II: open

III: cluster h/a

IV: severe, health, relationship, financial, friends

V: 50

Impression: 63 y/o WM with anxiety sx in the context of unremitting cluster ha/

causing loss of jobs, money, marriage, friendships, health. Biologically, he is

complicated as above. Psychologically, his trauma hx was not discussed.

Socially he just moved to Sacramento, is unemployed and separated from his

wife which has also cost him friendships. Spiritual issues were not discussed.

Level of Care: \_x\_\_Acute      \_\_\_\_Subacute      \_\_\_Maintenance



## Treatment Plan:

Pt gave his guns to his buddy.

Continue meds without change.

Pt was given list from VHHFA as he is minimally interested in additional meds,

will continue eval at next visit.

Continue meds without change.

Return to clinic: 1-2 months.

Labs per PCP

Follow-up with PCP for COPD.

Follow-up with specialist for sleep study

Feeling Good by David Burns..

Refer to psychology prn next visit.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

The plan was discussed with the patient. The patient understood and agreed to

the plan, anticipated outcomes, and interventions.

Yes: x

No: (if no, describe)

/es/ BAHTEN, REGINA S md

Signed: 01/13/2014 16:06

01/28/2014 ADDENDUM

STATUS: COMPLETED

STATUS CHANGE

01/28/14 08:04

BAHTEN, REGINA S

MIRAMONTES, ERICA

SAC SLEEP LAB Appt. on 02/02/14 @ 20:00 was cancelled by the Patient.

Remarks: NO REASON STATED FROM ALL CENTER VM

CANCELLED

01/28/14 08:04

MIRAMONTES, ERICA

MIRAMONTES, ERICA

CALLED PT TO R/S AND HE DECLINED AT THIS TIME.

/es/ BAHTEN, REGINA S md

Signed: 01/28/2014 09:04

## PFT Interpretation

### Details

**Date entered:** January 9, 2014

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** MARK AVDALOVIC

**Signed by:** MARK AVDALOVIC

**Date signed:** January 9, 2014

### Note

<< Interdisciplinary Note >>

LOCATION: ZZSAC PULMONARY FUNTI VISIT DATE: DEC 18, 2013@12:00

LOCAL TITLE: PFT Interpretation

STANDARD TITLE: PULMONARY PROCEDURE REPORT

DATE OF NOTE: JAN 09, 2014@10:19 ENTRY DATE: JAN 09,  
2014@10:19:35

AUTHOR: AVDALOVIC, MARK

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

spirometry shows moderate to severe airflow limitation

Lung Volumes show air-trapping

Diffusing capacity is preserved

/es/ Mark Avdalovic, MD

Staff Physician, Pulmonary

Signed: 01/09/2014 10:20

<< Interdisciplinary Note - Cont. >>

LOCAL TITLE: PFT Procedure Report

STANDARD TITLE: PULMONARY PROCEDURE REPORT

DATE OF NOTE: DEC 18, 2013@11:59 STATUS:

COMPLETED

PFT COMPLETED AND IN VISTA IMAGING FOR THIS 63 YEAR OLD MALE WITH A  
DIAGNOSIS  
OF COPD.

/es/ Dianne E. Williams, RRT-NPS, CPFT  
Respiratory Therapist, Pulmonary Function Lab  
Signed: 12/18/2013 12:01

## Pulmonary-Home Oxygen Note 60323

### Details

**Date entered:** January 8, 2014  
**Location:** SACRAMENTO VA MEDICAL CENTER  
**Written by:** DIANNE E WILLIAMS  
**Signed by:** DIANNE E WILLIAMS  
**Date signed:** January 8, 2014

### Note

LOCAL TITLE: Pulmonary-Home Oxygen Note 60323  
STANDARD TITLE: PULMONARY NOTE  
DATE OF NOTE: JAN 08, 2014@11:12      ENTRY DATE: JAN 08,  
2014@11:12:19  
AUTHOR: WILLIAMS, DIANNE E      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

\*\*\* Pulmonary-Home Oxygen Note 60323 Has ADDENDA \*\*\*

Patient is transferring his care to Sac VA system. Currently he uses O2 for cluster headaches and requires a supply for this. He is scheduled for a neurology appointment Feb 7th, but Dr. Apperson from neurology requests and approves placement of the patient into the Mather home O2 program at this time.

/es/ Dianne E. Williams, RRT-NPS, CPFT  
Respiratory Therapist, Pulmonary Function Lab  
Signed: 01/08/2014 11:15

Receipt Acknowledged By:

01/09/2014 13:23 /es/ Timothy E. Albertson,  
M.D.

Staff Physician,

Pulmonary

01/08/2014 12:52 /es/ Michelle L. Apperson,  
MD

Staff

Neurologist

01/08/2014 ADDENDUM

STATUS: COMPLETED

I spoke with the patient to clarify use and home address - 11680 Garnet  
Way, #4,  
Auburn, CA 95602.

He states he currently has a concentrator plus E tanks. He was notified  
that

we do not supply concentrators normally for headaches, just the E tanks.

We

will request a dozen tanks to start with and determine if a concentrator  
in

addition to the tanks would be more cost effective based on future use.

He

states he understands and will discuss this on his neurology appointment.

/es/ Dianne E. Williams, RRT-NPS, CPFT

Respiratory Therapist, Pulmonary Function Lab

Signed: 01/08/2014 11:38

Receipt Acknowledged By:

01/08/2014 11:51 /es/  
WILLIAMS, ANGELA

PURCHASING

AGENT

## Gastroenterology Nurse Note

### Details

**Date entered:** December 23, 2013

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** JESSICA ATKINS

**Signed by:** JESSICA ATKINS

**Date signed:** December 23, 2013

## Note

LOCAL TITLE: Gastroenterology Nurse Note

STANDARD TITLE: GASTROENTEROLOGY NURSING NOTE

DATE OF NOTE: DEC 23, 2013@13:14      ENTRY DATE: DEC 23,  
2013@13:14:19

AUTHOR: ATKINS, JESSICA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Colonoscopy prep instructions

Sacramento VA Medical Center VA

Procedure Date: TBD

7 DAYS BEFORE YOUR COLONOSCOPY:

STOP Iron (Ferrous Sulfate)

STOP Aspirin

(Please check before stopping these medications with your Cardiologist,  
Primary Physician or GI Dept.)

5 DAYS BEFORE YOUR COLONOSCOPY:

STOP blood thinners: Warfarin (Coumadin) or Clopidogrel (Plavix)

(Please check before stopping these medications with your Cardiologist,  
Primary Physician or GI Dept.)

2 DAYS BEFORE YOUR COLONOSCOPY:

Low fiber Diet

8pm Take 3 tablets of Bisacodyl

1 Day prior to procedure:

Clear liquids all day/ NO solid food

Prep Meds: Times

8am Take 3 tablets of Bisacodyl  
6:00pm-8:00pm drink 1/2 gallon GoLytely

THE DAY OF YOUR COLONOSCOPY:

NO SOLID FOOD!!!

Take necessary medications EXCEPT those listed in general instructions.

DIABETIC PATIENT: DO NOT take any diabetes pills or insulin

If your procedure is scheduled in the early morning, you'll need to get up in the early morning to take this dose of preparation. The correct timing of this dose is essential to an effective preparation.

5 hours before scheduled procedure: Drink the remaining ½ gallon of GoLytely.

START drinking @ TBD. (Please see grid for timeline, page 3)

NOTE: You must take ALL of the PREP solution, as directed to clean your bowel adequately.

STOP ALL LIQUIDS 2 HOURS BEFORE APPOINTMENT: This includes clear liquids, candy, and gum. Taking anything by mouth within 2hrs. of exam will cause a cancellation of your procedure!

Arrive 1 Hour prior to appointment time.

You must have a driver or companion to drive you home if you want to be sedated!!! Your companion MUST check in with you when you check in for your procedure.

/es/ Jessica Atkins, LVN

Staff LVN, GI

Signed: 12/23/2013 13:14

## PCMHI Primary Care Mental Health Consult

### Details

**Date entered:** December 23, 2013

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** REGINA S BAHTEN

**Signed by:** REGINA S BAHTEN

**Date signed:** December 23, 2013

### Note

LOCAL TITLE: PCMHI Primary Care Mental Health Consult

STANDARD TITLE: MENTAL HEALTH CONSULT

DATE OF NOTE: DEC 23, 2013@10:02      ENTRY DATE: DEC 23,  
2013@10:02:44

AUTHOR: BAHTEN, REGINA S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MENTAL HEALTH PRIMARY CARE -Initial Intake Assessment

Pt was truncated as pt had appt in GI at 11:00

RONALD CLARK CAMPBELL is 63 year old MALE referred  
to the Mental Health Primary Care Clinic by

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 60

TRAUMATIC ARTHRITIS

10%

S/C

LOWER LEG CONDITION

20%

S/C

IMPAIRMENT OF FEMUR

10%

S/C

KNEE CONDITION

10%

S/C

KNEE CONDITION

10%

S/C

BACK STRAIN

20%

S/C

Other Mental Health Providers, including Vet Center Staff:

Chief Complaint:

"severe cluster headaches, several stressors, has been having difficulty coping, please help pt with coping strategies, he may need psychotherapy as well."

Interview was limited by pt's needing to discuss medical rather than psych issues today.

Cluster headaches have been increasing. He has lost jobs over this. Has lost most of his life.

Has been tried on Li for his headaches, at one point he rec'd OD Li and subsequently tapered down, the off (weight gain). Has had Prostate CA with treatment which "kicked my butt," and COPD. Ongoing health issues that create job losses, wife feels overwhelmed and he is cranky so she is stressed and she leaves for work. They are separated. He thought that everyone would be better off without him. He now lives in dangerous part of Auburn.

History of the Present Illness( to include any active substance abuse and):

Past Psychiatric History (to include past medications; history of suicidal, homicidal, or assaultive ideation or action; and history of substance abuse):

Current substance abuse issues: Stopped EtOH years ago.

Current Medical Illness: cluster HA, copd, hyperlipidemia, htn, cluster headache, low vita d, oa and



recent diagnosed as he has DM . Prostate CA

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                        | Status |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                                                                |        |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE |
| 2) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                            | ACTIVE |
| 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE |
| 4) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                       | ACTIVE |
| 5) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 PUFFS BY ORAL INHALATION TWICE A DAY - FOR BREATHING. RINSE MOUTH AFTER USE.                                     | ACTIVE |
| 6) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED VIA QUICK ORDER)                                             | ACTIVE |
| 7) TIOTROPIUM 18MCG INHL CAP 30 INHALE 1 CAPSULE FROM INHALER BY ORAL INHALATION ONCE DAILY -FOR BREATHING. CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW.           | ACTIVE |

Any non-VA or over-the-counter medications:

Family/Social History (to include any family history of psychiatric illness, attempted/completed suicides);

Mental Status Exam:

Psychotic symptoms: No

Cognitive deficits/Memory Impairment: No

Judgment/Insight

Appearance: unremarkable grooming, hygiene, attire.

Behavior: calm and cooperative.

Motor activity: unremarkable, no evidence of tardive dyskinesia or EPS.

Speech: Conversational.

Memory: intact.

Attention/concentration: intact.

Psychotic phenomena: none.

Flow of thought: linear.

Content of thought: reality-oriented.

Mood: "I just don't know, but you can see I have a sense of humor, still...."

Affect: appropriate to content, warm

Insight/judgment: intact and safe

Safety: denies ideation of harm to self or others

#### PAIN EVALUATION:

##### Pain Plan:

\_x\_\_\_Pain Treatment is currently managed by a Primary Care Provider, will

look to neuro

\_\_\_\_Alert Primary Care Provider (via CPRS) of change in pain score

\_\_\_\_Patient referred to Primary Care for assignment to PCP

\_\_\_\_Pain treatment initiated or changed by this provider

##### Diagnosis:

I: pain syndrome; anxiety

II: open

III: cluster h/a

IV: severe, health, relationship, financial, friends

V: 50

Impression: 63 y/o WM with anxiety sx in the context of unremitting cluster ha/

causing loss of jobs, money, marriage, friendships, health. Biologically, he is

complicated as above.. Psychologically, his trauma hx was not discussed.

Socially he just moved to Sacramento, is unemployed and separated from his

wife which has also cost him friendships. Spiritual issues were not discussed.

Level of Care: ☒Acute      ☐Subacute      ☐Maintenance

Initial Treatment Plan:

Pt will give his guns to his buddy.

Continue meds without change.

Pt was given list from VHHFA as he is minimally interested in additional meds,

will continue eval at next visit.

Continue meds with change.

Return to clinic:

Labs per PCP

Follow-up with PCP for COPD.

Follow-up with specialist for sleep study

Feeling Good by David Burns..

Refer to psychology prn next visit.

Refer to [www.ncptsd.org](http://www.ncptsd.org) or other website or reading.

The plan was discussed with the patient. The patient understood and agreed to

the plan, anticipated outcomes, and interventions.

Yes:    x

No: (if no, describe)

/es/ BAHTEN, REGINA S md

Signed: 12/23/2013 16:41

## Primary Care Note

### Details

**Date entered:** December 18, 2013

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** MAMATHA GUPTA

**Signed by:** MAMATHA GUPTA

**Date signed:** December 18, 2013**Note**

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: DEC 18, 2013@11:11 ENTRY DATE: DEC 18,  
2013@11:11:21

AUTHOR: GUPTA, MAMATHA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient was identified by stating his full name, social security number and birthday.

**\*\*\*SUBJECTIVE\*\*\***

Chief Complaint: F/U of cluster headaches

-----  
**History of Present Illness:**

Patient reports several episodes of sharp ,severe headaches that are sometimes relieved with a flow of oxygen of 10-15 L per minute. He's not been able to sleep for several nights now because of the headache. Reports feeling stressed because of these headaches and reports that he's not able to cope with all the stress. Denies suicidal ideation

-----  
ROS- Denies weakness-----  
**\*\*\*OBJECTIVE\*\*\***

Vitals - most recent

Temp: 97.4 F [36.3 C] (12/18/2013 10:57)

Pulse: 51 (12/18/2013 10:57)

Resp: 18 (12/18/2013 10:57)

BP: 136/63 (12/18/2013 10:57)

Gen: NAD

Lungs clear to auscultation bilaterally

---

#### ASSESSMENT/PLAN

Cluster headaches-message sent to neurology to reschedule him to an earlier date.

PCBMC consult for stress management

---

Follow-up: RTC 6 months for routine f/u, sooner for new or worsening symptoms.

---

Patient's concerns were discussed and questions were answered. Patient expressed understanding and agreed to the above plans, instructions and follow- ups.  
Pt. aware of 1-800-382-8387 Advice RN #

/es/ Mamatha Gupta, MD  
Staff Physician, Primary Care  
Signed: 12/18/2013 13:35

## Preventive Health Screen 11514

### Details

**Date entered:** December 18, 2013

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** PATSY E JONES

**Signed by:** PATSY E JONES

**Date signed:** December 18, 2013

### Note

LOCAL TITLE: Preventive Health Screen 11514  
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO  
DATE OF NOTE: DEC 18, 2013@11:03 ENTRY DATE: DEC 18,  
2013@11:03:03  
AUTHOR: JONES,PATSY E EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

## Clinical Reminders:

## Vitals:

Most recent VS: Wt. 196 lb [89.1 kg] (12/18/2013 10:57)  
BP 136/63 (12/18/2013 10:57)  
HR 51 (12/18/2013 10:57)  
Temp 97.4 F [36.3 C] (12/18/2013 10:57)  
BMI 29.0

## Tetanus-Diphtheria-(Pertussis):

The patient gives a history of having received a Td booster in the past.

Location: Washington

Date: August, 2012 ? Exact date is unknown

## Patient Education:

The "Healthy Living" pamphlet was reviewed with the patient.

Hand Hygiene

## LVN Medication Inventory:

LVN MEDICATION INVENTORY

No medication changes noted.

## Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                               | Status |
|-----------------------------------------------------------------------------------------------------------------------------|--------|
| =====                                                                                                                       |        |
| ===                                                                                                                         |        |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING. | ACTIVE |
| 2) CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE                                                                          | ACTIVE |

TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.

- 3) FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE ACTIVE  
FROM INHALER BY ORAL INHALATION TWICE A DAY FOR  
BREATHING - \*CAPSULE FOR INHALATION DEVICE; DO NOT  
SWALLOW.
- 4) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE  
DAILY - FOR DIABETES.
- 5) MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2 ACTIVE  
PUFFS BY ORAL INHALATION TWICE A DAY - FOR  
BREATHING. RINSE MOUTH AFTER USE.
- 6) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)
- 7) SILDENAFIL CITRATE 100MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.

Active Medications from Remote Data

SILDENAFIL CITRATE 100MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY AS NEEDED ONE HOUR  
BEFORE SEXUAL ACTIVITY. NOT TO EXCEED ONCE PER DAY. \* AVOID  
GRAPEFRUIT PRODUCTS

Quantity: 2 Days Supply: 30

6 refills remaining until 08/29/14

Last filled 10/22/13 at PUGET SOUND HCS (Active)

SUMATRIPTAN SUCCINATE 6MG/0.5ML INJ,RFL,KIT

Sig: INJECT 0.5 ML SUBCUTANEOUSLY AS NEEDED TO RELIEVE MIGRAINE  
HEADACHE\* MAY REPEAT IN 2 HOURS IF NEEDED. DO NOT EXCEED  
TWO INJECTIONS PER HEADACHE. DO NOT USE THE NASAL SPRAY  
ON THE SAME DAY

Quantity: 4 Days Supply: 30

5 refills remaining until 08/30/14

Last filled 12/13/13 at PUGET SOUND HCS (Active)

TIOTROPIUM 18MCG CAP,INHL,30

Sig: INHALE CONTENTS OF ONE CAPSULE IN INHALER AS DIRECTED EVERY  
DAY

Quantity: 3 Days Supply: 90

3 refills remaining until 06/04/14

Last filled 02/25/14 at PUGET SOUND HCS (Active/Suspended)

ALBUTEROL SO4 90MCG/ACTUAT (CFC-F) INHL, ORAL, 6.7GM

Sig: INHALE 2 PUFFS BY MOUTH EVERY FOUR HOURS AS NEEDED FOR  
SHORTNESS OF BREATH (WAIT ONE MINUTE BETWEEN PUFFS)

Quantity: 3 Days Supply: 90

3 refills remaining until 09/20/14

Last filled 11/16/13 at PUGET SOUND HCS (Active)

FORMOTEROL FUMARATE 12MCG CAP, INHL

Sig: INHALE ONE CAPSULE IN INHALER AS DIRECTED TWICE A DAY ;  
FOR INHALATION ONLY - DO NOT SWALLOW; EXPIRES 4 MONTHS AFTER  
DISPENSING

Quantity: 60 Days Supply: 30

3 refills remaining until 09/27/14

Last filled 10/28/13 at PUGET SOUND HCS (Active)

VERAPAMIL HCL 240MG TAB, SA

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR CLUSTER HEADACHE  
PREVENTION \* DOSE INCREASE 6/26/2012 \*

Quantity: 180 Days Supply: 90

3 refills remaining until 04/26/14

Last filled 10/13/13 at PUGET SOUND HCS (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME TO HELP  
ASTHMA SYMPTOMS

Quantity: 90 Days Supply: 90

3 refills remaining until 10/23/14

Last filled 10/23/13 at PUGET SOUND HCS (Active)

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY TO REDUCE  
CHOLESTEROL\*\*REPLACES  
SIMVASTATIN\*\*

Quantity: 45 Days Supply: 90

3 refills remaining until 09/10/14

Last filled 12/08/13 at PUGET SOUND HCS (Active)

MOMETASONE FUROATE 220MCG/INHL INHL, ORAL, 60



Sig: INHALE 2 PUFFS AS DIRECTED EVERY EVENING (RINSE MOUTH AFTER USE)

Quantity: 3 Days Supply: 90

3 refills remaining until 10/23/14

Last filled 10/23/13 at PUGET SOUND HCS (Active)

SUMATRIPTAN 20MG/SPRAY SOLN,NASAL,0.1ML

Sig: SPRAY 1 SPRAY IN ONE NOSTRIL AS NEEDED AT ONSET OF HEADACHE

\* MAY REPEAT ONCE, DO NOT EXCEED 2 SPRAYS PER HEADACHE \*

Quantity: 6 Days Supply: 30

3 refills remaining until 08/03/14

Last filled 10/21/13 at PUGET SOUND HCS (Active)

TOPIRAMATE 100MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY TO PREVENT MIGRAINES.

START THIS AFTER FINISHING WITH THE TITRATION.

Quantity: 30 Days Supply: 30

11 refills remaining until 08/30/14

Last filled 11/24/13 at PUGET SOUND HCS (Active)

/es/ Patsy Jones, LVN

Staff LVN, Primary Care Clinic

Signed: 12/18/2013 11:08

## PC Provider Change Note

### Details

**Date entered:** December 11, 2013

**Location:** SACRAMENTO VA MEDICAL CENTER

**Written by:** KEVIN C AVILA

**Signed by:** KEVIN C AVILA

**Date signed:** December 11, 2013

### Note

LOCAL TITLE: PC Provider Change Note

STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE

DATE OF NOTE: DEC 11, 2013@14:26 ENTRY DATE: DEC 11,  
2013@14:26:29

AUTHOR: AVILA, KEVIN C

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Who requested the change - Patient.

Why was the request made - location

Pt works closer to Sacramento. Requesting PCP at Mather. Submitted  
Preferred Facility Form.

When was the change made: Dec 11, 2013.

Who made the change: K. AVILA

Request approved by: Protocol

/es/ AVILA, KEVIN C

Signed: 12/11/2013 14:27

## Urology Consult 15045

### Details

**Date entered:** December 11, 2013**Location:** SACRAMENTO VA MEDICAL CENTER**Written by:** ROBERT CARTER**Signed by:** ROBERT CARTER**Date signed:** December 11, 2013

### Note

LOCAL TITLE: Urology Consult 15045

STANDARD TITLE: UROLOGY CONSULT

DATE OF NOTE: DEC 11, 2013@14:08 ENTRY DATE: DEC 11,  
2013@14:08:39

AUTHOR: CARTER, ROBERT

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Name --CAMPBELL, RONALD CLARK

Age ----63

CHIEF COMPLAINT:

PCa

PRESENT ILLNESS: 63 y/o male with Hx PCa treated with RRP in April, 2010. Then had slight increase in PSA, but re-evaluation of tissue suggested focal GS 9/10. Then had RT, completed Feb., 2013. (Seattle)

Recent PSA at end of Sept. in Seattle - told undetectable.

Sx - 1 times nocturia, but denies hesitancy, straining, dysuria, or hematuria. Excellent urinary control - no pads.

Normal bowel movements; denies blood.

## Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications |                                                                                                                                                                   | Status |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| =====                         |                                                                                                                                                                   |        |
| 1)                            | ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY ORAL INHALATION EVERY 6 HOURS AS NEEDED - TO IMPROVE BREATHING.                                          | ACTIVE |
| 2)                            | CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - TO IMPROVE BONE STRENGTH.                                                            | ACTIVE |
| 3)                            | FORMOTEROL FUMARATE 12MCG INHL CAP INHALE ONE CAPSULE FROM INHALER BY ORAL INHALATION TWICE A DAY FOR BREATHING - *CAPSULE FOR INHALATION DEVICE; DO NOT SWALLOW. | ACTIVE |
| 4)                            | METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY - FOR DIABETES.                                                                                       | ACTIVE |
| 5)                            | MOMETASONE FUROATE 220MCG ORAL INHL 120 INHALE 2                                                                                                                  | ACTIVE |

PUFFS BY ORAL INHALATION TWICE A DAY - FOR  
BREATHING. RINSE MOUTH AFTER USE.

- 6) MONTELUKAST NA 10MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR ASTHMA/ALLERGY PREVENTION. (APPROVED  
VIA QUICK ORDER)
- 7) SILDENAFIL CITRATE 100MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY.

Occasional use ;of the sildenafil - causes headaches.

#### SIGNIFICANT LABS:

##### SCL1 - PSA

No data available for PSA; Total PSA; Free PSA; % Free PSA

| Collection DT    | Spec  | CREAT | BUN |
|------------------|-------|-------|-----|
| 11/20/2013 08:28 | PLASM | 0.99  | 24  |

##### SCL1 - CBC

| Collection DT    | Spec  | WBC | RBC  | HGB  | HCT  | MCV  | PLT |
|------------------|-------|-----|------|------|------|------|-----|
| 11/20/2013 08:28 | BLOOD | 8.1 | 4.86 | 14.9 | 46.0 | 94.6 | 265 |

##### SCL2 - DIFF

| Collection DT    | Spec  | NEUT # | NEUT % | LYMPH % | LYMPH | MONO % | EOS % |
|------------------|-------|--------|--------|---------|-------|--------|-------|
| 11/20/2013 08:28 | BLOOD | 4.9    | 60.6   | 28.7    | 2.3   | 9.2    | 1.4   |

BASO  
%

##### SCL1 - UA

| Collection DT    | Spec  | COLOR  | SP.GRAV | UROBILI | BILIRUB  | KETONES  | GLU |
|------------------|-------|--------|---------|---------|----------|----------|-----|
| 11/20/2013 08:49 | URINE | Yellow | 1.025   | 0.2     | Negative | Negative |     |

Ur  
Prot  
Negative  
Negative

#### PAST SURGICAL HISTORY:

No surgeries on file.

ALLERGIES:

PENICILLIN, PREDNISONE

PHYSICAL:

Temp: 98 F [36.7 C] (11/26/2013 13:45)

Pulse: 82 (11/26/2013 13:45)

BP: 140/70 (11/26/2013 14:42)

Imp- PCa

Rec- PSA today.

Ret- TELEPHONE CLINIC in 6 months to discuss PSA.

/es/ Robert Carter, MD

Staff Urologist

Signed: 12/11/2013 14:15

Receipt Acknowledged By:

12/12/2013 13:25 /es/ Myo S. Chang,  
MD

Primary Care

Physician

## NEUROLOGY TELEPHONE CONTACT NOTE

### Details

**Date entered:** December 4, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** JUDITH M OZUNA

**Signed by:** JUDITH M OZUNA

**Date signed:** December 4, 2013

**Note**

LOCAL TITLE: NEUROLOGY TELEPHONE CONTACT NOTE  
STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: DEC 04, 2013@09:05      ENTRY DATE: DEC 04,  
2013@09:05:10  
AUTHOR: OZUNA, JUDITH M      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Pt. called to report that he was HA free for 18 days after taking prednisone, then had a HA the night of Dec. 2. He didn't have a HA last night. He's asking for another rx for prednisone in case he starts into another HA cycle.

He says his stress level has incr'd rather than decr'd since moving out of his home (wife left him).

A/P:

Cluster HA with recent improvement after prednisone pulse. Stress level has incr'd rather than decr'd since he moved into a new place after separating from his wife. He won't have appt. with a neurologist in California until Feb. 2014.

I told pt. I'm not comfortable prescribing prednisone again this soon and from a distance. I encouraged him to try to get an earlier appt. with the neurologist down there. He says he will try to do this (Dr. Mather in Sacramento).

/es/ Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology  
Signed: 12/04/2013 09:12

**Primary Care Note**

**Details****Date entered:** November 26, 2013**Location:** FAIRFIELD VA CLINIC**Written by:** MYO S CHANG**Signed by:** MYO S CHANG**Date signed:** November 26, 2013**Note**

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: NOV 26, 2013@14:17 ENTRY DATE: NOV 26,  
2013@14:17:58

AUTHOR: CHANG, MYO S

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

## Subjective:

63 yom h/o copd, hyperlipidemia, htn, cluster headache, low vita d, oa and rcent duiagnosed as he has DM came to FF VA to establish.

Denies cp, sobm, fever, cough, haedache, abd pain, bowel and urinary symptoms.

Pt just moved from seattle and new to FF VA.

Med up dated.

Pt requesting as follow.

Med refill all expt med from neuro given , since he will see neuro consult.

Neuro consult referral at Mather.

Urology consult for f/u his ca prostate at mather VA

derm consult f/u care for his s/p squamous ca surg for f/u.

PFT teast since he left seattle and has not done yet.

PMH

as above

denies smoke

denies asthma

PSH

asa bove  
 s/p rt archle tendon surg  
 s/p rt knee surg for acl tear

Allergies  
 pcn cause swelling of laryngeal

Med:Active Outpatient Medications (excluding Supplies):

No Medications Found

#### Objective:

AOX3, Not in acute respiratory distress

147/71 (11/26/2013 13:45) R 16/min PULSE RATE 70/min T 98

HEENT- Atramatic, Normal Ecephalic, PERRLA, Positive EOMI, Pale  
 Conjunctiva

Eyes nad

Ears nad

Neck Supple, No l/n palpable, No thyromegaly, No bruit

Heart NRR, S1 S2 No murmur and gallop

Lung clear

Abdomen Soft, Positive BS, Nontender, No mass, Liver and Spleen not  
 palpable

Extrimites No edema, No calf tenderness

Bilateral peripheral pulses intact (DP, PT)

Neuro: Nonfocal

#### Lab:

| Collection DT    | Spec  | WBC | HGB  | HCT  | MCV  | MCHC | PLT |
|------------------|-------|-----|------|------|------|------|-----|
| 11/20/2013 08:28 | BLOOD | 8.1 | 14.9 | 46.0 | 94.6 | 32.5 | 265 |

| Collection DT    | Spec  | CHOL | TRIGLYC | HDL | LDL-CHO |
|------------------|-------|------|---------|-----|---------|
| 11/20/2013 08:28 | PLASM | 152  | 127     | 53  | 74      |

SCLU - TSH

| Collection DT    | Spec  | Tsh  |
|------------------|-------|------|
| 11/20/2013 08:28 | SERUM | 1.80 |

11/20/2013 LDL CHOLESTEROL 74.00

LAB CUMULATIVE SELECTED 1



Collection DT      Spec    Ur Prot UR. BLD  
 11/20/2013 08:49    URINE Negative Negative

## LAB CUMULATIVE SELECTED 4

No data available for URINE MUCOUS; HYALINE CASTS; GRANULAR CASTS;  
 URINE YEAST; URINE CRYSTALS; AMORPHOUS SEDIMENT

## LAB CUMULATIVE SELECTED 3

Collection DT      Spec    SP.GRAV BILIRUB KETONES    PH      APPEAR  
 11/20/2013 08:49    URINE 1.025    Negative Negative    5.5    Clear

## Health maintenance

## CLINICAL REMINDERS SUMMARY

|                                    | --STATUS-- | --DUE DATE-- | --LAST DONE-- |
|------------------------------------|------------|--------------|---------------|
| Influenza Vaccine Sept 13 - Apr 14 | RESOLVED   | 10/25/2014   | 10/25/2013    |
| Pneumovax                          | N/A        |              | unknown       |
| Screen for Tobacco Use             | RESOLVED   | 10/25/2023   | 10/25/2013    |
| Alcohol Abuse Screen (AUDIT-C)     | RESOLVED   | 11/26/2014   | 11/26/2013    |
| Lipid Panel (initial screening)    | DONE       |              | 11/20/2013    |
| Colorectal Cancer Screening        | DUE NOW    | DUE NOW      | unknown       |
| PSA                                | DUE NOW    | DUE NOW      | unknown       |
| Diabetic Eye Exam                  | N/A        |              |               |
| Diabetes - Hemoglobin A1c          | N/A        |              | 11/20/2013    |
| Diabetes - Urine Microalbumin      | N/A        |              |               |
| Diabetic Foot Exams                | N/A        |              |               |

## SHF2

## TOBACCO

FORMER SMOKER - NONE FOR >7 YEARS      10/25/2013

## LAB TESTS SELECTED

| Collection DT    | Specimen | Test Name       | Result | Units | Ref   |
|------------------|----------|-----------------|--------|-------|-------|
| Range            |          |                 |        |       |       |
| 11/20/2013 08:28 | BLOOD !! | HGBA1c          | 6.8 H  | %     | 4.1 - |
| 6.0              |          |                 |        |       |       |
| 11/20/2013 08:28 | PLASMA   | LDL CHOLESTEROL | 74     | mg/dL | Ref:  |
| <=               |          |                 |        |       |       |
| 160              |          |                 |        |       |       |
| 11/20/2013 08:28 | PLASMA   | HDL CHOLESTEROL | 53     | mg/dL | Ref:  |
| >=40             |          |                 |        |       |       |

|                  |        |              |     |       |      |
|------------------|--------|--------------|-----|-------|------|
| 11/20/2013 08:28 | PLASMA | CHOLESTEROL  | 152 | mg/dL | Ref: |
| <=               |        |              |     |       |      |
| 200              |        |              |     |       |      |
| 11/20/2013 08:28 | PLASMA | TRIGLYCERIDE | 127 | mg/dL | Ref: |
| <=               |        |              |     |       |      |
| 150              |        |              |     |       |      |

!! Indicates COMMENTS AVAILABLE...Refer to Interim Lab Report.

Assesment:

1. COPD; cont inahler. will get PFT. for f/u.
2. HTN; noted up normal. Will cont monitor.
3. DM; will start with low dose metformin.
4. hyperlipidemia; controlled.
5. H/o cluster headache; will get neuro consult for f/u.
6. h/oi ca prostate surg and RT; wil get uroogy for f/u care.
7. s/p AQ cell ca surg fromn rt chest; stable. Pt request derm f/u care.
8. health amoint;will get colon f/u care.

Plan:

RTC 10 months.

/es/ Myo S. Chang, MD

Primary Care Physician

Signed: 11/26/2013 14:30

## PACT Primary Care Nursing Clinic Note

### Details

**Date entered:** November 26, 2013

**Location:** FAIRFIELD VA CLINIC

**Written by:** GLORIA FOWLER**Signed by:** GLORIA FOWLER**Date signed:** November 26, 2013**Note**

LOCAL TITLE: PACT Primary Care Nursing Clinic Note

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: NOV 26, 2013@13:37      ENTRY DATE: NOV 26,  
2013@13:38:01

AUTHOR: FOWLER, GLORIA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* PACT Primary Care Nursing Clinic Note Has ADDENDA \*\*\*

PACT NURSING CLINIC NOTE

REASON FOR VISIT:

APPOINTMENT SCHEDULING/REVIEW

PATIENT IDENTIFICATION:

The patient's identity was confirmed with the following items:

DOB.

Name.

Veteran seen for face to face encounter.

CC:

ROUTINE

ALLERGIES:

PENICILLIN, PREDNISONE

VITAL SIGNS:

VITALS: 10/25/2013 12:16 BP:140/82 HR:68 Wt:----

## ASSESSMENT:

VS

## PLAN

: Clinic visit provider

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

## TIME SPENT WITH PATIENT

&gt;&gt;&gt; 11-20 MIN

## Clinical Reminders:

LVN Medication Inventory:

LVN MEDICATION INVENTORY

## Allergies:

PENICILLIN, PREDNISONE

Active and Recently Expired Outpatient Medications (excluding Supplies):

No Medications Found

Active Medications from Remote Data

SILDENAFIL CITRATE 100MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY. NOT TO EXCEED ONCE PER DAY. \* AVOID GRAPEFRUIT PRODUCTS

Quantity: 2 Days Supply: 30

6 refills remaining until 08/29/14

Last filled 10/22/13 at PUGET SOUND HCS (Active)

SUMATRIPTAN SUCCINATE 6MG/0.5ML INJ,RFL,KIT

Sig: INJECT 0.5 ML SUBCUTANEOUSLY AS NEEDED TO RELIEVE MIGRAINE  
HEADACHE\* MAY REPEAT IN 2 HOURS IF NEEDED. DO NOT EXCEED  
TWO INJECTIONS PER HEADACHE. DO NOT USE THE NASAL SPRAY  
ON THE SAME DAY

Quantity: 4 Days Supply: 30

5 refills remaining until 08/30/14

Last filled 09/27/13 at PUGET SOUND HCS (Active)

TIOTROPIUM 18MCG CAP,INHL,30

Sig: INHALE CONTENTS OF ONE CAPSULE IN INHALER AS DIRECTED EVERY  
DAY

Quantity: 3 Days Supply: 90

3 refills remaining until 06/04/14

Last filled 12/07/13 at PUGET SOUND HCS (Active/Suspended)

ALBUTEROL SO4 90MCG/ACTUAT (CFC-F) INHL,ORAL,6.7GM

Sig: INHALE 2 PUFFS BY MOUTH EVERY FOUR HOURS AS NEEDED FOR  
SHORTNESS OF BREATH (WAIT ONE MINUTE BETWEEN PUFFS)

Quantity: 3 Days Supply: 90

3 refills remaining until 09/20/14

Last filled 11/16/13 at PUGET SOUND HCS (Active)

FORMOTEROL FUMARATE 12MCG CAP,INHL

Sig: INHALE ONE CAPSULE IN INHALER AS DIRECTED TWICE A DAY ;  
FOR INHALATION ONLY - DO NOT SWALLOW; EXPIRES 4 MONTHS AFTER  
DISPENSING

Quantity: 60 Days Supply: 30

3 refills remaining until 09/27/14

Last filled 10/28/13 at PUGET SOUND HCS (Active)

CHOLECALCIFEROL 1000UNT TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY DAY (VITAMIN D) FOR LOW  
VITAMIN D LEVELS

Quantity: 100 Days Supply: 90

3 refills remaining until 12/11/13

Last filled 11/16/13 at PUGET SOUND HCS (Active)

VERAPAMIL HCL 240MG TAB,SA

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR CLUSTER HEADACHE  
PREVENTION \* DOSE INCREASE 6/26/2012 \*

Quantity: 180 Days Supply: 90  
3 refills remaining until 04/26/14  
Last filled 10/13/13 at PUGET SOUND HCS (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME TO HELP  
ASTHMA SYMPTOMS

Quantity: 90 Days Supply: 90  
3 refills remaining until 10/23/14  
Last filled 10/23/13 at PUGET SOUND HCS (Active)

MOMETASONE FUROATE 220MCG/INHL INHL, ORAL, 60

Sig: INHALE 2 PUFFS AS DIRECTED EVERY EVENING (RINSE MOUTH AFTER  
USE)

Quantity: 3 Days Supply: 90  
3 refills remaining until 10/23/14  
Last filled 10/23/13 at PUGET SOUND HCS (Active)

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY TO REDUCE  
CHOLESTEROL\*\*REPLACES  
SIMVASTATIN\*\*

Quantity: 45 Days Supply: 90  
3 refills remaining until 09/10/14  
Last filled 12/08/13 at PUGET SOUND HCS (Active/Suspended)

SUMATRIPTAN 20MG/SPRAY SOLN, NASAL, 0.1ML

Sig: SPRAY 1 SPRAY IN ONE NOSTRIL AS NEEDED AT ONSET OF HEADACHE  
\* MAY REPEAT ONCE, DO NOT EXCEED 2 SPRAYS PER HEADACHE \*

Quantity: 6 Days Supply: 30  
3 refills remaining until 08/03/14  
Last filled 10/21/13 at PUGET SOUND HCS (Active)

TOPIRAMATE 100MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY TO PREVENT MIGRAINES.  
START THIS AFTER FINISHING WITH THE TITRATION.

Quantity: 30 Days Supply: 30

11 refills remaining until 08/30/14

Last filled 11/24/13 at PUGET SOUND HCS (Active)

#### Advance Directive Education:

##### Advance Directive Education

Advance Directive Education - The following items were reviewed with the patient: 1. What an advanced directive is. 2. How an advance directive is made. 3. What a durable power of attorney for health care is and how to assign someone to have this power. 4. Identify resources to contact for further information.

#### Patient Education:

The "Healthy Living" pamphlet was reviewed with the patient. The patient was educated on the benefits of regular exercise including the benefits of exercise related to wt. loss, improved BP and cholesterol control, cardiovascular fitness, strengthening of muscle and bone and reduced stress.

Level of Understanding: Good

The potential benefit and the possible risks of screening for prostate cancer were reviewed with the patient.

The potential value of screening including early detection of prostate cancer was reviewed.

The risks of false positive and false negative tests and the possibility of the need for invasive procedures for further evaluation of positive tests was discussed.

The patient was offered a chance to ask their provider questions related to this topic.

The effects that smoking has on the body were reviewed with the patient. The benefits of smoking cessation and the alternative ways to quit smoking were discussed. Information on resources to help quit smoking was provided. The patient was offered referral to a smoking cessation program.

Comment: NON-SMOKER

The patient was educated on the risks of alcohol overuse. Available resources for counseling on alcohol use were reviewed.

The patient was educated on the benefits and risks of daily aspirin therapy for the prevention of myocardial infarction in patients at risk. The patient was also informed of the risks of gastric ulcers and bleeding.

The patient was educated on the value of seat belt use when driving or when riding as a passenger in a motor vehicle.

Level of Understanding: Good

The patient was educated on the need to protect the skin and eyes from exposure to the sun. The use of hats and sunscreen were reviewed.

Level of Understanding: Good

The patient &/or family received the Pain Management education handout and questions were answered. The patient &/or family are encouraged to alert the provider and team of any pain or any change in pain.

The patient was educated on the value of obtaining appropriate immunizations which may include tetanus, influenza and/or pneumococcal immunization.

The patient was educated on the risk factors for hepatitis C transmission including the use of IV drugs and shared needles, tattoos, multiple sexual partners, intranasal cocaine and other blood exposures.

The following issues were reviewed with the patient:

1. safe use and storage of medications
2. safe use of electricity and gas
3. planning for emergencies including phone resources (911)
4. lighting and flooring to prevent falls esp. related to tubs, showers

Hand Hygiene

Barriers to Education Not Recorded:

The patient has no noted or self-perceived barriers to learning.

Alcohol Abuse Screen (AUDIT-C):

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=1).

1. How often did you have a drink containing alcohol in the past year?

Monthly or less

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2

3. How often did you have six or more drinks on one occasion in the past year?

Never



## Screen for Depression:

## PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

SUICIDE RISK SCREENING QUESTIONS Are you feeling hopeless about the present or future? NO

## Screen for PTSD:

## PC PTSD

A PTSD screening test (PTSD 4Q) was negative (score=0).

1. Have had any nightmares about it or thought about it when you did not want to?

No

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

No

3. Were constantly on guard, watchful, or easily startled?

No

4. Felt numb or detached from others, activities, or your surroundings?

No

## Pain Education:

## PAIN EDUCATION

The patient &/or family received the Pain Management education handout and questions were answered. The patient &/or family are encouraged to alert the provider and team of any pain or any change in pain.

The patient was provided with the handout "How Can I Deal With Pain?"

patient is able to repeat the instruction.

The patient's family member or significant other was present and

acknowledges an understanding of the topic reviewed.

Others present: NONE

Vitals:

Most recent VS: Wt. 194 lb [88.2 kg] (11/26/2013 13:45)  
BP 147/71 (11/26/2013 13:45)  
HR 82 (11/26/2013 13:45)  
Temp 98 F [36.7 C] (11/26/2013 13:45)  
BMI 28.7

HIV Screening:

The patient declines to be tested for HIV infection.

/es/ Gloria Fowler, LVN

Primary Care

Signed: 11/26/2013 13:51

11/26/2013 ADDENDUM

STATUS: COMPLETED

Herpes Zoster vaccine (Zostavax)

0.65 ml SQ was given today in the Left deltoid area

Lot #: Merck (Zostavax) Lot #: J007857 Exp:9/28/14

Ordered by: Dr.Chang,Myo

Indication: prophylaxis for herpes zoster/shingles

Complications: None. Patient tolerated well.

No signs or symptoms of adverse reaction noted.

The Shingles (Zostavax) VIS dated Oct 6,2009 was given to the patient.

Clinical Reminders:

MOVE! Screening- Overweight/Obesity:

Calculated BMI: 28.7 Weight: 194 lb [88.2 kg] (11/26/2013 13:45)

Educated on the health risks of overweight/obesity including:

heart disease, diabetes, sleep apnea, hypertension, arthritis,  
certain cancers

The patient was educated on the available weight management programs  
and declines treatment at this time.

Patient is currently participating in an organized weight management  
program.

Location/Program: Other:

Date of most recent participation in weight management program:

Diabetic Foot Care Education:

The following items were reviewed with the patient: 1. the importance of daily foot checks 2. the progression of callouses and blisters to ulcerations and possible infection 3. the importance of daily foot hygiene. Warm (NOT HOT) bathing of the feet, complete drying, and thorough inspection for changes in the condition of the skin constitutes daily foot care. 4. the importance of the use of clean, non-restrictive socks/stockings and well-fitting shoes. 5. the importance of immediate follow-up of any foot injuries or ulcers. The patient should be non-weight bearing, whenever there are lesions on the foot, to prevent further cellular damage.

#### Diabetic Foot Exams:

A foot exam including monofilament exam, pedal pulse check and visual inspection of the feet is documented in the chart. Please see the note from:

Date of Complete Foot Exam: November 26, 2013

The patient's foot inspection was normal. No blisters, callus, or ulcers.

Comment: skib dry intact

The posterior tibialis and dorsalis pedis pulses are normal bilaterally.

#### Patient Education:

The "Healthy Living" pamphlet was reviewed with the patient. The patient was educated on the benefits of regular exercise including the benefits of exercise related to wt. loss, improved BP and cholesterol control, cardiovascular fitness, strengthening of muscle and bone and reduced stress.

Level of Understanding: Good

The potential benefit and the possible risks of screening for prostate cancer were reviewed with the patient.

The potential value of screening including early detection of prostate cancer was reviewed.

The risks of false positive and false negative tests and the possibility of the need for invasive procedures for further evaluation of positive tests was discussed.

The patient was offered a chance to ask their provider questions related to this topic.

The patient was educated on the risks of alcohol overuse. Available resources for counseling on alcohol use were reviewed.

The patient was educated on the benefits and risks of daily aspirin therapy for the prevention of myocardial infarction in patients at

risk. The patient was also informed of the risks of gastric ulcers and bleeding.

The patient was educated on the value of seat belt use when driving or when riding as a passenger in a motor vehicle.

Level of Understanding: Good

The patient was educated on the need to protect the skin and eyes from exposure to the sun. The use of hats and sunscreen were reviewed.

Level of Understanding: Good

The patient &/or family received the Pain Management education handout and questions were answered. The patient &/or family are encouraged to alert the provider and team of any pain or any change in pain.

The patient was educated on the value of obtaining appropriate immunizations which may include tetanus, influenza and/or pneumococcal immunization.

The patient was educated on the risk factors for hepatitis C transmission including the use of IV drugs and shared needles, tattoos, multiple sexual partners, intranasal cocaine and other blood exposures.

The following issues were reviewed with the patient:

1. safe use and storage of medications
2. safe use of electricity and gas
3. planning for emergencies including phone resources (911)
4. lighting and flooring to prevent falls esp. related to tubs, showers

Hand Hygiene

Diabetic with last BP>=140/90:

Repeat BP:

140/70

/es/ Gloria Fowler, LVN

Primary Care

Signed: 11/26/2013 14:42

## NEUROLOGY TELEPHONE CONTACT NOTE

### Details

**Date entered:** November 20, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** JUDITH M OZUNA**Signed by:** JUDITH M OZUNA**Date signed:** November 20, 2013**Note**

LOCAL TITLE: NEUROLOGY TELEPHONE CONTACT NOTE

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: NOV 20, 2013@07:57 ENTRY DATE: NOV 20,  
2013@07:58:02

AUTHOR: OZUNA, JUDITH M

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Pt. left message re: his HAs. Says he was having nightly HA, then started having

HAs during the day so decided to take the prednisone that I'd rx'd in August but

apparently he didn't take then (was concerned about side effects). Since doing

this he's been HA free for the past 5 days and has had no side effects. He wanted me to have this update since he has not yet seen a neurologist in California where he now resides. He does have an initial appt. with PCP there

next week however and hopefully will get a neurology referral then.

/es/ Judith M. Ozuna, ARNP

Nurse Practitioner, Neurology

Signed: 11/20/2013 08:01

**NEUROLOGY TELEPHONE CONTACT NOTE****Details****Date entered:** November 1, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** JUDITH M OZUNA

**Signed by:** JUDITH M OZUNA**Date signed:** November 1, 2013**Note**

LOCAL TITLE: NEUROLOGY TELEPHONE CONTACT NOTE

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: NOV 01, 2013@08:34 ENTRY DATE: NOV 01,  
2013@08:34:49

AUTHOR: OZUNA, JUDITH M

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Pt. called yesterday to report:

1. No HAs in past 4 nights.
2. Wife left him 4 days ago after 41 yrs. of marriage
3. Pt. more irritable, "mood swings" per observations of others, wonders if recent taper off lithium is related, tho admits many stressors in the past year that likely contributors: prostate ca, recent dx of COPD so can't tolerate smoky air in eastern Washington where there cabin is (has to sell it), recent move to California, wife moving out, problems with other family members.

A/P:

Pt. asking if lithium taper is r/t recent "mood swings." I told him I doubted it and also checked with a psychiatrist, Dane Wingerson, who concurs.

Also, pt. says he has appt. with PCP at a Californai VA in late Nov. and will try to get referral to a neurologist then.

/es/ Judith M. Ozuna, ARNP

Nurse Practitioner, Neurology

Signed: 11/01/2013 08:46

## Primary Care Unscheduled Visit 60299

### Details

**Date entered:** October 25, 2013

**Location:** FAIRFIELD VA CLINIC

**Written by:** GLORIA FOWLER

**Signed by:** GLORIA FOWLER

**Date signed:** October 25, 2013

### Note

LOCAL TITLE: Primary Care Unscheduled Visit 60299

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: OCT 25, 2013@12:01      ENTRY DATE: OCT 25,  
2013@12:01:13

AUTHOR: FOWLER, GLORIA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Clinical Reminders: Patient here in clinic stating that he was seen in the ED

at DGMC informed Bp was elevated 175/100. Patient states that he was on lisinopril one year ago but it was discontinued. Currently taking Verapamil 240mg two daily for cluster H/A. Patient states Hx: Skin Ca, Prostate Ca, Asthma

COPD was told that he has 40% lung function. Client is new in the Fairfield area has appt scheduled for 11/26/13. Patient was instructed to complete fasting labs prior to visit with PCP. Bp rechecked manually in left arm was 140/82 HR 68

140/80 HR: 66 Patient denies any hypertensive s/s at this time. request order for shingle vaccine.

LVN Medication Inventory:

LVN MEDICATION INVENTORY:

1. formoteril fumarate 12 mcg 1 puff q pm
2. mometasone furoate 220mg 2 puffs q pm
3. montelukast 10mg one tab q hs
4. albuterol 90cg prn
5. rosuvastatin 40mg 1/2 tab q pm

6.verapamil 240mg two q day  
7.sumatriptan 20mg prn  
8.primidone 50mg 3tab q hs  
9.cholecalciferol 1000unit one q day  
10.sumatriptan 6mg/0.5 prn injection  
11.topiramote 50mg bid  
12.aspirin 81mg q day  
13.ibprohin  
14meladtonin 10mg q pm

Allergies:

No Allergy Assessment

Active and Recently Expired Outpatient Medications (excluding  
Supplies):

No Medications Found

Active Medications from Remote Data

SILDENAFIL CITRATE 100MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY AS NEEDED ONE HOUR  
BEFORE SEXUAL ACTIVITY. NOT TO EXCEED ONCE PER DAY. \* AVOID  
GRAPEFRUIT PRODUCTS

Quantity: 2 Days Supply: 30

6 refills remaining until 08/29/14

Last filled 10/22/13 at PUGET SOUND HCS (Active)

SUMATRIPTAN SUCCINATE 6MG/0.5ML INJ,RFL,KIT

Sig: INJECT 0.5 ML SUBCUTANEOUSLY AS NEEDED TO RELIEVE MIGRAINE  
HEADACHE\* MAY REPEAT IN 2 HOURS IF NEEDED. DO NOT EXCEED  
TWO INJECTIONS PER HEADACHE. DO NOT USE THE NASAL SPRAY  
ON THE SAME DAY

Quantity: 4 Days Supply: 30

5 refills remaining until 08/30/14

Last filled 09/27/13 at PUGET SOUND HCS (Active)

SUMATRIPTAN SUCCINATE 6MG/0.5ML INJ,KIT

Sig: INJECT 0.5 ML SUBCUTANEOUSLY AS NEEDED AT ONSET OF MIGRAINE\*  
MAY REPEAT ONCE IN 2 HOURS IF NEEDED \* DO NOT EXCEED 2  
INJECTIONS PER HEADACHE (DO NOT USE NASAL SUMATRIPTAN ON



SAME DAYS AS INJECTABLE)

Quantity: 1 Days Supply: 30

0 refills remaining until 11/20/13

Last filled 10/24/13 at PUGET SOUND HCS (Active/Suspended)

TIOTROPIUM 18MCG CAP, INHL, 30

Sig: INHALE CONTENTS OF ONE CAPSULE IN INHALER AS DIRECTED EVERY  
DAY

Quantity: 3 Days Supply: 90

3 refills remaining until 06/04/14

Last filled 12/07/13 at PUGET SOUND HCS (Active/Suspended)

ALBUTEROL SO4 90MCG/ACTUAT (CFC-F) INHL, ORAL, 6.7GM

Sig: INHALE 2 PUFFS BY MOUTH EVERY FOUR HOURS AS NEEDED FOR  
SHORTNESS OF BREATH (WAIT ONE MINUTE BETWEEN PUFFS)

Quantity: 3 Days Supply: 90

3 refills remaining until 09/20/14

Last filled 11/16/13 at PUGET SOUND HCS (Active/Suspended)

FORMOTEROL FUMARATE 12MCG CAP, INHL

Sig: INHALE ONE CAPSULE IN INHALER AS DIRECTED TWICE A DAY ;  
FOR INHALATION ONLY - DO NOT SWALLOW; EXPIRES 4 MONTHS AFTER  
DISPENSING

Quantity: 60 Days Supply: 30

3 refills remaining until 09/27/14

Last filled 10/28/13 at PUGET SOUND HCS (Active)

CHOLECALCIFEROL 1000UNT TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY DAY (VITAMIN D) FOR LOW  
VITAMIN D LEVELS

Quantity: 100 Days Supply: 90

3 refills remaining until 12/11/13

Last filled 11/16/13 at PUGET SOUND HCS (Active/Suspended)

VERAPAMIL HCL 240MG TAB, SA

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR CLUSTER HEADACHE  
PREVENTION \* DOSE INCREASE 6/26/2012 \*

Quantity: 180 Days Supply: 90

3 refills remaining until 04/26/14

Last filled 10/13/13 at PUGET SOUND HCS (Active)

MONTELUKAST NA 10MG TAB

Sig: TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME TO HELP  
ASTHMA SYMPTOMS

Quantity: 90 Days Supply: 90

3 refills remaining until 10/23/14

Last filled 10/23/13 at PUGET SOUND HCS (Active)

ROSUVASTATIN CA 40MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY TO REDUCE  
CHOLESTEROL\*\*REPLACES  
SIMVASTATIN\*\*

Quantity: 45 Days Supply: 90

3 refills remaining until 09/10/14

Last filled 12/08/13 at PUGET SOUND HCS (Active/Suspended)

MOMETASONE FUROATE 220MCG/INHL INHL,ORAL,60

Sig: INHALE 2 PUFFS AS DIRECTED EVERY EVENING (RINSE MOUTH AFTER  
USE)

Quantity: 3 Days Supply: 90

3 refills remaining until 10/23/14

Last filled 10/23/13 at PUGET SOUND HCS (Active)

SUMATRIPTAN 20MG/SPRAY SOLN,NASAL,0.1ML

Sig: SPRAY 1 SPRAY IN ONE NOSTRIL AS NEEDED AT ONSET OF HEADACHE  
\* MAY REPEAT ONCE, DO NOT EXCEED 2 SPRAYS PER HEADACHE \*

Quantity: 6 Days Supply: 30

3 refills remaining until 08/03/14

Last filled 10/21/13 at PUGET SOUND HCS (Active)

TOPIRAMATE 100MG TAB

Sig: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY TO PREVENT MIGRAINES.  
START THIS AFTER FINISHING WITH THE TITRATION.

Quantity: 30 Days Supply: 30

11 refills remaining until 08/30/14

Last filled 09/18/13 at PUGET SOUND HCS (Active)

My HealtheVet Education:

The patient has access or uses the internet.

The patient is not registered for My HealtheVet.

The patient was educated on the availability and features of My HealtheVet and given handouts on how to access it and how to get the IPA process completed.

Homelessness Screening:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

Preferred Language:

Veteran prefers to speak the following language:

Language: English

Colorectal Cancer Screening:

Prior Outside Colonoscopy

Had test three years ago found polyps removed

The patient has a first-degree relative who has a history of colon cancer.

Family member: none

Braden Skin Risk Assessment:

BRADEN

The patient's Braden Scale Score is 21. The patient is considered not at risk for development of pressure ulcers.

Sensory perception -- ability to respond meaningfully to pressure-related discomfort

No impairment.

Moisture -- degree to which skin is exposed to moisture

Rarely moist.

Activity -- ability to change and control body position

Walks occasionally.

Mobility -- ability to change and control body position

No limitation.

Nutrition -- usual food intake patterns  
Adequate.

Friction and shear  
No apparent problem.

Vitals:

Most recent VS: Wt.

BP 140/82 (10/25/2013 12:16)

HR 68 (10/25/2013 12:16)

Temp 97.4 F [36.3 C] (10/25/2013 12:16)

BMI 0.0

Influenza Vaccine Sept 13 - Apr 14:

The patient received seasonal influenza immunization  
0.5ml IM today in Left Deltoid.

Lot #: CSL: Lot# R52907 Exp:6/30/14

Indication: prophylaxis for influenza

Complications: Patient tolerated well. No signs or symptoms of  
adverse reaction noted.

The inactivated seasonal influenza vaccine VIS dated Jul 26,2013 was  
given to the patient.

Clinical Reminders:

Nutrition Screening:

The patient notes no significant weight change.

Advance Directive Education:

Advance Directive Education

Screen for Tobacco Use:

The patient is a former smoker but has not smoked any tobacco  
products for over 7 years.

/es/ Gloria Fowler, LVN

Primary Care

Signed: 10/25/2013 12:42

## NEUROLOGY TELEPHONE CONTACT NOTE

## Details

**Date entered:** October 21, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** JUDITH M OZUNA

**Signed by:** JUDITH M OZUNA

**Date signed:** October 21, 2013

## Note

LOCAL TITLE: NEUROLOGY TELEPHONE CONTACT NOTE

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: OCT 21, 2013@13:45      ENTRY DATE: OCT 21,  
2013@13:45:50

AUTHOR: OZUNA, JUDITH M

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Pt. called to report that he damaged the sumatriptan injector and damaged  
3  
injection cartridges as a result. Is asking for a new injector and refill  
of  
sumatriptan.

He reports the following cluster HAs since last note (addendum dated  
9/18/13):

9/19, 10/5, 10/15, 10/16, 10/17. He's been using oxygen for 20 min.  
before  
going to bed and thinks this helps.

He's been under stress from moving to Vacaville, CA and believes this is  
the  
reason for the recent HAs, he moved there 10/4. He plans to stay there for  
a  
year and is seeking a PCP and neurologist from the Northern CA VA system.  
Meanwhile he's asking for his meds to be renewed from here.

He's also asking if he can taper off primidone which he was taking for  
tremor

r/t lithium therapy. He tapered of lithium after last visit in August.

A/P:

1. cluster HAs: recent incr. in HAs likely r/t stress of moving to California.

Will send rx for new sumatripan injector kit - pt. has refills of the refill kits.

2. tremor: since pt. is off lithium it's reasonable to taper slowly off primidone - by one tab qd every week, then stop. Pt. agrees with plan.

/es/ Judith M. Ozuna, ARNP

Nurse Practitioner, Neurology

Signed: 10/21/2013 13:56

## Telephone Care VISN 21 Note

### Details

**Date entered:** October 18, 2013

**Location:** MARTINEZ VA MEDICAL CENTER

**Written by:** JOHN J JENNINGS

**Signed by:** JOHN J JENNINGS

**Date signed:** October 18, 2013

### Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: OCT 18, 2013@21:33:36 ENTRY DATE: OCT 18, 2013@21:34:50

AUTHOR: JENNINGS, JOHN J

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

The patient, CAMPBELL, RONALD CLARK (546802701) Phone: (206)295-2554 called the call center.

Contact Phone Number:

The following identifiers were used to verify this patient: DOB. SSN.

Type of call: SYMPTOM.

No Primary Provider Identified

No Associate Provider Identified

No Team Identified

Caller Area: FAIR FIELD

Comments:

john(c2701)medication issue: (Topiramate) pt. has misplaced or lost medication

during his relocation from puget sound area. pt. is enrolled at Fairfield V.A.

OPC. pt. needs medication to prevent seizures and migraines. pt. will go into

DGMC/Travis AFB for short-fill and will f/u on Monday with clinic. pt. is currently awaiting for p/c and neuro. dr. to be assigned.

Caller Response: \*OTHER

Chief Complaint: Not applicable to call.

Info faxed to DGMC

Identified problem: OTHER SPECIFIED COUNSELING.

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: OCT 18, 2013 @ 21:10 (Call was suspended)

- ANDERSON,CALVIN OCT 18, 2013@21:10:42 - OCT 18, 2013@21:30:45

Ending at: 10/18/2013 @ 9:34:04 PM

Length: 20 minutes. (Call was suspended. This call length is the total amount

of time spent "active" in Telecare Record Manager.)

Author: JENNINGS,JOHN J

/es/ John J. Jennings, RN

Telephone Care Advice

Signed: 10/18/2013 21:34

**OUTSIDE RECORD REVIEW NOTE****Details****Date entered:** October 3, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** JUDITH M OZUNA**Signed by:** JUDITH M OZUNA**Date signed:** October 3, 2013**Note**

LOCAL TITLE: OUTSIDE RECORD REVIEW NOTE

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: OCT 03, 2013@07:55      ENTRY DATE: OCT 03,  
2013@07:55:21

AUTHOR: OZUNA, JUDITH M

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Rec'd sleep study report done Sept. 2009 at Stevens Hosp, showing 3  
central  
apneas, 13 obstructive apneas and 12 hypopneas with AHI at 12 during REM  
sleep.  
Report sent to be scanned.

/es/ Judith M. Ozuna, ARNP

Nurse Practitioner, Neurology

Signed: 10/03/2013 07:58

**CORRESPONDENCE-LETTER, SEATTLE****Details****Date entered:** August 29, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** JUDITH M OZUNA**Signed by:** JUDITH M OZUNA**Date signed:** August 29, 2013



**Note**

LOCAL TITLE: CORRESPONDENCE-LETTER, SEATTLE

STANDARD TITLE: LETTERS

DATE OF NOTE: AUG 29, 2013@13:53      ENTRY DATE: AUG 29,  
2013@13:53:28

AUTHOR: OZUNA, JUDITH M

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

DEPARTMENT OF VETERANS AFFAIRS  
VA Puget Sound Health Care System  
Seattle Division  
1660 South Columbian Way  
Seattle, WA 98108-1597  
AUG 29, 2013

RONALD C CAMPBELL  
4649 NE 203RD COURT  
SEATTLE, WA 98155

Dear RONALD C CAMPBELL,

Please use the following schedule to crossover from lithium to  
topiramate:

|        | lithium |       | topiramate |      |
|--------|---------|-------|------------|------|
|        | am      | pm    | am         | pm   |
| Week 1 | 600mg   | 600mg |            | 25mg |
| Week 2 | 300mg   | 600mg | 25mg       | 25mg |
| Week 3 | 300mg   | 300mg | 25mg       | 50mg |

|        |      |       |      |      |
|--------|------|-------|------|------|
| Week 4 | 0    | 300mg | 50mg | 50mg |
| Week 5 | stop |       |      |      |

Sincerely,

Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology

CAMPBELL, RONALD CLARK

INJECTION NOTE

Details

**Date entered:** August 29, 2013  
**Location:** SEATTLE VA MEDICAL CENTER  
**Written by:** SHARON J HUNTER  
**Signed by:** SHARON J HUNTER  
**Date signed:** August 29, 2013

Note

LOCAL TITLE: INJECTION NOTE  
STANDARD TITLE: MEDICATION MGT NOTE  
DATE OF NOTE: AUG 29, 2013@08:11      ENTRY DATE: AUG 29, 2013@08:11:32  
AUTHOR: HUNTER, SHARON J      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

ALLERGIES/ADVERSE REACTIONS: PENICILLIN, PROPRANOLOL, PREDNISONE

## PNEUMOCOCCAL IMMUNIZATION:

Patient received 23-valent pneumococcal polysaccharide vaccine 0.5ml IM at this encounter:

Reason for injection: Need for prophylactic pneumococcal immunization.

Patient given CDC pneumococcal Vaccine Information Statement for PPSV23 dated 10/06/09.

Site:

Left deltoid

Manufacturer:

merck

Lot number:

joo4064

Expiration date:

8/6/14

/es/ SHARON J. HUNTER, RN MN

DIABETIC EDUCATOR

Signed: 08/29/2013 08:13

## NEUROLOGY OUTPATIENT VISIT NOTE

### Details

**Date entered:** August 29, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** JUDITH M OZUNA

**Signed by:** JUDITH M OZUNA

**Date signed:** August 29, 2013

### Note

LOCAL TITLE: NEUROLOGY OUTPATIENT VISIT NOTE

STANDARD TITLE: NEUROLOGY OUTPATIENT NOTE

DATE OF NOTE: AUG 29, 2013@08:04      ENTRY DATE: AUG 29, 2013@08:04:34

AUTHOR: OZUNA, JUDITH M

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

## \*\*\* NEUROLOGY OUTPATIENT VISIT NOTE Has ADDENDA \*\*\*

F/U for cluster headaches.

Pt. recently in hosp. for IV DHE since he was having several HAs per night since early July.

Since DC from hosp on 8/24 he's had the following HAs:

8/24: no HA

8/25: no HA

8/26: HA (nighttime), so intense he couldn't take a Imitrex shot because he was

in too much pain so took Imitrex nasal x 2 and HA resolved in 15 min.

8/27: HA, used oxygen w/o relief, tried to take a shot but didn't use it properly, no relief so throughout the next day he used oxygen on and off to

abate the symptoms of jaw and R temple pain which precedes his HAs.

8/28: no HA

He has several questions about abortive/rescue plans. His abortive therapy is

oxygen and Imitrex shots. He is wondering what the future holds re: his HA

frequency.

He is currently on verapamil, lithium, cyproheptadine and modafinil for preventive therapy. He says he had an adverse reaction (breathing problems) when

he tried prednisone last year, but he's wondering if he should try it again.

For abortive therapy he's nasal capsaicin which he got over the counter and it

didn't help.

A/P: >50% of 30 min. visit spent counseling/planning care.

I told pt. there's no way to predict when/if his current HA cycle will subside.

Since he's had no benefit from his current preventive meds, will crossover from lithium which is causing tremor and requires lab monitoring) and try second line agent topiramate, build dose to 50mg bid. Cont. daily melatonin, verapamil, cyproheptadine (rx'd by ER MD in California) and prn oxygen, sumatriptan. Pt. says he will review his reaction to prednisone and let me know if he wishes to retry it. Also, pt. reports he had sleep apnea study on outside in 2009 showing mild sleep apnea, not on CPAP now so will need to get that report to see if he can get CPAP here, if not will need to get our own sleep study. If he has significant sleep apnea it could be a major factor in his HAs. RTC 3 mo. Manage by phone in interim

-----

## PROBLEM LIST/PMHx:

## ACTIVE PROBLEMS:

1. Chronic Obstructive Pulmonary Disease \*  
(ICD-9-CM 496.)
2. Essential and other specified forms of tremor  
(ICD-9-CM 333.1)
3. Diabetes Mellitus without mention of  
Complication, type II or unspecified type, , Onset  
00/00/11
4. Carcinoma, Basal Cell
5. Impaired Fasting Glucose (ICD-9-CM 790.21)
6. Prostate Cancer (ICD-9-CM 185.)  
gleason 6/10 (3+3) dx 2/2010, followed by outside urologist  
s/p radical prostatectomy with +1 margin
7. Obesity \* (ICD-9-CM 278.00)
8. Low Back Pain (Lumbago)
9. Episodic Cluster Headache
10. Osteoarthritis \* (ICD-9-CM 715.90)
11. Hematochezia \* (ICD-9-CM 578.1)
12. Hypertension
13. Hyperlipidemia \* (ICD-9-CM 272.4)

## 14. Asthma, unspecified (ICD-9-CM 493.90)

Meds: verified with pt. today

- 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS ACTIVE (S)  
BY MOUTH EVERY FOUR HOURS AS NEEDED FOR SHORTNESS  
OF BREATH (WAIT ONE MINUTE BETWEEN PUFFS)
- 2) FORMOTEROL FUMARATE 12 MCG INHL CAP INHALE ONE ACTIVE  
CAPSULE IN INHALER AS DIRECTED TWICE A DAY ; FOR  
INHALATION ONLY - DO NOT SWALLOW; EXPIRES 4 MONTHS  
AFTER DISPENSING
- 3) LITHIUM CARBONATE 300 MG TAB TAKE TWO TABLETS BY ACTIVE  
MOUTH EVERY MORNING AND TAKE THREE TABLETS EVERY  
EVENING TO STABILIZE MOOD AND PREVENT HEADACHE -  
NOTE 12/13/12 DOSE DECREASE
- 4) MOMETASONE 220MCG 60 DOSE ORAL INHL INHALE 2 PUFFS ACTIVE  
AS DIRECTED EVERY EVENING (RINSE MOUTH AFTER USE)
- 5) MONTELUKAST NA 10 MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
EVERY NIGHT AT BEDTIME TO HELP ASTHMA SYMPTOMS
- 7) PRIMIDONE 50 MG TAB TAKE THREE TABLETS BY MOUTH ACTIVE  
EVERY NIGHT AT BEDTIME TO PREVENT SEIZURES
- 8) ROSUVASTATIN CA 40 MG TAB TAKE ONE-HALF TABLET BY ACTIVE  
MOUTH EVERY DAY TO REDUCE CHOLESTEROL\*\*REPLACES  
SIMVASTATIN\*\*
- 9) SILDENAFIL CITRATE 100 MG TAB TAKE ONE-HALF TABLET BY ACTIVE (S)  
MOUTH EVERY DAY AS NEEDED ONE HOUR BEFORE SEXUAL  
ACTIVITY. NOT TO EXCEED ONCE PER DAY. \* AVOID  
GRAPEFRUIT PRODUCTS
- 10) SUMATRIPTAN 20MG NASAL SPRAY SPRAY 1 SPRAY IN ONE ACTIVE  
NOSTRIL AS NEEDED AT ONSET OF HEADACHE \* MAY  
REPEAT ONCE, DO NOT EXCEED 2 SPRAYS PER HEADACHE \*
- 11) SUMATRIPTAN 6 MG/0.5 ML INJ KIT INJECT 0.5 ML ACTIVE  
SUBCUTANEOUSLY AS NEEDED AT ONSET OF MIGRAINE\* MAY  
REPEAT ONCE IN 2 HOURS IF NEEDED \* DO NOT EXCEED 2  
INJECTIONS PER HEADACHE (DO NOT USE NASAL  
SUMATRIPTAN ON SAME DAYS AS INJECTABLE)
- 12) SUMATRIPTAN SUCCINATE 6 MG/0.5ML RFL KIT INJECT 0.5 ACTIVE  
ML SUBCUTANEOUSLY AS NEEDED AT ONSET OF MIGRAINE \*  
MAY REPEAT IN 2 HOURS IF NEEDED. DO NOT EXCEED 2  
DOSES PER HEADACHE. DO NOT USE THE NASAL

- SUMATRIPTAN ON THE SAME DAY AS THE INJECTABLE
- 13) TIOTROPIUM 18MCG INHL CAP 30 INHALE CONTENTS OF ONE ACTIVE  
CAPSULE IN INHALER AS DIRECTED EVERY DAY
- 14) VERAPAMIL HCL 240 MG SA TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY FOR CLUSTER HEADACHE PREVENTION \* DOSE  
INCREASE 6/26/2012 \*
- 15) VITAMIN D3 (CHOLECALCIFEROL) 1000 UNT TB TAKE ONE ACTIVE (S)  
TABLET BY MOUTH EVERY DAY (VITAMIN D) FOR LOW  
VITAMIN D LEVELS - takes intermittently

| Active Non-VA Medications                                 | Status |
|-----------------------------------------------------------|--------|
| =====                                                     |        |
| 1) Non-VA ASPIRIN 81 MG CHEW TAB 162MG BY MOUTH EVERY DAY | ACTIVE |
| 2) melatonin 10mg qhs                                     |        |
| 3) cyproheptadine 4mg tid                                 |        |

/es/ Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology  
Signed: 08/29/2013 13:50

09/06/2013 ADDENDUM

STATUS: COMPLETED

Pt. called to report the following HAs:

8/29 one HA

8/30 no HA

8/31 no HA

9/1 2 HAs, treated with oxygen, sumatriptan injection -> HAs resolved in 10 min.

9/2-9/6 no HA

He'll be traveling for 4 days next week, to Arizona and is having oxygen delivered to his hotel, is taking sumatriptan injections with him.

/es/ Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology  
Signed: 09/06/2013 07:39

09/18/2013 ADDENDUM

STATUS: COMPLETED

Pt. left msg. on 9/16 that he's been HA free for the past 14 days. Will cancel

appt. for 9/19 but urged pt. to make a f/u appt. with me in Dec.

/es/ Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology  
Signed: 09/18/2013 08:44

## POST DISCHARGE FOLLOW-UP CALL - PUGET SOUND

### Details

**Date entered:** August 27, 2013  
**Location:** SEATTLE VA MEDICAL CENTER  
**Written by:** DIANE A ADAMS  
**Signed by:** DIANE A ADAMS  
**Date signed:** August 27, 2013

### Note

LOCAL TITLE: POST DISCHARGE FOLLOW-UP CALL - PUGET SOUND  
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: AUG 27, 2013@09:49      ENTRY DATE: AUG 27,  
2013@09:50:03  
AUTHOR: ADAMS, DIANE A      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Post discharge follow up call.

### FYi Note

Contacted patient for post discharge follow-up:  
Discharge Primary Diagnosis:  
Episodic cluster headaches  
Medications Reviewed:  
Veteran understands medications and appropriate use.  
I'm checking to see what questions you have after your discharge  
regarding:  
Condition:  
Veteran states his headaches continues, although at the time of



our converstaion he is pain free. He tends to have the headahces about 2hrs after going to bed at night. He states last night was a "bad night" in terms of pain. He acknowledges his f/u appt with neuro. Denies depression but states he is tired of hurting. Eating and drinking fluids normally. No questions or concerns at this time.

No further questions at this time regarding conditions, treatment, medication, equipment, supplies and next step in plan of care.

#### PUGET SOUND Follow-up care

Confirmed future follow-up care and appointments with patient. Educated patient on how to contact Primary Care Provider (PCP) with further medical questions or concerns. Informed veteran to direct pharmacy questions in Seattle to 206-277-4000, American Lake to 253-583-3000, or use the main hospital number, 1-800-329-8387, and choose the option to direct you to the pharmacy. Patient states understanding of when and who to contact if symptoms fail to resolve or worsen.

Yes

08/29/2013 08:00 HSM S NEURO OZUNA

09/19/2013 12:45 GMS S DIAB TELERETINOPATH

#### Active and Recently Expired Outpatient Medications (including Supplies):

| Active Outpatient Medications             | Status     | Issue Date              |
|-------------------------------------------|------------|-------------------------|
|                                           | Refills    | Last Fill<br>Expiration |
| =====                                     |            |                         |
| =                                         |            |                         |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL | ACTIVE     |                         |
| Issu:08-29-12                             |            |                         |
| Qty: 3 for 90 days Sig: INHALE 2          | Refills: 1 |                         |
| Last:02-17-13                             |            |                         |
| PUFFS BY MOUTH EVERY FOUR HOURS AS        |            |                         |
| Expr:08-30-13                             |            |                         |
| NEEDED FOR SHORTNESS OF BREATH (WAIT      |            |                         |
| ONE MINUTE BETWEEN PUFFS)                 |            |                         |
| 2) FORMOTEROL FUMARATE 12 MCG INHL CAP    | ACTIVE     |                         |
| Issu:06-03-13                             |            |                         |

Qty: 60 for 30 days Sig: INHALE ONE Refills: 1  
Last:08-24-13  
CAPSULE IN INHALER AS DIRECTED TWICE A  
Expr:06-04-14  
DAY ; FOR INHALATION ONLY - DO NOT  
SWALLOW; EXPIRES 4 MONTHS AFTER  
DISPENSING

3) LITHIUM CARBONATE 300 MG TAB Qty: 450 ACTIVE  
Issu:12-13-12  
for 90 days Sig: TAKE TWO TABLETS BY Refills: 2  
Last:06-26-13  
MOUTH EVERY MORNING AND TAKE THREE  
Expr:12-14-13  
TABLETS EVERY EVENING TO STABILIZE  
MOOD AND PREVENT HEADACHE - NOTE  
12/13/12 DOSE DECREASE

4) MOMETASONE 220MCG 60 DOSE ORAL INHL ACTIVE  
Issu:08-31-12  
Qty: 3 for 90 days Sig: INHALE 2 Refills: 1  
Last:08-02-13  
PUFFS AS DIRECTED EVERY EVENING (RINSE  
Expr:09-01-13  
MOUTH AFTER USE)

5) MONTELUKAST NA 10 MG TAB Qty: 90 for 90 ACTIVE  
Issu:08-31-12  
days Sig: TAKE ONE TABLET BY MOUTH Refills: 0  
Last:07-05-13  
EVERY NIGHT AT BEDTIME TO HELP ASTHMA  
Expr:09-01-13  
SYMPTOMS

6) PREDNISONE 20 MG TAB Qty: 21 for 7 days ACTIVE  
Issu:08-02-13  
Sig: TAKE THREE TABLETS BY MOUTH EVERY Refills: 0  
Last:08-02-13  
MORNING WITH BREAKFAST  
Expr:09-01-13

7) PRIMIDONE 50 MG TAB Qty: 180 for 60 ACTIVE  
Issu:07-30-13  
days Sig: TAKE THREE TABLETS BY MOUTH Refills: 3  
Last:07-30-13

EVERY NIGHT AT BEDTIME TO PREVENT

Expr:07-31-14

SEIZURES

8) ROSUVASTATIN CA 40 MG TAB Qty: 45 for ACTIVE

Issu:08-31-12

90 days Sig: TAKE ONE-HALF TABLET BY Refills: 0

Last:06-21-13

MOUTH EVERY DAY TO REDUCE

Expr:09-01-13

CHOLESTEROL\*\*REPLACES SIMVASTATIN\*\*

9) SILDENAFIL CITRATE 100 MG TAB Qty: 2 ACTIVE

Issu:08-29-12

for 30 days Sig: TAKE ONE-HALF TABLET Refills: 0

Last:06-24-13

BY MOUTH EVERY DAY AS NEEDED ONE HOUR

Expr:08-30-13

BEFORE SEXUAL ACTIVITY. NOT TO EXCEED  
ONCE PER DAY. \* AVOID GRAPEFRUIT  
PRODUCTS

10) SUMATRIPTAN 20MG NASAL SPRAY Qty: 6 for ACTIVE

Issu:08-02-13

30 days Sig: SPRAY 1 SPRAY IN ONE Refills: 1

Last:08-16-13

NOSTRIL AS NEEDED AT ONSET OF

Expr:08-03-14

HEADACHE \* MAY REPEAT ONCE, DO NOT  
EXCEED 2 SPRAYS PER HEADACHE \*

11) SUMATRIPTAN 6 MG/0.5 ML INJ KIT Qty: 1 ACTIVE

Issu:08-24-13

for 90 days Sig: INJECT 0.5 ML Refills: 0

Last:08-24-13

SUBCUTANEOUSLY AS NEEDED AT ONSET OF

Expr:11-22-13

MIGRAINE\* MAY REPEAT ONCE IN 2 HOURS  
IF NEEDED \* DO NOT EXCEED 2  
INJECTIONS PER HEADACHE (DO NOT USE  
NASAL SUMATRIPTAN ON SAME DAYS AS  
INJECTABLE)

12) SUMATRIPTAN SUCCINATE 6 MG/0.5ML RFL KIT ACTIVE

Issu:08-24-13

Qty: 3 for 30 days Sig: INJECT 0.5 ML Refills: 0  
 Last:08-24-13  
 SUBCUTANEOUSLY AS NEEDED AT ONSET OF  
 Expr:09-23-13  
 MIGRAINE \* MAY REPEAT IN 2 HOURS IF  
 NEEDED. DO NOT EXCEED 2 DOSES PER  
 HEADACHE. DO NOT USE THE NASAL  
 SUMATRIPTAN ON THE SAME DAY AS THE  
 INJECTABLE

13) TIOTROPIUM 18MCG INHL CAP 30 Qty: 3 for ACTIVE  
 Issu:06-03-13  
 90 days Sig: INHALE CONTENTS OF ONE Refills: 3  
 Last:06-10-13  
 CAPSULE IN INHALER AS DIRECTED EVERY  
 Expr:06-04-14  
 DAY

14) VERAPAMIL HCL 240 MG SA TAB Qty: 180 ACTIVE  
 Issu:04-25-13  
 for 90 days Sig: TAKE ONE TABLET BY Refills: 2  
 Last:07-15-13  
 MOUTH TWICE A DAY FOR CLUSTER HEADACHE  
 Expr:04-26-14

PREVENTION \* DOSE INCREASE 6/26/2012 \*  
 15) VITAMIN D3 (CHOLECALCIFEROL) 1000 UNT TB ACTIVE  
 Issu:12-10-12  
 Qty: 100 for 90 days Sig: TAKE ONE Refills: 2  
 Last:04-25-13  
 TABLET BY MOUTH EVERY DAY (VITAMIN D)  
 Expr:12-11-13  
 FOR LOW VITAMIN D LEVELS

| Inactive Outpatient Medications | Status | Issue Date<br>Last Fill<br>Expiration |
|---------------------------------|--------|---------------------------------------|
|---------------------------------|--------|---------------------------------------|

=====

1) FORMOTEROL FUMARATE 12 MCG INHL CAP DISCONTINUED  
 Issu:01-03-13  
 Qty: 60 for 30 days Sig: INHALE ONE Refills: 0  
 Last:04-25-13

CAPSULE IN INHALER AS DIRECTED TWICE A

Expr:01-04-14

DAY ; FOR INHALATION ONLY - DO NOT  
SWALLOW; EXPIRES 4 MONTHS AFTER  
DISPENSING

2) LITHIUM CARBONATE 300 MG TAB Qty: 540 DISCONTINUED

Issu:08-31-12

for 90 days Sig: TAKE THREE TABLETS Refills: 2

Last:11-21-12

BY MOUTH TWICE A DAY TO STABILIZE MOOD

Expr:09-01-13

AND PREVENT HEADACHE - NOTE 6/13/12  
DOSE INCREASE

3) LITHIUM CARBONATE 300 MG TAB Qty: 360 DISCONTINUED

Issu:05-08-12

for 90 days Sig: TAKE TWO TABLETS BY Refills: 3

Last:05-10-12

MOUTH TWICE A DAY TO STABILIZE MOOD

Expr:05-09-13

AND PREVENT HEADACHE - NOTE 5/8/12  
DOSE INCREASE

4) MONTELUKAST NA 10 MG TAB Qty: 90 for 90 DISCONTINUED

Issu:04-30-12

days Sig: TAKE ONE TABLET BY MOUTH Refills: 2

Last:07-20-12

EVERY NIGHT AT BEDTIME TO HELP ASTHMA

Expr:05-01-13

SYMPTOMS

5) PRIMIDONE 50 MG TAB Qty: 180 for 60 DISCONTINUED

Issu:11-14-12

days Sig: TAKE THREE TABLETS BY MOUTH Refills: 0

Last:06-07-13

EVERY NIGHT AT BEDTIME TO PREVENT

Expr:11-15-13

SEIZURES

6) PRIMIDONE 50 MG TAB Qty: 120 for 60 DISCONTINUED

Issu:09-10-12

days Sig: TAKE TWO TABLETS BY MOUTH Refills: 2

Last:11-06-12

EVERY NIGHT AT BEDTIME TO PREVENT

Expr:09-11-13

SEIZURES - NOTE 9/10/12 DOSE INCREASE

7) PRIMIDONE 50 MG TAB Qty: 30 for 60 DISCONTINUED

Issu:08-15-12

days Sig: TAKE ONE-HALF TABLET BY Refills: 1

Last:08-15-12

MOUTH EVERY NIGHT AT BEDTIME

Expr:08-16-13

8) ROSUVASTATIN CA 40 MG TAB Qty: 45 for DISCONTINUED

Issu:07-12-12

90 days Sig: TAKE ONE-HALF TABLET BY Refills: 3

Last:07-16-12

MOUTH EVERY DAY TO REDUCE

Expr:07-13-13

CHOLESTEROL\*\*REPLACES SIMVASTATIN\*\*

9) SUMATRIPTAN 6 MG/0.5 ML INJ KIT Qty: 1 DISCONTINUED

Issu:08-02-13

for 30 days Sig: INJECT 0.5 ML Refills: 0

Last:08-02-13

SUBCUTANEOUSLY AS NEEDED AT ONSET OF

Expr:09-01-13

MIGRAINES\* MAY REPEAT ONCE IN 2 HOURS  
AS NEEDED \* DO NOT EXCEED MORE THAN 2  
INJECTION PER HEADACHE \*

10) SUMATRIPTAN SUCCINATE 6 MG/0.5ML RFL KIT DISCONTINUED

Issu:08-02-13

Qty: 4 for 30 days Sig: INJECT 0.5 ML Refills: 5

Last:08-02-13

SUBCUTANEOUSLY AS NEEDED AT ONSET OF

Expr:08-03-14

HEADACHE \* MAY REPEAT ONCE, DO NOT  
EXCEED MORE THAN 2 INJECTION PER  
HEADACHE \*

11) TIOTROPIUM 18MCG INHL CAP 30 Qty: 1 for DISCONTINUED

Issu:03-17-13

30 days Sig: INHALE CONTENTS OF ONE Refills: 8

Last:06-06-13

CAPSULE IN INHALER AS DIRECTED EVERY

Expr:03-18-14

DAY

12) VERAPAMIL HCL 240 MG SA TAB Qty: 180 DISCONTINUED  
Issu:06-25-12  
for 90 days Sig: TAKE ONE TABLET BY Refills: 0  
Last:04-23-13

MOUTH TWICE A DAY FOR CLUSTER HEADACHE  
Expr:06-26-13

PREVENTION \* DOSE INCREASE 6/26/2012 \*

13) VITAMIN D3 (CHOLECALCIFEROL) 400 UNT TB DISCONTINUED  
Issu:07-17-12

Qty: 60 for 30 days Sig: TAKE TWO (EDIT)  
Last:11-06-12  
TABLETS BY MOUTH EVERY DAY (VITAMIN D) Refills: 9  
Expr:07-18-13

FOR LOW VITAMIN D LEVELS

| Active Non-VA Medications                | Refills | Start Date<br>Expiration |
|------------------------------------------|---------|--------------------------|
| =====                                    |         |                          |
| =                                        |         |                          |
| 1) Non-VA ASPIRIN 81 MG CHEW TAB Sig:    | ACTIVE  |                          |
| 162MG BY MOUTH EVERY DAY                 |         |                          |
| 2) Non-VA TAMSULOSIN HCL 0.4 MG CAP Sig: | ACTIVE  |                          |
| 0.4MG BY MOUTH EVERY DAY                 |         |                          |

| Inactive Non-VA Medications               | Refills      | Start Date<br>Expiration |
|-------------------------------------------|--------------|--------------------------|
| =====                                     |              |                          |
| =                                         |              |                          |
| 1) Non-VA ASPIRIN 81 MG TAB Sig: 1 TABLET | DISCONTINUED |                          |
| BY MOUTH DAILY                            |              |                          |
| 2) Non-VA PREDNISONE 20 MG TAB Sig: 20MG  | DISCONTINUED |                          |
| BY MOUTH EVERY MORNING WITH BREAKFAST     |              |                          |

32 Total Medications

/es/ DIANE A ADAMS

RN TRANSITION NURSE TEAM

Signed: 08/27/2013 10:00

**POST DISCHARGE FOLLOW-UP CALL - PUGET SOUND****Details****Date entered:** August 26, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** DIANE A ADAMS**Signed by:** DIANE A ADAMS**Date signed:** August 26, 2013**Note**

LOCAL TITLE: POST DISCHARGE FOLLOW-UP CALL - PUGET SOUND

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: AUG 26, 2013@15:11      ENTRY DATE: AUG 26,  
2013@15:11:56

AUTHOR: ADAMS, DIANE A

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Post discharge follow up call.

Unable to contact

Unable to contact patient first attempt made: Aug 26, 2013

Comments:

Voicemail message left. RN will attempt to contact later.

/es/ DIANE A ADAMS

RN TRANSITION NURSE TEAM

Signed: 08/26/2013 15:12

**PHARMACY DISCHARGE PROGRESS NOTE****Details****Date entered:** August 24, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** KIMBERLEY J KREMER**Signed by:** KIMBERLEY J KREMER**Date signed:** August 24, 2013



**Note**

LOCAL TITLE: PHARMACY DISCHARGE PROGRESS NOTE  
STANDARD TITLE: PHARMACY DISCHARGE NOTE  
DATE OF NOTE: AUG 24, 2013@16:54      ENTRY DATE: AUG 24,  
2013@16:54:40  
AUTHOR: KREMER, KIMBERLEY J      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

Patient was discharged from 4E to home today.  
Dx: cluster HA  
f/u Judy Ozuna in 2-4 weeks

ALLERGIES/ADVERSE REACTIONS: PENICILLIN, PROPRANOLOL, PREDNISONE

**EDUCATION:**

Discharge medications were reviewed verbally with:  
Patient and wife

\*\*\*\*\*

NEW MEDICATIONS: Sumatriptan SQ kit and refills.

Although this was prescribed for the patient prior to admit, he says he never  
picked up the Rx and has never used SQ sumatriptan.

CHANGES: stop moxifloxacin

Patient instructed to continue/resume his other pre-admit medications once home.

His records verify he has adequate supplies of all.

Patient is alert, understands the above mentioned change, how and when to use  
the sumatriptan, potential side effects. He knows to not use the nasal  
sumatriptan (which he has at home) on the same day as the SQ form. We  
reviewed  
step-by-step how to load the sumatriptan cartridge, administer the  
injections,

etc. Patient is aware the medication may cause coronary vasospasm and will report chest pain/pressure should it occur. He has used the nasal sumatriptan in the past and tolerates it well.

Patient expressed understanding all we discussed and has no questions at this time

\*\*\*\*\*  
\*

Written medication instructions provided:

Yes

Medication schedule/pharmacy phone number

DISCHARGE MEDICATIONS: Medications were reconciled upon hospital discharge. The patient's VA Puget Sound Health Care System profile was updated with medication, allergy, OTC, or herbal information as necessary. The importance of managing medication information was explained to the patient. This included carrying medication information with them at all times and updating the information when herbal, over-the-counter, or prescription meds are started, stopped, or changed.

Patient's primary VA site is: Puget Sound

Medications were not dispensed because:

The patient was instructed to pick up medications at the Outpatient Pharmacy

MEDICATIONS BROUGHT WITH PATIENT ON ADMISSION:

None

Outpatient Medications

=====

Albuterol 90mcg (cfc-f) 200d Oral Inhl. Inhale 2 puffs by mouth every four hours as needed for shortness of breath (wait one minute between puffs)

Formoterol Fumarate 12 Mcg Inhl Cap. Inhale one capsule in inhaler as directed twice a day ; for inhalation only - do not swallow;

expires 4 months after dispensing

Lithium Carbonate 300 Mg Tab. Take two tablets by mouth every morning and take three tablets every evening to stabilize mood and prevent headache - note 12/13/12 dose

Mometasone 220mcg 60 Dose Oral Inhl. Inhale 2 puffs as directed every evening (rinse mouth after use)

Montelukast Na 10 Mg Tab. Take one tablet by mouth every night at bedtime to help asthma symptoms

Prednisone 20 Mg Tab. Take three tablets by mouth every morning with breakfast

Primidone 50 Mg Tab. Take three tablets by mouth every night at bedtime to prevent seizures

Rosuvastatin Ca 40 Mg Tab. Take one-half tablet by mouth every day to reduce cholesterol\*\*replaces simvastatin\*\*

Sildenafil Citrate 100 Mg Tab. Take one-half tablet by mouth every day as needed one hour before sexual activity. not to exceed once per day. \* avoid grapefruit

Sumatriptan 20mg Nasal Spray. Spray 1 spray in one nostril as needed at onset of headache \* may repeat once, do not exceed 2 sprays per headache \*

Sumatriptan 6 Mg/0.5 Ml Inj Kit. Inject 0.5 ml subcutaneously as needed at onset of migraine\* may repeat once in 2 hours if needed \* do not exceed 2 injections per

Sumatriptan Succinate 6 Mg/0.5ml Rfl Kit. Inject 0.5 ml subcutaneously as needed at onset of migraine \* may repeat in 2 hours if needed. do not exceed 2 doses per headache. do

Tiotropium 18mcg Inhl Cap 30. Inhale contents of one capsule in inhaler as directed every day

Verapamil Hcl 240 Mg Sa Tab. Take one tablet by mouth twice a day for cluster headache prevention \* dose increase 6/26/2012 \*

Vitamin D3 (cholecalciferol) 1000 Unt Tb. Take one tablet by mouth every day (vitamin d) for low vitamin d levels

#### Non-VA Medications

=====

Aspirin 81 Mg Chew Tab. 162mg by mouth every day

Tamsulosin Hcl 0.4 Mg Cap. 0.4mg by mouth every day

#### ASSESSMENT:

Understanding of the indications for the medication(s), how they should

be taken, and what to expect was assessed.

The patient was(were) able to correctly answer questions about the patient's new medications.

/es/ Kimberley J. Kremer, RPh

Pharmacist

Signed: 08/24/2013 17:49

## NURSING DISCHARGE SUMMARY

### Details

**Date entered:** August 24, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** LARA D HOPKIN

**Signed by:** LARA D HOPKIN

**Date signed:** August 24, 2013

### Note

LOCAL TITLE: NURSING DISCHARGE SUMMARY

STANDARD TITLE: NURSING DISCHARGE NOTE

DATE OF NOTE: AUG 24, 2013@12:23      ENTRY DATE: AUG 24,  
2013@09:48:23

AUTHOR: HOPKIN, LARA D

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

CAMPBELL, RONALD C

Significant Nursing care:

Patient admitted for cluster headaches, given IV DHE and telemetry monitored

during stay. Patient being sent home on PRN SQ injections. Pt had never done

SQ injections indipendantly; teaching completed with this writer. Patient was

able to verbally repeat instructions and understanding of SQ injections.  
Pt

states he has a daughter at home who is an RN and can give additional education if needed. IV removed with tip intact, no s/s IV related complications noted.  
MRSA swab done and sent to lab.

**Mental status:**

Axox4

**Time of discharge:**

1200

**Discharged to:**

Discharged to: Home  
via private vehicle

**Accompanied by:**

Family

**Patient's report of pain management:**

No report of HA at time of discharge

The patient and family received, reviewed, and understood the following discharge instruction material: see below

**Future Appointments:**

-----CVF - Fut Clinic Visits-----

AUG 29,2013@08:00 HSM S NEURO OZUNA

SEP 19,2013@12:45 GMS S DIAB TELERETINOPATHY

Please keep all scheduled appointments or call to cancel/reschedule

Braden Scale - For Predicting Pressure Sore Risk

Sensory Perception:4 = No Impairment

Moisture: 4 = Rarely Moist

Activity: 4 = Walks Frequently

Mobility: 3 = Slightly Limited

Nutrition: 4 = Excellent

Friction: 3 = No Apparent Problem

19-23 No Risk

Score: 22

## CURRENT SKIN ASSESSMENT

Skin Color:

Color: Normal for ethnic group

Skin Temperature

Temp: Warm

Skin Moisture

Moisture: Dry

Skin Turgor

Turgor: Within normal limits

## SKIN PROBLEMS

No wounds, pressure ulcers or other skin problems.

## INTERVENTIONS

The pressure ulcer prevention protocol was not needed - patient is not at risk.

## FALL RISK ASSESSMENT:

## MORSE FALL RISK SCALE

History of falling (in the past 3 months):

(0) No

Secondary diagnosis:

(15) Yes

Specify: COPD, DM, HA

Ambulatory aid:

(0) None/bedrest/immobile

IV/IV access (Heparin lock):

(0) No

Gait:

(0) Normal/bedrest/immobile

Mental status:

(0) Knows own limits

Total score:

15

A: The score is LESS THAN 45. The fall risk is not significant.

P: Considering the factors identified above, the following are appropriate:

Educate both patient and family about potential fall injuries due to secondary diagnosis, or history of falling

Patient's Name: Campbell

Caregiver's Name: Lara

## Cluster Headache

### WHAT YOU SHOULD KNOW:

Cluster headaches are very painful headaches that start quickly, peak within 15 minutes, and stop suddenly. The headache usually lasts 30 to 60 minutes but can last up to 3 hours. A cluster period usually lasts for 2 to 12 weeks but can last longer than a year. Weeks or months may pass before a new cluster period begins.

### INSTRUCTIONS:

**Medicines:** There is no cure, but treatment may help your signs and symptoms.

Your caregiver may have you try several medicines to find out what works best for you. You may need a blend of medicines for pain and for prevention. Ask your caregiver for more information about the medicines you need.

**?Treatment for pain relief during a cluster headache: ?Oxygen:** You may get pain relief if you breathe 100% pure oxygen during a cluster headache. You will breathe through a plastic mask that is attached to an oxygen tank for about 15 minutes. Your caregiver will give you oxygen at a clinic or you may be able to use an oxygen tank at home. Ask your caregiver for more information.

**?Migraine medicine:** You need a doctor's order for medicine used to treat migraines and other headaches. These are given because they work fast to relieve

your pain.

?Steroids: These medicines help reduce pain and swelling. They may also be used to prevent cluster headaches.

?Numbing medicine: This may be given to numb your pain if other treatments do not work.

?Prevention medicines: One goal is to stop headaches before they happen. Another goal is to shorten a cluster period. Headaches may happen less often and be less severe with these medicines. You may take 1 medicine at the start of a cluster period. You may take a different medicine for as long as your cluster period lasts or is expected to last. ?Seizure medicine: Medicines used to prevent seizures can also prevent cluster headaches.

?Mood stabilizer: This medicine may prevent cluster headaches because it helps balance chemicals in your brain.

Manage cluster headaches:

?Do not smoke: Cluster headaches are more common among smokers. Talk to your caregiver if you need help quitting.

?Do not drink alcohol during a cluster period: Alcohol triggers more headaches during cluster periods.

?Do not travel between altitudes: Altitude changes can trigger headaches. Avoid flying on an airplane or traveling between places with high and low altitudes.

?Set a regular sleep schedule: Go to sleep and wake up at the same time each



day. Changes in sleep patterns may trigger cluster headaches.

?Manage stress: Stress, long hours at work, and emotional challenges can trigger cluster headaches. Find out what works for you to lower stress.

?Keep a headache journal: Write down when your headaches start and stop, and exactly what you were doing when they began. Record what you ate or drank and how much you slept in the 24 hours before the headache. Keep track of the things you did to treat your symptoms. Write down if they did or did not help. Do this to learn what triggers your headaches and how to make them go away.

?Work with your caregiver to manage your pain: Both pain relievers and medicines used to treat other health conditions can trigger cluster headaches. Go over all your medicines with your caregiver. Work with him to manage your headache pain and other conditions.

Follow up with your primary healthcare provider or neurologist as directed:

Write down your questions so you remember to ask them during your visits.

Contact your primary healthcare provider or neurologist if:

?You cannot get enough sleep because of your headaches.

?Your headaches happen each time you are active.

?Treatment does not help your symptoms.

?You have questions or concerns about your treatment or condition.

Return to the emergency department if:

?You feel tired or sleepy.

?You cannot see clearly.

?Your stomach is upset or you are vomiting.

?You have a seizure.

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CLUSTER HEADACHE - AfterCare(R) Instructions(ER/ED), English  
Generated on Saturday, August 24, 2013 10:46:02 AM

## How to Give a Subcutaneous Injection

### WHAT YOU SHOULD KNOW:

A subcutaneous injection is a shot given into the fat layer between your skin and muscle. Subcutaneous injections are used to give small amounts and certain kinds of medicine.

### AFTER YOU LEAVE:

Follow up with your primary healthcare provider as directed: Write down your questions so you remember to ask them during your visits.

About the syringe: There are 3 parts to a syringe: the needle, the barrel and the plunger. The needle goes into your skin. The barrel holds the medicine and has markings on it like a ruler. The markings are for milliliters (mL). The

plunger is used to get medicine into and out of the syringe.

?Insulin syringe: This holds a maximum of 1 mL of medicine. The syringe has markings from 10 to 100. The marking at 100 is the same as 1 mL. The marking at 50 is the same as  $\frac{1}{2}$  mL.

?Tuberculin syringe: This syringe holds up to 1 mL of medicine. It has a needle that is slightly longer than an insulin syringe. The syringe is marked every 0.1 mL.

Where to give a subcutaneous injection: The following are sites where you can

give a subcutaneous injection:

?Abdomen: Uncover your abdomen. You may give an injection within the following area: below the waist to just above the hip bone and from the side to about 2 inches from the belly button. Avoid the belly button.

?Thigh: Uncover the entire leg. Find the area halfway between the knee and hip and slightly to the side. Gently grasp the area to make sure you can pinch 1 to 2 inches of skin.

?Lower back: Uncover the back from the waist to the top of the buttocks. Imagine a line that runs across the back just above the crack between the buttocks. An injection may be given below the waist and above this line. Give the injection halfway between the spine and the side.

?Upper Arm: Uncover the arm to the shoulder. Have the person getting the injection stand with his hand on his hip. Stand next to and a little behind the

person. Find the area halfway between the elbow and shoulder. Gently grasp the skin at the back of the arm between your thumb and first 2 fingers. You should be able to grasp 1 to 2 inches of skin.

Placement for a subcutaneous injection:

?Keep track of where injections are given: Make a list of the sites you use.

Write down the date, time, and the site each time you give an injection.

?Change sites for the injections: It is important to use a different site each time you give an injection. This prevents scars and skin changes. The sites where injections are given should be at least 1 inch away from each other. Ask if you need to inject the medicine in a certain site.

Items needed to give a subcutaneous injection:

?One alcohol wipe

?One sterile 2 x 2 gauze pad

?A new needle and syringe that are the correct size

?Disposable gloves, if you have them

How to give a subcutaneous injection: Subcutaneous injections can be given straight in at a 90 degree angle or at a 45 degree angle. Give the injection at a 90 degree angle if you can grasp 2 inches of skin between your thumb and first finger. If you can grasp only 1 inch of skin, give the injection at a 45 degree angle. Wash your hands with soap and water. You may want to wear gloves.

?Open the alcohol wipe: Wipe the area where you plan to give the injection. Let the area dry. Do not touch this area until you give the injection.

?Remove the cover from the needle: Hold the syringe with your writing hand and pull the cover off with your other hand. Place the syringe between your thumb and first finger. Let the barrel of the syringe rest on your second finger.

?Grasp the skin: With your other hand, grasp the skin.

?Insert the needle into the skin: Hold the syringe barrel tightly and use your wrist to inject the needle into the skin. Once the needle is all the way in, push the plunger down to inject the medicine.

?Pull out the needle: Remove the needle at the same angle you put it in. Gently wipe the area with the dry sterile gauze 2 x 2 pad.

How to get rid of used syringes and needles: It is important to dispose of your needles and syringes correctly. Do not throw needles into the trash. You may receive a hard plastic container made especially for used syringes and needles. You can also use a soda bottle or other plastic bottle with a screw lid. Make sure that both the syringe and needle fit into the container easily and cannot break through the sides. Ask your primary healthcare provider or a pharmacist what your state or local requirements are for getting rid of used syringes and needles.

Contact your primary healthcare provider if:

?There is a lump, swelling, or bruising where the injection was given that does not go away.

?A fever, sneezing, or coughing develops after the injection is given.

?You have questions about how to give an injection.

Seek care immediately or call 911 if:

?A rash or itching develops after the injection is given.

?Shortness of breath develops after the injection is given.

?The mouth, lips, or face swells after the injection is given.

/es/ Lara D Hashbarger, RN

4 East

Signed: 08/24/2013 12:23

## PHYSICIAN DISCHARGE NOTE

### Details

**Date entered:** August 24, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** PAUL DAVID JOHNSON

**Signed by:** PAUL DAVID JOHNSON

**Date signed:** August 24, 2013

### Note

LOCAL TITLE: PHYSICIAN DISCHARGE NOTE

STANDARD TITLE: PHYSICIAN DISCHARGE NOTE

DATE OF NOTE: AUG 24, 2013@10:04      ENTRY DATE: AUG 24,  
2013@10:04:40

AUTHOR: JOHNSON, PAUL DAVID      EXP COSIGNER: SAMII, ALI

URGENCY:      STATUS:

COMPLETED

Date of Admission: Last admission: AUG 22, 2013@18:10:27

Date of Discharge: AUG 24, 2013

Discharge Diagnoses: Cluster Headache

Brief Description of Hospitalization: Mr Campbell had a planned admission for IV DHE treatment of recurrent cluster headaches. He tolerated the treatment well and had remission of his HA's. IV DHE doses were limited due to a national shortage. He received the available medication and will be discharged home with s.q. sumatriptan for PRN use if HA's return.

Type of Discharge: Regular

Condition on Discharge: Good

Place of Disposition: Home

Follow-up:

Pertinent Future Appointments: f/u with Judith Ozuna, ARNP in 2-4 weeks

Other Instructions: Sumatriptan s.q. PRN

Patient Education:

DIET: Regular Diet

ACTIVITY RESTRICTIONS: None

OTHER EDUCATION:

Discharge medications: Sumitriptan 6mg s.q. PRN severe cluster headache, may repeat dose x1, not to exceed 12mg in 24/hrs

Did the discharge day management services take >30 minutes?

No

/es/ Paul David Johnson, MD

Neurology Resident

Signed: 08/24/2013 10:15

/es/ Ali Samii, MD

neurology attending

Cosigned: 08/24/2013 13:35

## TELEMETRY NOTE

### Details

**Date entered:** August 24, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** BICH-NGAN THI VO

**Signed by:** BICH-NGAN THI VO

**Date signed:** August 24, 2013

### Note

LOCAL TITLE: TELEMETRY NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 24, 2013@09:10  
2013@09:10:31

ENTRY DATE: AUG 24,

AUTHOR: VO, BICH-NGAN THI

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* TELEMETRY NOTE Has ADDENDA \*\*\*

Patient location:

4 East (4E)

Room #:

115A

Tele box #:

60487



Rhythm summary:

SB/SR

Heart rate (HR):

50s-60s

/es/ Bich-Ngan Thi Vo, RN

RN, MICU

Signed: 08/24/2013 09:11

08/24/2013 ADDENDUM

STATUS: COMPLETED

Remote telemetry d/c'd at 10:40.

/es/ Bich-Ngan Thi Vo, RN

RN, MICU

Signed: 08/24/2013 10:41

## NURSING PROGRESS NOTE

### Details

**Date entered:** August 24, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** ANNABELLE C RESPICIO

**Signed by:** ANNABELLE C RESPICIO

**Date signed:** August 24, 2013

### Note

LOCAL TITLE: NURSING PROGRESS NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 24, 2013@07:33

ENTRY DATE: AUG 24,

2013@00:22:05

AUTHOR: RESPICIO, ANNABELLE

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

NURSING PROGRESS NOTE

## CODE STATUS

Patient is full code

63 y/o male vet with h/o Prostate CA, HTN, LBP, Cluster Headaches, COPD and

Asthma admitted for treatment of Severe Headache Episode.

Alert and oriented x4, independent with adl's and mobility. Administered scheduled IV Metochlopramide then Dihydroergotamine 0.5mg after 30 minutes. Pt denies chest pains during slow infusion. Remote telemetry in place with no

significant events. Denies chest pains, shortness of breath, dizziness, diaphoresis, nausea or vomiting. Placed on continuous 02sat monitoring during

the night while sleeping with 02sat of >90%.

Will continue to monitor.

## SYSTEMS ASSESSMENTS:

## NEUROLOGICAL ASSESSMENT

Patient is alert

Patient is oriented to:

time

person

place

situation

Patient responds to care

Patient participates in care

Patient moves extremities

## MUSCULOSKELETAL ASSESSMENT

Full range of motion

Sensation intact

## RESPIRATORY ASSESSMENT

Respirations quiet, regular, and non-labored

Additional/Other comments:

Pulse Oximetry: on continuous monitoring while sleeping

02sat maintained >90%

## CARDIOVASCULAR ASSESSMENT

Heart rate within normal limits

Blood pressure within normal limits

Blood pressure consistent with patient's individual baseline

Pedal pulses present bilateral by palpation

Patient on telemetry #60487

Rhythm: SB-SR

#### GASTROINTESTINAL ASSESSMENT

Bowel tones present

Patient is passing flatus

Patient denies nausea

Patient has had no vomiting

Patient has adequate intake

No complaints of constipation

No complaints of diarrhea

Date last bowel movement: Aug 23, 2013

#### GENITOURINARY ASSESSMENT

Patient does not have a urinary catheter

Urine is yellow, clear, and no odor with adequate volume

Patient is voiding without problems

#### SKIN ASSESSMENT/REASSESSMENT:

Braden Scale - For Predicting Pressure Sore Risk

Sensory Perception: 4 = No Impairment

Moisture: 4 = Rarely Moist

Activity: 4 = Walks Frequently

Mobility: 4 = No Limitation

Nutrition: 3 = Adequate

Friction: 3 = No Apparent Problem

19-23 No Risk

Score: 23

#### CURRENT SKIN ASSESSMENT

Skin Color:

Color: Normal for ethnic group

Skin Temperature

Temp: Warm

Skin Moisture

Moisture: Dry

Skin Turgor

Turgor: Within normal limits

#### SKIN PROBLEMS

No wounds, pressure ulcers or other skin problems.

#### INTERVENTIONS

The pressure ulcer prevention protocol was not needed - patient is not at risk.

#### PAIN ASSESSMENT

##### PAIN ASSESSMENT:

Patient's current pain level:

0

Patient's tolerable level of pain:

0

#### IV ACCESS:

Peripheral

RFA

#### PATIENT/FAMILY EDUCATION DONE:

Diagnosis/Disease process

Level of Understanding: Good

#### PATIENT/FAMILY RESPONSE TO EDUCATION:

Patient verbalizes understanding (states essential concepts)

#### NURSING PLAN OF CARE:

#### PAIN

##### GOAL:

Patient will report acceptable pain level of 0-2/10 and have no adverse side effects from pain management.

##### Interventions:

Provide comfort measures and means of distraction, ie: relaxation, hot/cold

packs, repositioning and support with pillows.

Medicate with prescribed analgesic.

Evaluate effectiveness of pain management.

Evaluate for constipation, oversedation, respiratory depression, or other

signs of adverse side effects.

If pain management is not effective, discuss with the care team.

If patient unable to verbalize pain level appropriately, look for signs of

pain, including elevated vital signs, grimacing, agitation.

#### EDUCATION ABOUT PAIN MANAGEMENT

Review pain management plan with the patient and/or family.

Patient and/or family are aware that pain management is an important part

of treatment, to request pain relief as soon as pain begins, to help measure pain on a 0-10 pain scale, what treatments are available, and

to notify staff if pain is not relieved.

Eval:

/es/ Annabelle C Respicio, RN

RN, 4 East

Signed: 08/24/2013 07:33

## TELEMETRY NOTE

### Details

**Date entered:** August 23, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** ALEXANDREA AJA GRIFFIN

**Signed by:** ALEXANDREA AJA GRIFFIN

**Date signed:** August 23, 2013

### Note

LOCAL TITLE: TELEMETRY NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 24, 2013@02:29

ENTRY DATE: AUG 24,

2013@02:30

AUTHOR: GRIFFIN, ALEXANDREA

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* TELEMETRY NOTE Has ADDENDA \*\*\*

## Patient location:

4 East (4E)

Room #:

115

Tele box #:

60487

Rhythm summary:

SB

Heart rate (HR):

40'S TO 50'S

/es/ ALEXANDREA A PRATT

Health Technician

Signed: 08/24/2013 02:30

Receipt Acknowledged By:

08/24/2013 06:08 /es/ Vincent G Espinosa,

BSN, RN

MICU/

CCU

08/24/2013 ADDENDUM

STATUS: COMPLETED

Pt HR occasionally decreases to 38-40 BPM. Sam, NA was notified.

/es/ ALEXANDREA A PRATT

Health Technician

Signed: 08/24/2013 04:29

**TELEMETRY NOTE****Details****Date entered:** August 23, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** LINA O FAJARDO**Signed by:** LINA O FAJARDO**Date signed:** August 23, 2013

**Note**

LOCAL TITLE: TELEMETRY NOTE  
STANDARD TITLE: NURSING NOTE  
DATE OF NOTE: AUG 23, 2013@20:34      ENTRY DATE: AUG 23,  
2013@20:34:29  
AUTHOR: FAJARDO, LINA O      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

## Patient location:

4 East (4E)

Room #:

115

Tele box #:

60487

Rhythm summary:

SB-SR

Heart rate (HR):

40s TO 60s

/es/ LINA O OLIVAREZ

Health Technician, MICU

Signed: 08/23/2013 20:38

Receipt Acknowledged By:

08/23/2013 23:18      /es/ Vincent G Espinosa,  
BSN, RN

MICU/

CCU

**NEUROLOGY ATTENDING NOTE****Details****Date entered:** August 23, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** ALI SAMII

**Signed by:** ALI SAMII**Date signed:** August 23, 2013**Note**

LOCAL TITLE: NEUROLOGY ATTENDING NOTE

STANDARD TITLE: NEUROLOGY ATTENDING NOTE

DATE OF NOTE: AUG 23, 2013@16:02      ENTRY DATE: AUG 23,  
2013@16:02:29

AUTHOR: SAMII, ALI

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient seen and examined with Neurology Team. 63 yo man patient of Judy Ozuna ARNP, with cluster headaches, now admitted for a trial of IV DHE45 to abort these headaches. They last from 25 minutes to more than one hour and awaken him from sleep. He has not used S.C. sumatriptan in the past but trials of steroids, and oxygen therapy have failed to abort this series of cluster HAs since early July. He is already on lithium and verapamil combination that had helped prevent them until July 3rd when the HAs began again. He had to cut short his vacation in the California Redwoods to come back for this admission due to the frequency of the cluster events. He is HA free now, but our plan is to continue the several remaining doses of DHE 45 as an inpatient, then discharge him on S.C sumatriptan to see if that works in aborting the cluster HAs.

/es/ Ali Samii, MD

neurology attending

Signed: 08/23/2013 16:08



**NEUROLOGY PROGRESS NOTE****Details****Date entered:** August 23, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** PHAEDRA E PASCOE**Signed by:** PHAEDRA E PASCOE**Date signed:** August 23, 2013**Note**

LOCAL TITLE: NEUROLOGY PROGRESS NOTE

STANDARD TITLE: NEUROLOGY NOTE

DATE OF NOTE: AUG 23, 2013@14:48

ENTRY DATE: AUG 23,

2013@14:48:57

AUTHOR: PASCOE, PHAEDRA E

EXP COSIGNER: SAMII, ALI

URGENCY:

STATUS:

COMPLETED

## NEUROLOGY DAILY PROGRESS NOTE

CC: 63 y/o man with history of cluster headaches, admitted for treatment of severe headache episode.

Hospital Day #: 1

## 24 HOUR EVENTS:

- Patient doing well, with no reported headaches overnight or this morning.
- Slept well throughout the night.

## ALLERGIES:

PENICILLIN, PROPRANOLOL, PREDNISONE

## Inpatient Medications

=====

Albuterol 90 Mcg (cfc-f) Inhl, oral. 2 puffs po q4h prn

Dihydroergotamine Inj, soln. 0.5mg iv q8h

Formoterol Cap, inh1. 12mcg inh1 bid

Ketorolac Tromethamine Inj. 15mg/1ml iv once prn  
Lithium Tab. 900mg po qpm  
Lithium Tab. 600mg po qam  
Metoclopramide Inj. 10mg/2ml iv q8h  
Mometasone 220mcg Inh1,oral. 2 puffs inh1 qpm  
Montelukast Tab. 10mg po qhs  
Ondansetron Inj,soln. 4mg/2ml iv q8h prn  
Primidone Tab. 150mg po qhs  
Rosuvastatin Tab. 20mg po qday  
Tiotropium 18mcg Oral Inhaler Cap,inhl. Contents of one capsule inh1 qday  
Verapamil Tab,sa. 240mg po bid  
Vitamin D-3 (cholecalciferol) Tab. 1000unit po qday

## PHYSICAL EXAM:

## VITAL SIGNS (08/23/13):

T96.8F; P56; R18; BP142/82; PN0; HT69.0

GEN: WNWD sitting upright in bed, in NAD

HEENT: NCAT, sclerae anicteric, pupils round and reactive to light bilaterally,

extraocular movements in tact, face symmetric, moist mucous membranes, no oral

lesions

EXT: warm, well-perfused, no edema

NEURO: alert and interactive, oriented x 4, good insight, appropriate affect,

moving all 4 extremities, speech fluent with no difficulties with word finding,

slight tremor of hands bilaterally when held against gravity

## LAB WORK WITHIN LAST 24 HOURS

Aug 22, 2013@19:30 Acc#: CH 0822 1278

| Test          | Result | Units | Warn | Norm. Range |
|---------------|--------|-------|------|-------------|
| GLUCOSE       | 151    | mg/dL | H    | 70 - 105    |
| UREA NITROGEN | 16     | mg/dL |      | 6 - 20      |
| SODIUM        | 136    | mEq/L |      | 133 - 145   |
| POTASSIUM     | 4.0    | mEq/L |      | 3.3 - 5.1   |
| CHLORIDE      | 101    | mEq/L |      | 96 - 108    |

|                 |      |       |   |             |
|-----------------|------|-------|---|-------------|
| C02             | 30.0 | mEq/L | H | 22 - 29     |
| CREATININE      | 0.90 | mg/dL |   | 0.50 - 1.20 |
| CREATININE EGFR | 85   |       |   |             |

Aug 22, 2013@19:30 Acc#: HE 0822 309

| Test  | Result | Units  | Warn  | Norm. Range |
|-------|--------|--------|-------|-------------|
| ----- | -----  | -----  | ----- | -----       |
| WBC   | 8.2    | K/uL   |       | 4.3 - 10.0  |
| RBC   | 4.17   | Mil/uL | L     | 4.40 - 5.60 |
| HGB   | 13.2   | g/dL   |       | 13.0 - 18.0 |
| HCT   | 39.8   | %      |       | 38.0 - 50.0 |
| MCV   | 95.6   | fL     |       | 81.0 - 98.0 |
| MCH   | 31.8   | pg     |       | 27.3 - 33.6 |
| MCHC  | 33.2   | g/dL   |       | 32.3 - 35.7 |
| RDW   | 13.7   | %      |       | 11.5 - 14.5 |
| PLT   | 235    | K/uL   |       | 150 - 400   |
| MPV   | 8.6    | fL     |       | 7.4 - 10.4  |
| NE #  | 5.5    | K/uL   |       | 1.7 - 7.4   |
| LY #  | 1.6    | K/uL   |       | 0.9 - 5.0   |
| MO #  | 0.7    | K/uL   |       | 0.0 - 0.8   |
| EO #  | 0.3    | K/uL   |       | 0.0 - 0.5   |
| BA #  | 0.0    | K/uL   |       | 0.0 - 0.2   |
| NE %  | 67.6   | %      |       | 40.0 - 74.0 |
| LY %  | 19.3   | %      | L     | 20.0 - 50.0 |
| MO %  | 9.0    | %      | H     | 0.0 - 8.0   |
| EO %  | 3.6    | %      |       | 0.0 - 5.0   |
| BA %  | 0.5    | %      |       | 0.0 - 2.0   |

Aug 22, 2013@19:30 Acc#: CH 0822 1277

| Test       | Result | Units | Warn  | Norm. Range |
|------------|--------|-------|-------|-------------|
| -----      | -----  | ----- | ----- | -----       |
| TROPONIN T | <0.01  | ng/mL |       | 0 - 0.03    |

## IMPRESSION/PLAN:

63 year old man with cluster headaches admitted for severe headache episode. Has

been headache free since initiation of DHE. Evidence supports completion of

5

days of DHE to prevent recurrence in cluster headaches, unfortunately due to shortage of the medication we only have five doses available. Although DHE can be given IM as an outpatient, the available formulation is not suitable for this.

Neurologic: Will complete 5 doses of DHE as inpatient, with probable discharge tomorrow. Patient has been given a prescription for IM sumatriptan in the past, but has not taken. Plan to discharge with IM sumatriptan, to see if the faster onset of action helps better control his cluster headaches.

- Continue home lithium and verapamil
- PRN antiemetics metoclopramide, ondansetron
- Patient will notify staff if chest pain, limb pain or stroke symptoms

Respiratory: Patient had sleep study completed at Swedish approximately 4 years ago that was suggestive of mild sleep apnea that did not qualify for insurance coverage of CPAP. Plan to repeat sleep study at outpatient, as his sleep apnea may be worsening and contributing to his cluster headaches.

- Continue home medications for COPD, including albuterol, tiotropium, montelukast and mometasone

Cardiovascular:

- Continue home medications for hyperlipidemia:rosuvastatin

/es/ Phaedra E. Pascoe, MD  
Psychiatry Resident  
Signed: 08/23/2013 15:13

/es/ Ali Samii, MD  
neurology attending  
Cosigned: 08/23/2013 16:15

**NUTRITION ACUTE/CLC INITIAL ASSESSMENT****Details****Date entered:** August 23, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** LINDA K MINKEL**Signed by:** LINDA K MINKEL**Date signed:** August 23, 2013**Note**

LOCAL TITLE: NUTRITION ACUTE/CLC INITIAL ASSESSMENT

STANDARD TITLE: NUTRITION INITIAL EVALUATION NOTE

DATE OF NOTE: AUG 23, 2013@14:18      ENTRY DATE: AUG 23,  
2013@14:18:28

AUTHOR: MINKEL, LINDA K

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

## =====

## ASSESSMENT

=====

Admitting diagnosis: HA WORK UP

Patient Age: 63

Patient Gender: MALE

Active Problems/Past Medical History:

Admitted for work up of headaches.

PMH: COPD, Diabetes, HTN, Hyperlipidemia, Asthma, Obeisty, Prostate cancer

Diet order:

3 GM/LO CHOL

No Tube Feeding Order Found

Food Allergies/Intolerances:

No Allergy Found

FOOD/NUTRITION-RELATED HISTORY:

Pt reports a good appetite with no nausea or vomiting.

Intake problems:

None

Appetite:

Good

Dietary Preferences:

None voiced

Hydration status:

Within normal limits

Dysphagia:

None

Usual intake pattern:

Tries to follow a low sugar diet.Has been on weight watchers in the past,not currently dieting

Previous nutrition education:

Not applicable

OTC Medications and Herbal Supplements:

in place

MEDICATIONS:

DIHYDROERGOTAMINE MESYLATE 1MG/ML INJ

PRIMIDONE 50 MG TAB

VERAPAMIL HCL 240 MG SA TAB

LITHIUM CARBONATE 300 MG TAB

ONDANSETRON INJ 2 MG/ML 2 ML

ROSUVASTATIN CA 20 MG TAB

VITAMIN D3 (CHOLECALCIFEROL) 1000 UNT TB

Nutrition-related meds food/drug interaction:

Pt is on lithium.Encourage pt to maintain good fluid intake to prevent dehydration.

Age specific need(s)/concern(s):

N/A

ANTHROPOMETRIC MEASUREMENTS:

Body weight:

Ht: 69 in [175.3 cm] (08/22/2013 17:30)

Wt: 222 lb [100.9 kg] (08/22/2013 17:30)

Last 3 recorded weights:

| Measurement | DT | WEIGHT | LB(KG)[BMI] |
|-------------|----|--------|-------------|
|-------------|----|--------|-------------|

|            |       |             |       |
|------------|-------|-------------|-------|
| 08/22/2013 | 17:30 | 222(100.70) | [33*] |
|------------|-------|-------------|-------|

|            |       |            |       |
|------------|-------|------------|-------|
| 08/22/2013 | 14:59 | 220(99.79) | [33*] |
|------------|-------|------------|-------|

|            |       |               |       |
|------------|-------|---------------|-------|
| 02/04/2013 | 15:04 | 222.6(100.97) | [33*] |
|------------|-------|---------------|-------|

Usual body weight:

225-226 Lb

IBW: 160 lb+/-10%

BMI: 33

30 to 34.9 = obese (Class 1)

Weight change:

stable

AMPUTATIONS:

No data on amputation level and side found

LAB RESULTS:

| Test       | Result | units | Ref. range | Date         |
|------------|--------|-------|------------|--------------|
| GLUCOSE    | 151.0H | mg/dL | 70-105     | Aug 22, 2013 |
| UREA NITRO | 16.0   | mg/dL | 6-20       | Aug 22, 2013 |
| CREATININE | 0.90   | mg/dL | 0.50-1.20  | Aug 22, 2013 |
| SODIUM     | 136.0  | mEq/L | 133-145    | Aug 22, 2013 |
| POTASSIUM  | 4.0    | mEq/L | 3.3-5.1    | Aug 22, 2013 |
| CHLORIDE   | 101.0  | mEq/L | 96-108     | Aug 22, 2013 |
| CO2        | 30.0H  | mEq/L | 22-29      | Aug 22, 2013 |
| HCT        | 39.8   | %     | 38.0-50.0  | Aug 22, 2013 |
| HGB        | 13.2   | g/dL  | 13.0-18.0  | Aug 22, 2013 |
| MCV        | 95.6   | fL    | 81.0-98.0  | Aug 22, 2013 |

NUTRITION FOCUSED PHYSICAL FINDINGS:

Pressure ulcers: No data available

NUTRITIONAL STATUS:

Mildly Compromised

INTERVENTION

FOOD AND/OR NUTRIENT DELIVERY:

Nutrition prescription:

Continue diet as ordered

Meals and snacks:

Honor patient's cultural, religious, ethnic and food preferences/  
modify food plan

NUTRITION EDUCATION/COUNSELING:

BARRIERS TO LEARNING:

No barriers to learning identified

PATIENT EDUCATION NEEDS:

**DIET:**

No diet education at this time:

Declines education

**DRUG/NUTRIENT:**No drug/nutrient instruction; patient has thorough understanding  
of lithium and food interactions.

## =====

## MONITOR/EVALUATION

=====

Pt's intake and weight

Inpatient Follow-up:

2 weeks

/es/ Linda K. Minkel

CSS Clinical Diet Technician

Signed: 08/23/2013 14:34

**TELEMETRY NOTE****Details****Date entered:** August 23, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** KENNETH PENERTON**Signed by:** KENNETH PENERTON**Date signed:** August 23, 2013**Note**

LOCAL TITLE: TELEMETRY NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 23, 2013@11:13  
2013@11:13:14

ENTRY DATE: AUG 23,

AUTHOR: PENERTON, KENNETH

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient location:



4 East (4E)

Room #:

115A

Tele box #:

60487

Rhythm summary:

SB-SR. 1st degree AVB w/PACs

Heart rate (HR):

40s to 50s

/es/ kenneth PENERTON

EKG Technician

Signed: 08/23/2013 11:14

Receipt Acknowledged By:

08/23/2013 12:41 /es/ Bich-Ngan Thi Vo,

RN

RN,

MICU

## NURSING PROGRESS NOTE

### Details

**Date entered:** August 23, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** MELISSA E JOHNSON

**Signed by:** MELISSA E JOHNSON

**Date signed:** August 23, 2013

### Note

LOCAL TITLE: NURSING PROGRESS NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 23, 2013@10:24 ENTRY DATE: AUG 23,  
2013@10:24:49

AUTHOR: JOHNSON, MELISSA E EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

## NURSING PROGRESS NOTE

## CODE STATUS

Patient is full code

## SUBJECTIVE/OBJECTIVE:

63 y/o male admitted for cluster HA. Hx of Prostate CA, HTN, LBP, Cluster headaches, COPD, and Asthma. Pt A/Ox3, able to make all needs known. DIHYDROERGOTAMINE INJ,SOLN 1MG/ML 0.5MG IV given with no s/s of chest pain or other changes. Wife at bedside this afternoon. Patient walking around floor. Denies use for oxygen today to reduce headache pains. Pleasant and cooperative. Denies chest pain, pain, dizziness, blurred vision, headache, nausea or vomiting.

## SYSTEMS ASSESSMENTS:

## NEUROLOGICAL ASSESSMENT

Patient is alert

Patient is oriented to:

time

person

place

situation

Patient responds to care

Patient participates in care

Patient moves extremities

## MUSCULOSKELETAL ASSESSMENT

Full range of motion

Sensation intact

Additional/Other Comments:

Indep of all ADLs and Ambulation

## RESPIRATORY ASSESSMENT

Respirations quiet, regular, and non-labored

Additional/Other comments:

Pulse Oximetry: 96% on RA

#### CARDIOVASCULAR ASSESSMENT

Heart rate 56

Blood pressure 142/82

Blood pressure consistent with patient's individual baseline

Pedal pulses present bilateral by palpation

Patient on telemetry #60487

Rhythm: SB-SR, 1st degree AVB w/PACs 40-50s

#### GASTROINTESTINAL ASSESSMENT

Bowel tones present

Patient is passing flatus

Patient denies nausea

Patient has had no vomiting

Patient has adequate intake

No complaints of constipation

No complaints of diarrhea

Date last bowel movement: Aug 23, 2013

#### GENITOURINARY ASSESSMENT

Patient does not have a urinary catheter

Urine is yellow, clear, and no odor with adequate volume

Patient is voiding without problems

#### SKIN ASSESSMENT/REASSESSMENT:

Braden Scale - For Predicting Pressure Sore Risk

Sensory Perception: 4 = No Impairment

Moisture: 4 = Rarely Moist

Activity: 4 = Walks Frequently

Mobility: 4 = No Limitation

Nutrition: 3 = Adequate

Friction: 3 = No Apparent Problem

19-23 No Risk

Score: 23

#### CURRENT SKIN ASSESSMENT

Skin Color:

Color: Normal for ethnic group

Skin Temperature

Temp: Warm  
Skin Moisture  
Moisture: Dry  
Skin Turgor  
Turgor: Within normal limits

## SKIN PROBLEMS

No wounds, pressure ulcers or other skin problems.

## INTERVENTIONS

The pressure ulcer prevention protocol was not needed - patient is not at risk.

## PAIN ASSESSMENT

## PAIN ASSESSMENT:

Patient's current pain level:

0

Patient's tolerable level of pain:

3

## IV ACCESS:

Peripheral

R FA

## PATIENT/FAMILY EDUCATION DONE:

Diagnosis/Disease process

Level of Understanding: Good

## PATIENT/FAMILY RESPONSE TO EDUCATION:

Patient verbalizes understanding (states essential concepts)

## NURSING PLAN OF CARE:

Pain

## GOAL:

Patient will report acceptable pain level of 0-2/10 and have no adverse side effects from pain management.

## Interventions:

Provide comfort measures and means of distraction, ie: relaxation, hot/cold

packs, repositioning and support with pillows.

Medicate with prescribed analgesic.

Evaluate effectiveness of pain management.

Evaluate for constipation, oversedation, respiratory depression, or other

signs of adverse side effects.

If pain management is not effective, discuss with the care team.

If patient unable to verbalize pain level appropriately, look for signs of

pain, including elevated vital signs, grimacing, agitation.

#### EDUCATION ABOUT PAIN MANAGEMENT

Review pain management plan with the patient and/or family.

Patient and/or family are aware that pain management is an important part

of treatment, to request pain relief as soon as pain begins, to help measure pain on a 0-10 pain scale, what treatments are available, and

to notify staff if pain is not relieved.

E: Denies pain throughout shift

\*\*\*\*\*

/es/ Melissa E Johnson, RN

RN, 4 East

Signed: 08/23/2013 19:10

## IV TEAM NOTE

### Details

**Date entered:** August 23, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** GARY L EVERS

**Signed by:** GARY L EVERS

**Date signed:** August 23, 2013

### Note

LOCAL TITLE: IV TEAM NOTE

STANDARD TITLE: PROCEDURE NOTE

DATE OF NOTE: AUG 23, 2013@10:00

ENTRY DATE: AUG 23,

2013@14:27:59

AUTHOR: EVERS, GARY L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

20ga insyte auto guard catheter in RW, SL, valves were cleaned with an alcohol

wipe prior to being flushed with 10cc ns and dressing dry and intact, no complications to site. Date placed:

/es/ Gary Evers, RN

IV TEAM

Signed: 08/23/2013 14:28

## TELEMETRY NOTE

### Details

**Date entered:** August 22, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** DI P CHUC**Signed by:** DI P CHUC**Date signed:** August 22, 2013

### Note

LOCAL TITLE: TELEMETRY NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 23, 2013@00:01  
2013@00:01:32

ENTRY DATE: AUG 23,

AUTHOR: CHUC, DI P

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient location:

4 East (4E)

Room #:

115A

Tele box #:

60487

## Rhythm summary:

SB-SR. 1st degree AVB w/PACs

## Heart rate (HR):

40s to 80s

## Additional information:

Rare wide complex ectopy

/es/ DI P CHUC

Telemetry Tech, micu

Signed: 08/23/2013 00:02

## Receipt Acknowledged By:

08/23/2013 03:42 /es/ Vincent G Espinosa,  
BSN, RN

MICU/

CCU

**NURSING PROGRESS NOTE****Details****Date entered:** August 22, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** DIABY A VAKARAMOKO**Signed by:** DIABY A VAKARAMOKO**Date signed:** August 23, 2013**Note**

LOCAL TITLE: NURSING PROGRESS NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 22, 2013@23:09 ENTRY DATE: AUG 22,  
2013@23:09:07

AUTHOR: VAKARAMOKO, DIABY A EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

NURSING PROGRESS NOTE

## CODE STATUS

Patient is full code

## SUBJECTIVE:

" I won't need my breathing meds! I am tired, I need some sleeps!"

## OBJECTIVE:

Pt., a 63 yo. M. admitted with migraine headache was alert, pleasant and compliant to cares. IV dihydroergotamine 0.5mg provided as scheduled for 2200. IV metoclopramide provided before. EKG was completed before administration of IV med, and troponin was negative. Pt is resting at this moment, will monitor.

0745:

Another dose of IV med., dihydroergotamine 0.5mg was given w/o any ase.

Reglan

IV was given 30 mns prior infusion of IV med. Pt stable, and will monitor.

## CURRENT PROBLEMS/CONCERNS:

migraine headache.

## SYSTEMS ASSESSMENTS:

## NEUROLOGICAL ASSESSMENT

Patient is alert

Patient is oriented to:

time

person

place

situation

## MUSCULOSKELETAL ASSESSMENT

Full range of motion

## RESPIRATORY ASSESSMENT

Lungs clear to auscultation

Respirations quiet, regular, and non-labored

## CARDIOVASCULAR ASSESSMENT

Heart rate within normal limits

Blood pressure within normal limits

Blood pressure consistent with patient's individual baseline

Pedal pulses present bilateral by palpation

## GASTROINTESTINAL ASSESSMENT



Bowel tones present  
Patient is passing flatus  
Patient denies nausea  
Patient has had no vomiting  
Patient has adequate intake  
No complaints of constipation  
No complaints of diarrhea  
Date last bowel movement: Aug 22,2013

## GENITOURINARY ASSESSMENT

Patient does not have a urinary catheter  
Urine is yellow, clear, and no odor with adequate volume  
Patient is voiding without problems

## FALL RISK ASSESSMENT:

Patient reports the following about falls:

No fall in last 30 days

## MORSE FALL RISK SCALE

History of falling (in the past 3 months):

(0) No

Secondary diagnosis:

(0) No

Ambulatory aid:

(0) None/bedrest/immobile

IV/IV access (Heparin lock):

(20) Yes

Gait:

(0) Normal/bedrest/immobile

Mental status:

(0) Knows own limits

Total score:

20

A: The score is LESS THAN 45. The fall risk is not significant.

P: Considering the factors identified above, the following are appropriate:

No fall interventions necessary

## PAIN ASSESSMENT

## PAIN ASSESSMENT:

Patient's current pain level:

0

Patient's tolerable level of pain:

0

IV ACCESS:

Peripheral

RAC

PATIENT/FAMILY EDUCATION DONE:

Diagnosis/Disease process

Level of Understanding: Good

migraine headache

PATIENT/FAMILY RESPONSE TO EDUCATION:

Did return demonstration: patient

positive

NURSING PLAN OF CARE:

PAIN

GOAL:

Patient will report acceptable pain level of 0-2/10 and have no adverse side effects from pain management.

Interventions:

Provide comfort measures and means of distraction, ie: relaxation, hot/cold

packs, repositioning and support with pillows.

Medicate with prescribed analgesic.

Evaluate effectiveness of pain management.

Evaluate for constipation, oversedation, respiratory depression, or other

signs of adverse side effects.

If pain management is not effective, discuss with the care team.

If patient unable to verbalize pain level appropriately, look for signs of

pain, including elevated vital signs, grimacing, agitation.

EDUCATION ABOUT PAIN MANAGEMENT

Review pain management plan with the patient and/or family.

Patient and/or family are aware that pain management is an important part

of treatment, to request pain relief as soon as pain begins, to help measure pain on a 0-10 pain scale, what treatments are available,

and

to notify staff if pain is not relieved.

/es/ DIABY A VAKARAMOKO

REGISTERED NURSE

Signed: 08/24/2013 00:27

## IV TEAM NOTE

### Details

**Date entered:** August 22, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** CHRISTINE C YEE

**Signed by:** CHRISTINE C YEE

**Date signed:** August 22, 2013

### Note

LOCAL TITLE: IV TEAM NOTE

STANDARD TITLE: PROCEDURE NOTE

DATE OF NOTE: AUG 22, 2013@19:00      ENTRY DATE: AUG 22,  
2013@19:45:07

AUTHOR: YEE, CHRISTINE C      EXP COSIGNER:

URGENCY:      STATUS:

COMPLETED

First attempt. Started a new #20 gauge insyte auto guard catheter 1" in the right wrist. Saline locked. Statlock and dressing applied. Flushes easily with 10 ml normal saline after cleaning port with alcohol wipe. No signs/symptoms of intravenous related complications noted.

/es/ Christine C Coteok, RN

IV Team

Signed: 08/22/2013 19:45

**TELEMETRY NOTE****Details****Date entered:** August 22, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** LINA O FAJARDO**Signed by:** LINA O FAJARDO**Date signed:** August 22, 2013**Note**

LOCAL TITLE: TELEMETRY NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 22, 2013@18:22 ENTRY DATE: AUG 22,  
2013@18:22:50

AUTHOR: FAJARDO, LINA O

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Patient location:

4 East (4E)

Room #:

115

Tele box #:

60487

Rhythm summary:

SB-SR

Heart rate (HR):

50s to 70s

Additional information:

Admit in tele monitoring at 1800

/es/ LINA O OLIVAREZ

Health Technician, MICU

Signed: 08/22/2013 18:23

Receipt Acknowledged By:

08/23/2013 10:43 /es/ Pauline Bui,  
RN

RN,

MICU

08/22/2013 18:32 /es/ Melissa E Johnson,

RN

RN, 4

East

## VALUABLES INVENTORY NOTE

### Details

**Date entered:** August 22, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** MELISSA E JOHNSON**Signed by:** MELISSA E JOHNSON**Date signed:** August 22, 2013

### Note

LOCAL TITLE: VALUABLES INVENTORY NOTE

STANDARD TITLE: NURSING INPATIENT NOTE

DATE OF NOTE: AUG 22, 2013@17:38 ENTRY DATE: AUG 22,  
2013@17:38:16

AUTHOR: JOHNSON,MELISSA E EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

CAMPBELL,RONALD C is a 63 year old MALE admitted Patient is not a current  
Inpatient.

REASON FOR VALUABLES INVENTORY:

Admission

Patient has on the correct ID wristband:

Yes

BELONGINGS:

Glasses:

With patient

Comment: reading glasses

Contacts:

Patient doesn't wear contact lenses

## Upper dentures:

Patient doesn't wear upper dentures

## Lower dentures:

Patient doesn't wear lower dentures

## Hearing aid:

Patient doesn't wear hearing aid(s)

## Watch:

With patient

Comment: black

## Ring:

With patient

Comment: wedding ring

## Other jewelry:

Patient has no other jewelry at this time

## Wallet/purse:

With patient

## Money:

Patient refused to deposit with Agent Cashier, and will retain personal funds

\$ amount: 23.00

## Assistive devices:

Patient does not use an assistive device

## Patient's medication:

None

## Contraband:

None

## Other valuables:

With patient

List item(s): Iphone, charger, books, journal, kendel with charge

/es/ Melissa E Johnson, RN

RN, 4 East

Signed: 08/22/2013 17:39

## NURSING ADMISSION ASSESSMENT TEMPLATE

### Details

**Date entered:** August 22, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** MELISSA E JOHNSON

**Signed by:** MELISSA E JOHNSON

**Date signed:** August 22, 2013

## Note

LOCAL TITLE: NURSING ADMISSION ASSESSMENT TEMPLATE

STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE

DATE OF NOTE: AUG 22, 2013@17:22 ENTRY DATE: AUG 22,  
2013@17:22:41

AUTHOR: JOHNSON, MELISSA E EXP COSIGNER:

URGENCY: STATUS:

COMPLETED

NURSING ADMISSION ASSESSMENT AND PLAN OF CARE

REASON FOR ADMISSION:

Clutter headaches

SIGNIFICANT HISTORY WHICH AFFECTS NURSING CARE:

COPD, Prostate CA, DM, Low back pain, HTN, HLD

PATIENT/FAMILY EXPECTATIONS:

"to get rid of the current cycle of headaches"

ARRIVED FROM:

Other:

Specify: planned admission

MODE OF TRANSPORTATION:

Wheelchair

ACCOMPANIED BY:

None

DEMOGRAPHICS:

CAMPBELL, RONALD C is a 63 year old NOT HISPANIC OR LATINO MALE.

Primary NOK: CAMPBELL, PENELOPE

Relation: WIFE

4649 NE 203RD COURT

Phone: (206)365-3007

LK FOREST PARK, WASHINGTON 98155

Veteran's preferred language for discussing health care:

Patient does not need interpreter.

## ADVANCE DIRECTIVE ASSESSMENT:

## LIVING WILL STATUS

Patient desires a Living Will and wants help to create one.

## DURABLE POWER OF ATTORNEY STATUS

Patient does not want a Durable Power of Attorney for Health Care (DPAHC) at this time.

Advance Directive (Seattle) consult ordered.

## ORGAN DONOR STATUS

Patient is an organ donor.

## WARD ORIENTATION:

Valuables have been inventoried.

Patient (or significant other) is oriented to ward environment, bed controls, call light, restroom, telephone, and visiting policies.

Level of Understanding: Good

Wrist band in place.

## MRSA SCREENING:

Nasal Admit swab for MRSA screening collected and sent to laboratory.

## TOBACCO USE STATUS:

Patient is a former tobacco products user and is currently not using tobacco products.

## Direct Brief Counseling

- Advised patient to set a quit date when ready
- Identified reasons and benefits for quitting
- Advised to remove all tobacco products from home & work setting
- Advised to identify & plan ahead for challenges to quitting
- Advised to get support from family, friends, & co-workers
- Provided support & encouragement to quit

## HEIGHT/WEIGHT THIS ADMISSION:

Height:

69 in (175.3 cm)

Weight:

222 lb (100.9 kg)

## VITAL SIGNS:

Temperature:

97.9 F (36.6 C)



Pulse:

57

Respiration:

18

Blood pressure:

162/82

Current pain level:

3

ALLERGY REVIEW: PENICILLIN, PROPRANOLOL, PREDNISONE

I have reviewed listed allergies with patient. Patient states that he/she has no new allergies.

SYSTEMS ASSESSMENT:

NEUROLOGICAL/MUSCULOSKELETAL ASSESSMENT

Normal: Alert and oriented to person, place, time

Moves all extremities symmetrically.

RESPIRATORY ASSESSMENT

Normal: Respirations are quiet, regular and non-labored.

Respirations are clear per auscultation.

CARDIOVASCULAR ASSESSMENT

Normal: Heart rate and BP are WNL

Pedal pulses are present bilaterally by palpation

Additional findings:

placed on tele upon admission

GASTROINTESTINAL ASSESSMENT

Normal: Intake is adequate

No nausea, vomiting, or abdominal distention.

No complaints of constipation or diarrhea.

Last bowel movement:

8/22/13

Bowel tones are present; patient is passing flatus.

GENITOURINARY ASSESSMENT

Within normal limits

Voiding without difficulty

Urine is yellow and clear. Adequate volume.

SKIN ASSESSMENT:

Braden Scale:

Sensory Perception: 4 = No Impairment

Moisture: 4 = Rarely Moist

Activity: 4 = Walks Frequently  
Mobility: 4 = No Limitation  
Nutrition: 3 = Adequate  
Friction/Shear: 3 = No Problem  
Braden scale range and score:  
19-23 No Risk  
23

#### SKIN PATCHES

The patient has the following patches on the skin.

Red Dotes

#### MAJOR RISK FACTORS / SPECIAL POPULATIONS

The patient does not have any spinal cord injury, paralysis or neurologic disease.

#### CURRENT SKIN ASSESSMENT

Skin Color:  
Color: Normal for ethnic group  
Skin Temperature  
Temp: Warm  
Skin Moisture  
Moisture: Dry  
Skin Turgor  
Turgor: Within normal limits

#### SKIN PROBLEMS

No wounds, pressure ulcers or other skin problems.

#### INTERVENTIONS

The pressure ulcer prevention protocol was not needed - patient is not at risk.

#### ASSESSMENT OF ABUSE

##### REPORTS OF ABUSE:

Patient/family does not report any verbal, physical, financial, sexual abuse or neglect.

##### SUSPECTED ABUSE:

Based on nursing assessment, no verbal or physical abuse, or neglect is suspected.

PAIN ASSESSMENT:

Current pain level:

3

Patient's tolerable level of pain:

3

Patient states a pain level goal of 0.

IV ACCESS:

No

FUNCTIONAL SCREENING:

SLEEP:

Patient/family reports sleep is adequate.

REPRODUCTION:

Patient reports no problems with reproductive system.

ASSISTIVE DEVICE(S):

Patient does not use assistive devices for ambulation.

ACTIVITIES OF DAILY LIVING:

Patient is independent.

PSYCHO-SOCIAL SCREEN:

No known psycho-social problems

NURSING SCREENS:

FALL RISK ASSESSMENT:

MORSE FALL RISK SCALE

History of falling (in the past 3 months):

(0) No

Secondary diagnosis:

(15) Yes

Specify: HTN

Ambulatory aid:

(0) None/bedrest/immobile

IV/IV access (Heparin lock):

(0) No

Gait:

(0) Normal/bedrest/immobile

Mental status:

(0) Knows own limits

Total score:

15

A: The score is LESS THAN 45. The fall risk is not significant.

P: Considering the factors identified above, the following are appropriate:

No fall interventions necessary

#### DYSPHAGIA SCREENING AND RISK ASSESSMENT

Mentation and Communication:

0 - Within Normal Limits

Swallowing:

0 - Within Normal Limits

Medical History and Physical:

0 - Within Normal Limits

Respiratory:

0 - Within Normal Limits

#### SCORE AND ACTION/PLAN:

Total score for all categories:

0

Continue with dietary plan of care as prescribed by MD. Continue to observe swallow function throughout patients length of stay.

#### ORAL SCREEN:

Uses own teeth and/or dentures for chewing

Has own natural teeth

#### NUTRITION RISK ASSESSMENT:

Negative for nutritional risk at this time

#### HEALTH SCREENINGS: (Reminders processing activity)

#### DEPRESSION SCREEN:

##### PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

## SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

## PATIENT EDUCATION

## BARRIERS TO LEARNING:

None reported

## READINESS TO LEARN:

Ready to learn (patient is receptive and motivated)

## PATIENT/FAMILY EDUCATION DONE:

Infection control - MRSA surveillance

Level of Understanding: Good

Infection control - respiratory and hand hygiene

Level of Understanding: Good

## NURSING PLAN OF CARE:

Pain

## GOAL:

Patient will report acceptable pain level of 0-2/10 and have no adverse side effects from pain management.

## Interventions:

Provide comfort measures and means of distraction, ie: relaxation, hot/cold

packs, repositioning and support with pillows.

Medicate with prescribed analgesic.

Evaluate effectiveness of pain management.

Evaluate for constipation, oversedation, respiratory depression, or other

signs of adverse side effects.

If pain management is not effective, discuss with the care team.

If patient unable to verbalize pain level appropriately, look for signs of

pain, including elevated vital signs, grimacing, agitation.

#### EDUCATION ABOUT PAIN MANAGEMENT

Review pain management plan with the patient and/or family.

Patient and/or family are aware that pain management is an important part

of treatment, to request pain relief as soon as pain begins, to help measure pain on a 0-10 pain scale, what treatments are available,

and

to notify staff if pain is not relieved.

\*\*\*\*\*

#### DISCHARGE PLANNING:

Estimated discharge date:

TBD

Expected discharge destination:

TBD

/es/ Melissa E Johnson, RN

RN, 4 East

Signed: 08/22/2013 17:38

## NEUROLOGY ADMISSION NOTE

### Details

**Date entered:** August 22, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** ZIAD AL SOUFI AL SUKKARY

**Signed by:** ZIAD AL SOUFI AL SUKKARY

**Date signed:** August 22, 2013

### Note

LOCAL TITLE: NEUROLOGY ADMISSION NOTE

STANDARD TITLE: NEUROLOGY ADMISSION EVALUATION NOTE

DATE OF NOTE: AUG 22, 2013@16:37      ENTRY DATE: AUG 22,  
2013@16:37:59  
AUTHOR: AL SOUFI AL SUKKARY      EXP COSIGNER: SAMII, ALI  
URGENCY:      STATUS:  
COMPLETED

## NEUROLOGY ADMISSION NOTE

CC: 63 y/o MALE with h.o Cluster HA coming with severe HA episode

Primary Care Provider: GOLOB, ANNA L

## HPI:

Patient is a pleasant 61 y.o guy , w h.o cluster HA has been HA free for more than a year on lithium and Verapamil for HA prevention

On July 3rd his HA occurred again , it was his usual HA description: HA stabbing , very bad , begins in the nasal cavity then goes behind the eye occasionally associated with drooping of the eyelid and lacrimation. sometimes even his face become red.

His HA on July 3rd , started within 2 hours after going to sleep (usually starts at this sleep) . It went away in 10 min with 10 liter of oxygen. He had no HA since July 9th , he kept on having HA almost every day , on Aug 11 he got admitted with severe HA after 8 day of literally not able to sleep. He had very tired, he had an episode prior to going to ER of saying "tablee" instead of "Table" and misspelling another word. Went to ER , had normal MRI brain per the patient. got cyprohepatdine , didn't improve untill 2 hours later ( which patient thinks improved on its own).

He contact his Neurology NP Judith Ozuna and it was decided to be admitted for

DHE for its prior sucess ( see prior noted on March 2012)

PMH:

ACTIVE PROBLEMS:

1. Chronic Obstructive Pulmonary Disease \*  
(ICD-9-CM 496.)
2. Essential and other specified forms of tremor  
(ICD-9-CM 333.1)
3. Diabetes Mellitus without mention of  
Complication, type II or unspecified type, , Onset  
00/00/11
4. Carcinoma, Basal Cell
5. Impaired Fasting Glucose (ICD-9-CM 790.21)
6. Prostate Cancer (ICD-9-CM 185.)  
gleason 6/10 (3+3) dx 2/2010, followed by outside urologist  
s/p radical prostatectomy with +1 margin
7. Obesity \* (ICD-9-CM 278.00)
8. Low Back Pain (Lumbago)
9. Episodic Cluster Headache
10. Osteoarthritis \* (ICD-9-CM 715.90)
11. Hematochezia \* (ICD-9-CM 578.1)
12. Hypertension
13. Hyperlipidemia \* (ICD-9-CM 272.4)
14. Asthma, unspecified (ICD-9-CM 493.90)

ALLERGIES:

PENICILLIN, PROPRANOLOL, PREDNISONE

ACTIVE MEDICATIONS:

Outpatient Medications

=====

Albuterol 90mcg (cfc-f) 200d Oral Inhl. Inhale 2 puffs by mouth  
every four hours as needed for shortness of breath (wait one  
minute between puffs)

Formoterol Fumarate 12 Mcg Inhl Cap. Inhale one capsule in inhaler  
as directed twice a day ; for inhalation only - do not swallow;



expires 4 months after dispensing

Lithium Carbonate 300 Mg Tab. Take two tablets by mouth every morning and take three tablets every evening to stabilize mood and prevent headache - note 12/13/12 dose

Mometasone 220mcg 60 Dose Oral Inhl. Inhale 2 puffs as directed every evening (rinse mouth after use)

Montelukast Na 10 Mg Tab. Take one tablet by mouth every night at bedtime to help asthma symptoms

Prednisone 20 Mg Tab. Take three tablets by mouth every morning with breakfast

Primidone 50 Mg Tab. Take three tablets by mouth every night at bedtime to prevent seizures

Rosuvastatin Ca 40 Mg Tab. Take one-half tablet by mouth every day to reduce cholesterol\*\*replaces simvastatin\*\*

Sildenafil Citrate 100 Mg Tab. Take one-half tablet by mouth every day as needed one hour before sexual activity. not to exceed once per day. \* avoid grapefruit

Sumatriptan 20mg Nasal Spray. Spray 1 spray in one nostril as needed at onset of headache \* may repeat once, do not exceed 2 sprays per headache \*

Tiotropium 18mcg Inhl Cap 30. Inhale contents of one capsule in inhaler as directed every day

Verapamil Hcl 240 Mg Sa Tab. Take one tablet by mouth twice a day for cluster headache prevention \* dose increase 6/26/2012 \*

Vitamin D3 (cholecalciferol) 1000 Unt Tb. Take one tablet by mouth every day (vitamin d) for low vitamin d levels

No Inpatient Meds for Today

No Active Remote Medications for this patient

SOCIAL HISTORY:

FAMILY HISTORY:

REVIEW OF SYSTEMS:

Full review performed notable as per HPI.

## PHYSICAL EXAM:

## VITAL SIGNS (08/22/13):

T97.2F; P56; R18; BP154/70; WT220lb [99.79kg]; PN---; HT69.0

GEN: WNWD

HEENT: NCAT, sclerae anicteric, oropharynx benign

CV: RRR, no MRG, no carotid bruits

LUNG: CTAB

ABD: soft, NTND, normal BS

EXT: warm, well-perfused, no edema

## NEURO:

## -MS:

orientation: person/place/year/month/date

speech: normal content &amp; thought processes

naming: intact

repetition: intact , able to say more than 10 word in less 1 min with letter F

mood and affect: normal

## -CN:

II VF full, optic discs not able to visualize

III PERRL, 4-&gt;2 mm

III,IV,VI EOMI, no nystagmus

V facial sensation intact V1-3 bilat

VII facial movement symmetric

VIII hearing intact bilat

IX,X palate midline, no dysphonia

XI SCM 5/5 bilat

XII tongue protrudes midline

## -SENSORY:

## somatic:

light touch: intact

pin prick: intact

proprioception: intact

Romberg: negative

## -REFLEX:

|   | Bic | Tri | BR | Pat | Ach | Plantar | Clonus |
|---|-----|-----|----|-----|-----|---------|--------|
| R | 2+  | 2+  | 2+ | 2+  | 2+  | down    | none   |
| L | 2+  | 2+  | 2+ | 2+  | 2+  | down    | none   |

## -MOTOR:

|   | Delt | Bic | Tri | WF | WE | IO | HF | HE | KF | KE | DF | PF |
|---|------|-----|-----|----|----|----|----|----|----|----|----|----|
| R | 5    | 5   | 5   | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  |
| L | 5    | 5   | 5   | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  |

bulk: normal

tone: normal

pronator drift: none

abnormal movements: none

-COORDINATION:

finger to nose: intact bilat

heel to shin: intact bilat

rapid alternating movements: normal bilat

-GAIT: normal, including tandem

## LABS:

137 | 102 | 17

Jun 20, 2013@14:46:42 ----- 142 EGFR: 77

3.7 | 25 | 0.98

CBC: 02/04/2013 16:21)

\*

\*

\*

15.5

\*

9.0

\*\*\*\*\*

218

\*

46.2

\*

\*

\*

| Collection DT    | Specimen | Test Name         | Result | Units | Ref   |
|------------------|----------|-------------------|--------|-------|-------|
| Range            |          |                   |        |       |       |
| 09/19/2010 10:02 | SERUM    | SGGT              | 36     | U/L   | 0 -   |
| 50               |          |                   |        |       |       |
| 12/03/2012 09:59 | SERUM    | SGOT              | 21     | U/L   | 0 -   |
| 37               |          |                   |        |       |       |
| 12/03/2012 09:59 | SERUM    | SGPT              | 29     | U/L   | 0 -   |
| 39               |          |                   |        |       |       |
| 09/19/2010 10:02 | SERUM    | ALKALINE PHOSPHAT | 82     | U/L   | 45 -  |
| 129              |          |                   |        |       |       |
| 09/19/2010 10:02 | SERUM    | ALBUMIN           | 4.5    | g/dL  | 3.5 - |
| 5.2              |          |                   |        |       |       |
| 09/19/2010 10:02 | SERUM    | TOT BILIRUBIN     | 0.6    | mg/dL | .1 -  |
| 1.0              |          |                   |        |       |       |

PT:  
INR:  
PTT:

| DATE           | CHO | TRI   | HDL | LDL |
|----------------|-----|-------|-----|-----|
| 12/3/12 09:59  | 173 | 205 H | 51  | 81  |
| 12/27/11 07:21 | 183 | 121   | 50  | 109 |

| Collection DT    | Specimen | Test Name      | Result | Units | Ref       |
|------------------|----------|----------------|--------|-------|-----------|
| Range            |          |                |        |       |           |
| 02/04/2013 16:21 | BLOOD    | HEMOGLOBIN A1c | 6.4    | %     | 4.4 - 6.4 |

TSH RESULTS: 2.38 uIU/mL (06/20/2013 14:46)

| Collection DT    | Specimen | Test Name    | Result | Units | Ref       |
|------------------|----------|--------------|--------|-------|-----------|
| Range            |          |              |        |       |           |
| 05/19/2009 08:37 | SERUM    | VITAMIN B-12 | 499    | pg/mL | 211 - 946 |

#### IMAGING/STUDIES:

Per the patient recent MRI this month in california was non acute , no sign of any stroke

#### IMPRESSION/PLAN:

#### ASSESSMENT:

Mr. Campbell is a 61-year-old man with episodic cluster headaches who is currently on 49 days of this HA cycle.

He is currently taking daily verapamil and Lithium for prophylaxis which prevents any attacks for more than a year. Other medications such as valproic acid and nortriptyline were tried in the past, with not much success.

#### PLAN:

1. IV DHE protocol for 24 hours - pre-dosing of anti-nausea medication and 0.5 mg DHE Q8. Will reassess after 24 hours, may need 72 hours of DHE. However, not all of this needs to be in the hospital. If he is tolerating the medication, can go out with SQ DHE.

- PRN antiemetics metoclopramid, ondansetron
- Pt will notify staff if chest pain, limb pain or stroke sx.

2. Place on telemetry x 24 hrs .

3. Check baseline cardiac enzymes (trop < 0.01) and CBC, chem 10

4. Check baseline EKG

Patient will be seen and discussed with Dr Samii tomorrow

=====

ADVANCE DIRECTIVE REVIEW:

Patient is NOT ABLE to consider advance directives at this time due to serious illness and the patient's legal surrogate is not available.

MEDICATION RECONCILIATION:

Medication reconciliation was done on admission with the patient and/or patient's family or caregiver, and the medication section of the medical record was updated accordingly.

/es/ ZIAD AL SOUFI AL SUKKARY

NEUROLOGY RESIDENT

Signed: 08/22/2013 18:57

/es/ Ali Samii, MD

neurology attending

Cosigned: 08/23/2013 16:01

**SDU NURSING PROGRESS NOTE****Details****Date entered:** August 22, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** MARY W FRANKLIN**Signed by:** MARY W FRANKLIN**Date signed:** August 22, 2013**Note**

LOCAL TITLE: SDU NURSING PROGRESS NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: AUG 22, 2013@11:40 ENTRY DATE: AUG 22,  
2013@11:40:56

AUTHOR: FRANKLIN, MARY W

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

MR CAMPBELL IS A 63 Y/P WM ADM TO NEURO FOR W/U OF CLUSTER MIGRAINE HA'S. HE IS A70X3, FULLY AMBULATORY AND SELF CARE. HE IS ACCOMP BY HIS WIFE PENNY. PT STATES HE WAS CALLED TO REPORT HERE TODAY FOR ADMISSION. PT STATES HE IS HEADACHE FREE AT THIS TIME. LAST HA ON YESTERDAY

OTHER HX INCLUDES COPD/W 02 PRN, BCCA, PROSTATE CA, DEPRESSION, HTN/HLD, HEMATACHEZIA, TYPE II DM.

VSS:T98.2 P56 R18 B/P 159/70 96% SAT 02.

PT RESTLESS AS HE HAS BEEN WAITING FOR BED SINCE 1030 AND NO ONE KNEW HE WAS TO BE ADMITTED.

TO LUNCH 1230.

JUDY OZUMA HERE TO CONSULT WITH PATIENT.

1430 PLAN: TO ADMIT WHEN BED AVAILABLE.

/es/ MARY W FRANKLIN

RN

Signed: 08/22/2013 16:19

## DISCHARGE SUMMARY

### Details

**Date admitted:** August 22, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Date discharged:** August 24, 2013

**Discharged by:** JOSEPH D N FREEBURG

### Summary

LOCAL TITLE: DISCHARGE SUMMARY

STANDARD TITLE: DISCHARGE SUMMARY

DICT DATE: AUG 25, 2013@13:15      ENTRY DATE: AUG 25,  
2013@13:15:28

DICTATED BY: FREEBURG, JOSEPH D N      ATTENDING:  
SAMII, ALI

URGENCY: routine      STATUS:  
COMPLETED

NEUROLOGY SERVICE DISCHARGE SUMMARY TEMPLATE

DATE OF ADMISSION: 8/22/13

ADMISSION ATTENDING/TEAM: SAMII, NEUROLOGY

DATE OF DISCHARGE: 8/24/13

DISCHARGE ATTENDING/TEAM: SAMII, NEUROLOGY

DISCHARGE DIAGNOSES (major diagnoses relevant to this hospitalization),  
(do not use abbreviations):

- Episodic Cluster Headache
- Hypertension
- Chronic Obstructive Pulmonary Disease

- Diabetes Mellitus II
- Low Back Pain (Lumbago)

## CONSULTATIONS:

Respiratory therapy

PROCEDURES (medical, surgical, radiologic, etc.): None

## ADMISSION HISTORY OF PRESENT ILLNESS:

Patient is a pleasant 61 y.o guy , w h.o cluster HA has been HA free for more

than a year on lithium and Verapamil for HA prevention

On July 3rd his HA occurred again , it was his usual HA description:

HA stabbing , very bad , begins in the nasal cavity then goes behind the eye

occasionally associated with drooping of the eyelid and lacrimation. sometimes

even his face become red.

His HA on July 3rd , started within 2 hours after going to sleep (usually starts

at this sleep) . It went away in 10 min with 10 liter of oxygen. He had no HA

since July 9th , he kept on having HA almost every day , on Aug 11 he got admitted with severe HA after 8 day of literally not able to sleep. He had very

tired, he had an episode prior to going to ER of saying "tablee" instead of

"Table" and misspelling another word. Went to ER , had normal MRI brain per the

patient. got cyprohepatdine , didn't improve until 2 hours later ( which patient thinks improved on its own).

He contact his Neurology NP Judith Ozuna and it was decided to be admitted for

DHE for its prior success ( see prior noted on March 2012)

## PAST MEDICAL HISTORY:

1. Chronic Obstructive Pulmonary Disease \*



(ICD-9-CM 496.)

2. Essential and other specified forms of tremor

(ICD-9-CM 333.1)

3. Diabetes Mellitus without mention of  
Complication, type II or unspecified type, , Onset  
00/00/11

4. Carcinoma, Basal Cell

5. Impaired Fasting Glucose (ICD-9-CM 790.21)

6. Prostate Cancer (ICD-9-CM 185.)

gleason 6/10 (3+3) dx 2/2010, followed by outside urologist  
s/p radical prostatectomy with +1 margin

7. Obesity \* (ICD-9-CM 278.00)

8. Low Back Pain (Lumbago)

9. Episodic Cluster Headache

10. Osteoarthritis \* (ICD-9-CM 715.90)

11. Hematochezia \* (ICD-9-CM 578.1)

12. Hypertension

13. Hyperlipidemia \* (ICD-9-CM 272.4)

14. Asthma, unspecified (ICD-9-CM 493.90)

ALLERGIES: PENICILLIN, PROPRANOLOL, PREDNISONE

FAMILY HISTORY: Mother with migraines.

SOCIAL HISTORY: Married with four children. Lives in Lake Forest Park, WA.  
Used  
to work in construction sales, retired due to headaches.

ADMISSION PHYSICAL EXAM:

VITAL SIGNS (08/22/13):

T97.2F; P56; R18; BP154/70; WT220lb [99.79kg]; PN---; HT69.0

GEN: WNWD

HEENT: NCAT, sclerae anicteric, oropharynx benign

CV: RRR, no MRG, no carotid bruits

LUNG: CTAB

ABD: soft, NTND, normal BS

EXT: warm, well-perfused, no edema

NEURO:

-MS:

orientation: person/place/year/month/date

speech: normal content & thought processes

naming: intact

repetition: intact , able to say more than 10 word in less 1 min with letter F

mood and affect: normal

-CN:

II VF full, optic discs not able to visualize

III PERRL, 4->2 mm

III,IV,VI EOMI, no nystagmus

V facial sensation intact V1-3 bilat

VII facial movement symmetric

VIII hearing intact bilat

IX,X palate midline, no dysphonia

XI SCM 5/5 bilat

XII tongue protrudes midline

-SENSORY:

somatic:

light touch: intact

pin prick: intact

proprioception: intact

Romberg: negative

-REFLEX:

|   | Bic | Tri | BR | Pat | Ach | Plantar | Clonus |
|---|-----|-----|----|-----|-----|---------|--------|
| R | 2+  | 2+  | 2+ | 2+  | 2+  | down    | none   |
| L | 2+  | 2+  | 2+ | 2+  | 2+  | down    | none   |

-MOTOR:

|   | Delt | Bic | Tri | WF | WE | IO | HF | HE | KF | KE | DF | PF |
|---|------|-----|-----|----|----|----|----|----|----|----|----|----|
| R | 5    | 5   | 5   | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  |
| L | 5    | 5   | 5   | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  |

bulk: normal

tone: normal

pronator drift: none

abnormal movements: none

-COORDINATION:

finger to nose: intact bilat

heel to shin: intact bilat

rapid alternating movements: normal bilat

-GAIT: normal, including tandem

ADMISSION LABS:

137 | 102 | 17

Jun 20, 2013@14:46:42 ----- 142 EGFR: 77

3.7 | 25 | 0.98

CBC: 02/04/2013 16:21)

\* \*  
\* 15.5 \*  
9.0 \*\*\*\*\* 218  
\* 46.2 \*  
\* \*

| Collection DT    | Specimen | Test Name         | Result | Units | Ref   |
|------------------|----------|-------------------|--------|-------|-------|
| Range            |          |                   |        |       |       |
| 09/19/2010 10:02 | SERUM    | SGGT              | 36     | U/L   | 0 -   |
| 50               |          |                   |        |       |       |
| 12/03/2012 09:59 | SERUM    | SGOT              | 21     | U/L   | 0 -   |
| 37               |          |                   |        |       |       |
| 12/03/2012 09:59 | SERUM    | SGPT              | 29     | U/L   | 0 -   |
| 39               |          |                   |        |       |       |
| 09/19/2010 10:02 | SERUM    | ALKALINE PHOSPHAT | 82     | U/L   | 45 -  |
| 129              |          |                   |        |       |       |
| 09/19/2010 10:02 | SERUM    | ALBUMIN           | 4.5    | g/dL  | 3.5 - |
| 5.2              |          |                   |        |       |       |
| 09/19/2010 10:02 | SERUM    | TOT BILIRUBIN     | 0.6    | mg/dL | .1 -  |
| 1.0              |          |                   |        |       |       |

PT:  
INR:  
PTT:

| DATE           | CHO | TRI   | HDL | LDL |
|----------------|-----|-------|-----|-----|
| 12/3/12 09:59  | 173 | 205 H | 51  | 81  |
| 12/27/11 07:21 | 183 | 121   | 50  | 109 |

| Collection DT    | Specimen | Test Name      | Result | Units | Ref   |
|------------------|----------|----------------|--------|-------|-------|
| Range            |          |                |        |       |       |
| 02/04/2013 16:21 | BLOOD    | HEMOGLOBIN A1c | 6.4    | %     | 4.4 - |
| 6.4              |          |                |        |       |       |

TSH RESULTS: 2.38 uIU/mL (06/20/2013 14:46)

| Collection DT    | Specimen | Test Name    | Result | Units | Ref       |
|------------------|----------|--------------|--------|-------|-----------|
| 05/19/2009 08:37 | SERUM    | VITAMIN B-12 | 499    | pg/mL | 211 - 946 |

## HOSPITAL COURSE:

Mr Campbell had a planned admission for IV DHE treatment of recurrent cluster headaches. He tolerated the treatment well with remission of his HA's after one day. IV DHE doses were limited due to a national shortage. He received the available five doses of medication. He will be discharged home with subcutaneous sumatriptan to try as needed as an abortive therapy for headaches in the future. He will follow up with Dr. Ozuna in clinic.

CONDITION ON DISCHARGE: Stable

ACTIVITY RESTRICTIONS: None

DIET: General

## DISCHARGE MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

| Active Outpatient Medications                                                                                                                                          | Status |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY FOUR HOURS AS NEEDED FOR SHORTNESS OF BREATH (WAIT ONE MINUTE BETWEEN PUFFS)                   | ACTIVE |
| 2) FORMOTEROL FUMARATE 12 MCG INHL CAP INHALE ONE CAPSULE IN INHALER AS DIRECTED TWICE A DAY ; FOR INHALATION ONLY - DO NOT SWALLOW; EXPIRES 4 MONTHS AFTER DISPENSING | ACTIVE |
| 3) LITHIUM CARBONATE 300 MG TAB TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE THREE TABLETS EVERY EVENING TO STABILIZE MOOD AND PREVENT HEADACHE -                  | ACTIVE |

## NOTE 12/13/12 DOSE DECREASE

- |     |                                                                                                                                                                                                                                                            |        |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 4)  | MOMETASONE 220MCG 60 DOSE ORAL INHL INHALE 2 PUFFS<br>AS DIRECTED EVERY EVENING (RINSE MOUTH AFTER USE)                                                                                                                                                    | ACTIVE |
| 5)  | MONTELUKAST NA 10 MG TAB TAKE ONE TABLET BY MOUTH<br>EVERY NIGHT AT BEDTIME TO HELP ASTHMA SYMPTOMS                                                                                                                                                        | ACTIVE |
| 6)  | PREDNISONE 20 MG TAB TAKE THREE TABLETS BY MOUTH<br>EVERY MORNING WITH BREAKFAST                                                                                                                                                                           | ACTIVE |
| 7)  | PRIMIDONE 50 MG TAB TAKE THREE TABLETS BY MOUTH<br>EVERY NIGHT AT BEDTIME TO PREVENT SEIZURES                                                                                                                                                              | ACTIVE |
| 8)  | ROSUVASTATIN CA 40 MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH EVERY DAY TO REDUCE CHOLESTEROL**REPLACES<br>SIMVASTATIN**                                                                                                                                      | ACTIVE |
| 9)  | SILDENAFIL CITRATE 100 MG TAB TAKE ONE-HALF TABLET BY<br>MOUTH EVERY DAY AS NEEDED ONE HOUR BEFORE SEXUAL<br>ACTIVITY. NOT TO EXCEED ONCE PER DAY. * AVOID<br>GRAPEFRUIT PRODUCTS                                                                          | ACTIVE |
| 10) | SUMATRIPTAN 20MG NASAL SPRAY SPRAY 1 SPRAY IN ONE<br>NOSTRIL AS NEEDED AT ONSET OF HEADACHE * MAY<br>REPEAT ONCE, DO NOT EXCEED 2 SPRAYS PER HEADACHE *                                                                                                    | ACTIVE |
| 11) | SUMATRIPTAN 6 MG/0.5 ML INJ KIT INJECT 0.5 ML<br>SUBCUTANEOUSLY AS NEEDED AT ONSET OF MIGRAINE* MAY<br>REPEAT ONCE IN 2 HOURS IF NEEDED * DO NOT EXCEED 2<br>INJECTIONS PER HEADACHE (DO NOT USE NASAL<br>SUMATRIPTAN ON SAME DAYS AS INJECTABLE)          | ACTIVE |
| 12) | SUMATRIPTAN SUCCINATE 6 MG/0.5ML RFL KIT INJECT 0.5<br>ML SUBCUTANEOUSLY AS NEEDED AT ONSET OF MIGRAINE *<br>MAY REPEAT IN 2 HOURS IF NEEDED. DO NOT EXCEED 2<br>DOSES PER HEADACHE. DO NOT USE THE NASAL<br>SUMATRIPTAN ON THE SAME DAY AS THE INJECTABLE | ACTIVE |
| 13) | TIOTROPIUM 18MCG INHL CAP 30 INHALE CONTENTS OF ONE<br>CAPSULE IN INHALER AS DIRECTED EVERY DAY                                                                                                                                                            | ACTIVE |
| 14) | VERAPAMIL HCL 240 MG SA TAB TAKE ONE TABLET BY MOUTH<br>TWICE A DAY FOR CLUSTER HEADACHE PREVENTION * DOSE<br>INCREASE 6/26/2012 *                                                                                                                         | ACTIVE |
| 15) | VITAMIN D3 (CHOLECALCIFEROL) 1000 UNT TB TAKE ONE<br>TABLET BY MOUTH EVERY DAY (VITAMIN D) FOR LOW<br>VITAMIN D LEVELS                                                                                                                                     | ACTIVE |

Active Non-VA Medications

Status

=====

- 1) Non-VA ASPIRIN 81 MG CHEW TAB 162MG BY MOUTH EVERY DAY ACTIVE
- 2) Non-VA TAMSULOSIN HCL 0.4 MG CAP 0.4MG BY MOUTH EVERY DAY ACTIVE

17 Total Medications

DISPOSITION: Home

TYPE OF DISCHARGE (Regular, Against Medical Advice, Irregular, Transfers, Death): Regular

FOLLOW UP: -----CVF - Fut Clinic Visits-----

AUG 29,2013@08:00 HSM S NEURO OZUNA

SEP 19,2013@12:45 GMS S DIAB TELERETINOPATHY

DISCHARGE INSTRUCTIONS AND EDUCATION:

Take Sumatriptan 6mg s.q. PRN severe cluster headache, may repeat dose x1, not

to exceed 12mg in 24/hrs. Follow up in Neurology clinic with Dr. Ozuna.

CODE STATUS: FULL

Did the discharge day management services take >30 minutes? [ X ]Yes  
[ ]No

Discharge day management services include final examination of the patient, discussion of hospital stay, instructions for continuing care to relevant caregivers, preparation of discharge records, and entering prescriptions and referral requests; time does not have to be continuous.

/es/ Joseph D. N. Freeburg, MD

Resident

Signed: 08/25/2013 13:23

/es/ Ali Samii, MD

neurology attending

Cosigned: 08/25/2013 14:34

**NEUROLOGY TELEPHONE CONTACT NOTE****Details****Date entered:** August 13, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** JUDITH M OZUNA**Signed by:** JUDITH M OZUNA**Date signed:** August 13, 2013**Note**

LOCAL TITLE: NEUROLOGY TELEPHONE CONTACT NOTE

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: AUG 13, 2013@10:32      ENTRY DATE: AUG 13,  
2013@10:32:53

AUTHOR: OZUNA, JUDITH M

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Pt. called from California where he's vacationing. Reports nightly HA over past several days until 8/11 when he had 4 in one day. He gets relief from oxygen and Imitrex spray but didn't use Imitrex for 3 of the HAs in the same day because he has only a limited supply. He felt so poorly that he went to a local ER and they did a stroke w/u because he was "mixing" his words. The w/u was neg. and he was given rx for cyproheptadine 4mg tid. He was advised to call me for f/u.

A/P:

Several HAs in one day 8/11 prompting ER visit. Rx'd cyproheptadine there. Also on verapamil and lithium for daily prevention. Will add melatonin 10mg qhs for prevention and pharmacy agreed to allow early fill of Imitrex spray for abortive

therapy. F/U by phone.

/es/ Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology  
Signed: 08/13/2013 10:47

## NURSE TELEHEALTH AFTER HOURS

### Details

**Date entered:** August 11, 2013  
**Location:** SEATTLE VA MEDICAL CENTER  
**Written by:** DARIN MCKINNEY  
**Signed by:** DARIN MCKINNEY  
**Date signed:** August 11, 2013

### Note

LOCAL TITLE: NURSE TELEHEALTH AFTER HOURS  
STANDARD TITLE: NURSING TELEHEALTH NOTE  
DATE OF NOTE: AUG 11, 2013@11:09:45 ENTRY DATE: AUG 11,  
2013@11:23:58  
AUTHOR: MCKINNEY,DARIN EXP COSIGNER:  
URGENCY: STATUS:  
COMPLETED

Call Type: DTN SYMPTOM.  
Facility Appointed PCP: GOLOB,ANNA L (RAINIER 3)  
No Associate Provider Identified

Caller Response: ER-OTHER.

DSHI Disposition Report  
Veteran Name: RONALD C CAMPBELL  
Veteran SSN: 546802701  
Gender: 63 y/o male  
Chief Complaint: Headache  
Duration of Complaint: 1 Months



## RESULTS

System Concern: Subarachnoid Hemorrhage

System Recommendation: Urgent

Nurse Recommendation: Urgent

Recommended Follow-up location: Emergency room, other

Patient agreement: Yes

## NURSE COMMENTS

Vet states that he has had cluster HA's and they are worse now even with his Imitrex and oxygen. Denies head injury, change in level of consciousness, chest pain or dyspnea. Vet does state that he has noticed some change in his speech. Vet advised to urgently seek care to prevent worsening of condition, permanent injury or death. Declines calling ambulance. Vet states that he has private insurance and he will go to the nearest ER for care.

## Positive Responses

+ Temperature: Not taken

+ HPI: difficulty speaking, sudden onset

+ HPI: headache, moderate to severe

## PATIENT EDUCATION

You need to see a doctor now or your condition could worsen.

Consider calling an ambulance.

Veteran advised to seek care urgently and that any delay in care could result in permanent injury, worsening of condition or death.

## ADDITIONAL INFORMATION

Pain level: 10

Redirection survey: I do not know what I would have done

Encounter start: Sun, 11 Aug 2013 18:11:17 +0000 UTC

Encounter duration: 11 minutes 14 seconds

Nurse name: MCKINNEY, DARIN

End DSHI Disposition Report

CAMPBELL, RONALD C is assigned to Caller Area RAINIER.

Patient Phone Number: (206)295-2554

Contact Phone Number: (206)295-2554.

## ADDITIONAL COMMENTS/INFORMATION:

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Starting at: 8/11/2013 @ 11:09:45 AM

Ending at: 8/11/2013 @ 11:23:34 AM

Length: 13 minutes.

Author: MCKINNEY, DARIN

Conversation with CAMPBELL, RONALD C has a chief complaint of: Headache.

Identified problem: Headache.

The following identifiers were used to verify this patient: DOB. SSN.

/es/ DARIN MCKINNEY

RN

Signed: 08/11/2013 11:23

Receipt Acknowledged By:

08/11/2013 20:59 /es/ Anna L. Golob,

MD

PCC Attending

Physician

## NEUROLOGY TELEPHONE CONTACT NOTE

### Details

**Date entered:** August 2, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** JUDITH M OZUNA

**Signed by:** JUDITH M OZUNA

**Date signed:** August 2, 2013

### Note

LOCAL TITLE: NEUROLOGY TELEPHONE CONTACT NOTE

STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: AUG 02, 2013@09:58 ENTRY DATE: AUG 02,

2013@09:58:08

AUTHOR: OZUNA, JUDITH M

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* NEUROLOGY TELEPHONE CONTACT NOTE Has ADDENDA \*\*\*

Pt. called to report return of cluster HAs:

July 3 - one HA, 11pm

July 9 - one HA, 11pm

July 15 - one HA, 11pm

July 27 - one HA

July 28 - one HA

July 29 - 3 in one night

July 30 - one HA

He used oxygen for each HA and HA resolved within 30 min.

He is calling for refills of sumatriptan because his going to Dallas for several days and will not be taking oxygen with him.

A/P:

Recurrence of cluster HAs (last cycle was a year ago).

Pt. agrees to take pulse dose of predisone (60mg/d x 7 days) to abort the current HA cycle. Rx'd sumatriptan injection for abortive therapy since he won't

be taking oxygen with him on his next trip. Continue lithium (TSH and creatinine

okay in June) and verapamil.

/es/ Judith M. Ozuna, ARNP

Nurse Practitioner, Neurology

Signed: 08/02/2013 10:23

08/02/2013 ADDENDUM

STATUS: COMPLETED

Correction: rx sent for sumatriptan nasal spray which he's used before.

Doesn't

want injections since they're difficult to travel with.

/es/ Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology  
Signed: 08/02/2013 11:46

08/06/2013 ADDENDUM STATUS: COMPLETED  
Pt. called back yesterday to remind me that he had an adverse reaction to prednisone last March (see note) - breathing problems and facial swelling - so he's not going to take it. Adverse rxn notation entered into CPRS. He plans to take oxygen on his trip and will use this and sumatriptan to manage HAs for now. If he continues to have HAs on his return will consider admission for IV DHE which helped in the past (see DC summary of 3/30/12).

/es/ Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology  
Signed: 08/06/2013 09:35

## RESPIRATORY THERAPY PROGRESS NOTE

### Details

**Date entered:** July 18, 2013  
**Location:** SEATTLE VA MEDICAL CENTER  
**Written by:** ALICE HANSEN  
**Signed by:** ALICE HANSEN  
**Date signed:** July 18, 2013

### Note

LOCAL TITLE: RESPIRATORY THERAPY PROGRESS NOTE  
STANDARD TITLE: RESPIRATORY THERAPY NOTE  
DATE OF NOTE: JUL 18, 2013@09:46 ENTRY DATE: JUL 18, 2013@09:46:55  
AUTHOR: HANSEN, ALICE EXP COSIGNER:  
URGENCY: STATUS:

COMPLETED

## \*\*\* RESPIRATORY THERAPY PROGRESS NOTE Has ADDENDA \*\*\*

I received notice from our home oxygen vendor that they have not been able to reach patient to schedule routine oxygen equipment check and updated plan of care. I have sent patient the following letter:

7/16/2013

Dear Veteran,

It has been brought to my attention that our home oxygen vendor, Apria has not been

able to contact you to do a concentrator check.

The oxygen contract we have with Apria mandates concentrator checks every 3 months.

Please call Apria at (425) 881 8500 ASAP to schedule an appointment.

Sincerely,

Alice M. Hansen, RRT

/es/ ALICE M HANSEN

RRT

Signed: 07/18/2013 09:47

Receipt Acknowledged By:

07/18/2013 11:48 /es/ Anna L. Golob,  
MD

PCC Attending

Physician

07/18/2013 ADDENDUM

STATUS: COMPLETED

Ellen, can you call pt to check on wellbeing and if he was able to f/u with  
pulm  
rehab, thanks

/es/ Anna L. Golob, MD

PCC Attending Physician

Signed: 07/18/2013 11:49

Receipt Acknowledged By:

07/19/2013 15:09 /es/ Ellen L. Charles, RN, BSN,  
CNOR

Primary Care Clinic Registered

Nurse

07/19/2013 ADDENDUM

STATUS: COMPLETED

Tried to call Vet. No answer. Left message on phone that RN checking in  
to see  
how doing and to call PCC. Number left.

/es/ Ellen L. Charles, RN, BSN, CNOR

Primary Care Clinic Registered Nurse

Signed: 07/19/2013 15:10

## NON-VISIT CONSULT REPORT

### Details

**Date entered:** April 17, 2013**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** LYNN F REINKE**Signed by:** LYNN F REINKE**Date signed:** April 17, 2013**Note**

LOCAL TITLE: NON-VISIT CONSULT REPORT

STANDARD TITLE: E &amp; M NOTE

DATE OF NOTE: APR 17, 2013@10:24      ENTRY DATE: APR 17,  
2013@10:25:03

AUTHOR: REINKE, LYNN F

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Consultative care delivered this visit:

Non-face to face consultative care provided.

## BEGINNING NARRATIVE:

My medical opinion is based upon a review of the medical record  
and information provided to me by the requesting provider.

It does not include a personal examination of the patient.

Patient referred by PCP, Dr. Golob for our Pulmonary Rehab program.

## REASON FOR REQUEST / CHIEF COMPLAINT:

severe COPD, dyspnea, deconditioning

## REVIEW:

Seen and examined by Dr. Golob, stable for exercise

## RECOMMENDATION:

Discussed Pulmonary Rehab with patient. He agrees with participating.

Informed him he will be contacted for an orientation visit. Thank you.

/es/ Lynn F. Reinke, PhD, ARNP

Nurse Practitioner

Signed: 04/17/2013 10:29

Receipt Acknowledged By:

04/30/2013 11:23

/es/ Scott T. Ferris,

MS

Exercise Physiologist, Coordinator, Cardiac

Rehab.

**PRIMARY CARE TELEPHONE CONTACT NOTE****Details****Date entered:** April 15, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** ANNA L GOLOB**Signed by:** ANNA L GOLOB**Date signed:** April 16, 2013**Note**

LOCAL TITLE: PRIMARY CARE TELEPHONE CONTACT NOTE

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: APR 15, 2013@13:06 ENTRY DATE: APR 15,  
2013@13:06:48

AUTHOR: GOLOB, ANNA L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Issues discussed:

#New dx of severe COPD: pt has many questions about this today, discussed  
dx and

natural hx in detail.

--refer for pulmonary rehab now

--plan to repeat PFTs in 6 months after he is further out from radiation  
therapy--says walking limited to less than 200 feet when having exacerbation, asks  
for

parking pass, will give 6 mo pass to be used only during exacerbations

Time spent talking to the veteran during today's phone visit: 15 min

/es/ Anna L. Golob, MD

PCC Attending Physician

Signed: 04/16/2013 13:03



**CORRESPONDENCE-LETTER,SEATTLE****Details****Date entered:** March 17, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** ANNA L GOLOB**Signed by:** ANNA L GOLOB**Date signed:** March 17, 2013**Note**

LOCAL TITLE: CORRESPONDENCE-LETTER,SEATTLE

STANDARD TITLE: LETTERS

DATE OF NOTE: MAR 17, 2013@20:24      ENTRY DATE: MAR 17,  
2013@20:24:07

AUTHOR: GOLOB, ANNA L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* CORRESPONDENCE-LETTER,SEATTLE Has ADDENDA \*\*\*

DEPARTMENT OF VETERANS AFFAIRS  
VA Puget Sound Health Care System  
Seattle Division  
1660 South Columbian Way  
Seattle, WA 98108-1597  
MAR 17, 2013

RONALD C CAMPBELL  
4649 NE 203RD COURT  
SEATTLE,WA 98155

Dear RONALD C CAMPBELL,

I am writing to let you know the following results for tests you had performed recently at the Seattle VA.

Your urine protein screen was normal. We will repeat this test yearly.

Pulmonary Function Tests:

SUMMARY/IMPRESSION: Severe airflow obstruction with no improvement after inhaled bronchodilators. Mild reduction in diffusing capacity.

Comments:

Your lung function tests showed "severe" airflow obstruction, most likely due to asthma or COPD (emphysema). The obstruction did not seem to improve with bronchodilators, which is more compatible with COPD.

I would like you to add another inhaler to your regimen to see if it improves your symptoms. This inhaler is called "tiotropium" and is to be used every day regardless of symptoms (it is a "controller" medicine, not a "rescue" medicine). I will have this mailed to you.

If you have any questions or concerns, please do not hesitate to call the primary care clinic at 206-277-4700 and ask for the Rainier team/Dr. Golob's nurse.

If you would like to schedule an appointment, please call either the PCC Scheduling line 206-277-4700 or Centralized Scheduling: 253-583-1234/206-277-

4200.

Sincerely,

Anna L. Golob, MD  
PCC Attending Physician

03/17/2013 ADDENDUM

STATUS: COMPLETED

Your vitamin D level is 32, which is within the goal range. I recommend you continue to take the daily supplement as prescribed.

/es/ Anna L. Golob, MD  
PCC Attending Physician  
Signed: 03/17/2013 20:40

CAMPBELL, RONALD CLARK

## RESPIRATORY THERAPY PROGRESS NOTE

### Details

**Date entered:** February 25, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** ALICE HANSEN

**Signed by:** ALICE HANSEN

**Date signed:** February 25, 2013

### Note

LOCAL TITLE: RESPIRATORY THERAPY PROGRESS NOTE  
STANDARD TITLE: RESPIRATORY THERAPY NOTE

DATE OF NOTE: FEB 25, 2013@14:29      ENTRY DATE: FEB 25,  
2013@14:29:32  
AUTHOR: HANSEN, ALICE      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

## HOME OXYGEN SURVEY HOME VISIT NOTE

Patient called me last week complaining about the service he was receiving from Apria, so I scheduled a home visit with him to survey him regarding customer service from Apria.

I found this patient in his clean home. He was not on the oxygen, as he was not experiencing a cluster headache. He uses 6-10 LPM via face mask prn cluster headaches.

Patient is complaining about the way that Apria dispatch functions in relation to scheduling and accomplishing concentrator checks. Patient said the first time it was scheduled, he waited around all day, and no one showed up or called. The next time, He was scheduled for 1PM, and when he was tired of waiting and called Apria, he was told it may take as long as until 7PM. The driver showed up at 8:30 PM. Patient said the driver was really nice and that he faults dispatch, as they should have called him so he was informed the driver was delayed.

Patient rates his satisfaction with Apria a 1 on a scale from 1-5. He would not recommend them to other Veterans who need Oxygen and stated he is not satisfied with service rendered from Apria. His NO SOMOKIN, Oxygen in use sign is faded,

and he has asked for it to be replaced for some time. It has yet to be replaced.

When asked the survey questions, Patient recalls receiving information on infection control, was advised on the hazards of changing his liter flow without a doctor order, safe storage of oxygen tanks, reviewing a fire safety plan, educated on the hazards of using oxygen near an open flame or smoking and fall prevention. The Apria staff checked for a working smoke detector and fire extinguisher. Patient was reminder to change the battery yearly, but not to check it monthly. Patient does not recall discussing an Emergency Preparedness plan.

In conclusion, patient is using his oxygen safely and as ordered. I will speak with Apria supervisory personnel about this patient's concerns.

/es/ ALICE M HANSEN

RRT

Signed: 02/25/2013 14:48

Receipt Acknowledged By:

02/26/2013 21:22 /es/ Anna L. Golob,  
MD

PCC Attending

Physician

## CORRESPONDENCE-LETTER,SEATTLE

### Details

**Date entered:** February 8, 2013

**Location:** SEATTLE VA MEDICAL CENTER

**Written by:** ANNA L GOLOB

**Signed by:** ANNA L GOLOB

**Date signed:** February 8, 2013

**Note**

LOCAL TITLE: CORRESPONDENCE-LETTER, SEATTLE  
STANDARD TITLE: LETTERS  
DATE OF NOTE: FEB 08, 2013@14:01      ENTRY DATE: FEB 08,  
2013@14:02:11  
AUTHOR: GOLOB, ANNA L      EXP COSIGNER:  
URGENCY:      STATUS:  
COMPLETED

\*\*\* CORRESPONDENCE-LETTER, SEATTLE Has ADDENDA \*\*\*

DEPARTMENT OF VETERANS AFFAIRS  
VA Puget Sound Health Care System  
Seattle Division  
1660 South Columbian Way  
Seattle, WA 98108-1597  
FEB 08, 2013

RONALD C CAMPBELL  
4649 NE 203RD COURT  
SEATTLE, WA 98155

Dear RONALD C CAMPBELL,  
I am writing to let you know the following results for tests you had  
performed  
recently at the Seattle VA.

## Blood counts:

| Test Name | Result | Units  | Range       |
|-----------|--------|--------|-------------|
| WBC       | 9.0    | K/uL   | 4.3 - 10.0  |
| RBC       | 4.88   | Mil/uL | 4.40 - 5.60 |
| HGB       | 15.5   | g/dL   | 13.0 - 18.0 |
| HCT       | 46.2   | %      | 38.0 - 50.0 |
| MCV       | 94.6   | fL     | 81.0 - 98.0 |
| MCH       | 31.7   | pg     | 27.3 - 33.6 |
| MCHC      | 33.5   | g/dL   | 32.3 - 35.7 |
| RDW       | 13.6   | %      | 11.5 - 14.5 |
| PLT       | 218    | K/uL   | 150 - 400   |
| MPV       | 7.6    | fL     | 7.4 - 10.4  |

## Electrolytes and kidney function:

| Test Name     | Result | Units | Range       |
|---------------|--------|-------|-------------|
| GLUCOSE       | 73     | mg/dL | 70 - 105    |
| UREA NITROGEN | 17     | mg/dL | 6 - 20      |
| CREATININE    | 0.97   | mg/dL | 0.50 - 1.20 |
| SODIUM        | 139    | mEq/L | 133 - 145   |
| POTASSIUM     | 4.2    | mEq/L | 3.3 - 5.1   |
| CHLORIDE      | 101    | mEq/L | 96 - 108    |
| CO2           | 30.0 H | mEq/L | 22 - 29     |

## Diabetes tests:

| Test Name      | Result | Units | Range     |
|----------------|--------|-------|-----------|
| HEMOGLOBIN A1c | 6.4    | %     | 4.4 - 6.4 |

## Thyroid tests:

|     |      |        |             |
|-----|------|--------|-------------|
| TSH | 3.73 | uIU/mL | 0.27 - 4.20 |
|-----|------|--------|-------------|

## Other tests:

| Test Name   | Result | Units | Range   |
|-------------|--------|-------|---------|
| BNP, NT-PRO | 66     | pg/mL | 0 - 125 |

## Chest xray:

## Impression:

There is attenuation of upper lobe pulmonary vasculature, which would be compatible with obstructive lung disease. Heart size,

hilar and mediastinal structures are normal. Lungs are clear.

Comments:

Your bloodwork looks pretty good. The blood counts, electrolytes, thyroid, and kidney function are all ok. The heart failure screening test, BNP, was normal.

Your A1C has increased from 5.9 over the summer to 6.4. I still recommend control with diet alone, no need for a diabetes medicine at this time.

Your chest xray showed no changes other than what would be expected with your asthma history.

The vitamin D level is not back yet; I will send you the results when they are available.

If you have any questions or concerns, please do not hesitate to call the primary care clinic at 206-277-4700 and ask for the Rainier team/Dr. Golob's nurse.

If you would like to schedule an appointment, please call either the PCC Scheduling line 206-277-4700 or Centralized Scheduling: 253-583-1234/206-277-4200.

Sincerely,

Anna L. Golob, MD  
PCC Attending Physician



02/08/2013 ADDENDUM

STATUS: COMPLETED

Called pt this afternoon to relay above results.

/es/ Anna L. Golob, MD

PCC Attending Physician

Signed: 02/08/2013 14:12

CAMPBELL, RONALD CLARK

## PRIMARY CARE PROGRESS NOTE

### Details

**Date entered:** February 4, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** ANNA L GOLOB**Signed by:** ANNA L GOLOB**Date signed:** February 4, 2013

### Note

LOCAL TITLE: PRIMARY CARE PROGRESS NOTE

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: FEB 04, 2013@12:49 ENTRY DATE: FEB 04,  
2013@12:49:31

AUTHOR: GOLOB, ANNA L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

\*\*\* PRIMARY CARE PROGRESS NOTE Has ADDENDA \*\*\*

Routine follow-up visit in Primary Care

Dtr is an RN. From the Bay area originally.

CHIEF COMPLAINT(s)/History Present Illness addressed today:

#Dyspnea: pt had called in late Dec endorsing DOE. Was concerned that it  
might

be a Vit D side effect. Ended up having suprathreshold lithium levels; dose was decreased. DOE has actually improved since his lithium dose was decreased. Says he does fine walking flat or with other mild exertion (is able to walk on the treadmill) but gets very SOB with heavy exertion such as climbing stairs carrying groceries. Had a normal nuc med stress test in 2009. Denies CP, palpitations, LE edema, bleeding. Is undergoing ext beam rad for Pros ca but says DOE predates this. Adherent to rx'd asthma meds

#Cluster headaches: started 2010. Used to treat with O2. Taking lithium and verapamil, helpful in preventing. Did have mild lithium toxicity earlier this year that may have been causing his tremors and possibly exacerbating DOE. Li dose decreased. Pt still taking primidone (unclear that he still needs this IF it is thought tremors were d/t lithium). Pt would be interested in a trial off primidone if advisable

#Prostate Cancer: dx'd 2009; original Gleason 6/10 (3+3)-->upgraded to 9/10 per recent SCCA consult. Had prostatectomy 2010 at Virginia Mason with +1 margin. Is currently undergoing external beam radiation with Dr. Takamiya at Swedish for biochemical recurrence. Is more than half way through ext beam rad treatment; is feeling quite tired.

# Diabetes-Type 2: diet controlled. A1c 5.9 in 7/2012

#Hypertension: goal BP: < 135/85. At home BPs 130s/80s.

#Hyperlipidemia: on rosuvastatin. ldl 81

## EXAM:

## VITALS: VITALS:

Temp: 96.9 F [36.1 C] (02/04/2013 15:04)

Pulse: 55 (02/04/2013 15:04)

Resp: 18 (02/04/2013 15:04)

BP: 157/85 (02/04/2013 15:04)

Height: 69 in [175.3 cm] (08/29/2012 14:48)

Weight: 222.6 lb [101.2 kg] (02/04/2013 15:04)

Pain: 2 (02/04/2013 15:04)

Repeat BP 140/80

General: pleasant overweight adult man, NAD

Chest: lungs CTAB

Cardiovascular: RRR, no m/r/g

Extremities: warm, well perfused, no LE edema

## ASSESSMENT/PLAN (Discussed with patient):

## #Dyspnea:

--ddx includes Li toxicity (levels now back in goal range) worsening asthma,

pulm edema, pulm fibrosis, anginal equivalent, anemia, or deconditioning.

--workup today to include CBC, Chem 7, BNP, CXR and PFTs

#Cluster headaches: improved on maintenance Li + verapamil. Pt still taking

primidone (unclear that he still needs this IF it is thought tremors were d/t

lithium). Pt would be interested in a trial off primidone if advisable

--I will cc ARNP Ozuna about stopping primidone

#Prostate Cancer: dx'd 2009; original Gleason 6/10 (3+3)--&gt;upgraded to 9/10 per

recent SCCA consult. Had prostatectomy 2010 at

Virginia Mason with +1 margin. Is currently undergoing external beam radiation

with Dr. Takamiya at Swedish for biochemical recurrence. Is more than half way

through ext beam rad treatment; is feeling quite tired.

--defer to SCCA/rad onc

# Diabetes-Type 2: diet controlled. A1c 5.9 in 7/2012

--Rx regimen changes today: continue diet therapy

--HbA1c (q3 mos) [ ] A1C today

--LDL (yearly) LDL 81 in 12/2012

--Blood pressure: (qvisit) slightly above goal, on verapamil (for HTN and HA px)

--Ophtho screening exam (yearly) UTD

--Microalb/creatinine ratio (yearly) UTD

--Foot check (qyear) UTD

#Hypertension: goal BP: < 135/85. At home BPs 130s/80s.

--continue verapamil (may need to add 2nd agent as BP at times is borderline)

#Hyperlipidemia: on rosuva. ldl 81,

--continue rosuvastatin

#### Health Care Maintenance

10 yr CVD risk: elevated (DM)

Aspirin: taking

Smoking status: quit 1998

| Lipids: DATE  | CHO | TRI   | HDL | LDL |
|---------------|-----|-------|-----|-----|
| 12/3/12 09:59 | 173 | 205 H | 51  | 81  |

Blood Pressure: see above

AAA screen: due at 65

Colon Cancer screen: Colon polyps- Colonoscopy next due around Aug 4, 2014.

Hep C screen: 04/25/2000 17:03 SERUM HepC Ab NEG

Vaccines: [ ] discuss Zoster (>60) next visit (unclear that prostate ca status

affects eligibility, will investigate).

RETURN TO CLINIC: 12 months or sooner PRN

Face to face time: 25 minutes Counseling/coordinating time > 50%: Yes  
regarding topics of/or  
coordination with .

#### MEDICATION RECONCILIATION:

Full Reconciliation, No Discrepancies:

The medication list was reviewed with the patient (or the patient's representative) at today's visit. Chronic medication orders, including any additions or discontinuations, have been updated as appropriate. The patient has been given an updated medication list. The importance of managing medication information was explained to the patient. No discrepancies were noted.

---

#### Supplemental Information

\*Medication list as of today (reviewed with patient):

#### Outpatient Medications

=====

Albuterol 90mcg (cfc-f) 200d Oral Inhl. Inhale 2 puffs by mouth every four hours as needed for shortness of breath (wait one minute between puffs)

Formoterol Fumarate 12 Mcg Inhl Cap. Inhale one capsule in inhaler as directed twice a day ; for inhalation only - do not swallow; expires 4 months after dispensing

Lithium Carbonate 300 Mg Tab. Take two tablets by mouth every morning and take three tablets every evening to stabilize mood and prevent headache - note 12/13/12 dose

Mometasone 220mcg 60 Dose Oral Inhl. Inhale 2 puffs as directed every evening (rinse mouth after use)

Montelukast Na 10 Mg Tab. Take one tablet by mouth every night at bedtime to help asthma symptoms

Primidone 50 Mg Tab. Take three tablets by mouth every night at bedtime to prevent seizures

Rosuvastatin Ca 40 Mg Tab. Take one-half tablet by mouth every day to reduce cholesterol\*\*replaces simvastatin\*\*

Sildenafil Citrate 100 Mg Tab. Take one-half tablet by mouth every

day as needed one hour before sexual activity. not to exceed once per day. \* avoid grapefruit

Verapamil Hcl 240 Mg Sa Tab. Take one tablet by mouth twice a day for cluster headache prevention \* dose increase 6/26/2012 \*

Vitamin D3 (cholecalciferol) 1000 Unt Tb. Take one tablet by mouth every day (vitamin d) for low vitamin d levels

No Pending/Held Medications Found

#### Non-VA Medications

=====

Aspirin 81 Mg Chew Tab. 162mg by mouth every day

| Expired Outpatient Meds. (within past 180 Days): | Start | Stop |
|--------------------------------------------------|-------|------|
|--------------------------------------------------|-------|------|

|       |       |  |
|-------|-------|--|
| ===== | ===== |  |
|-------|-------|--|

=====

|                                                   |            |  |
|---------------------------------------------------|------------|--|
| Albuterol So4 0.083% Inh1 3ml. Inhale contents of | 11/21/2011 |  |
| 11/21/2012                                        |            |  |

one vial by nebulier every four hours as needed to relieve wheezing or shortness of breath

|                                                  |            |  |
|--------------------------------------------------|------------|--|
| Dm 10/guaifenesn 100mg/5ml (alc-f/sf)syr. Take 2 | 11/21/2011 |  |
| 11/21/2012                                       |            |  |

teaspoons (=10 mls) by mouth every four hours as needed to relieve cough \* take with plenty of water \*

|                                                |            |  |
|------------------------------------------------|------------|--|
| Sumatriptan 20mg Nasal Spray. Spray 1 spray in | 08/29/2011 |  |
| 08/29/2012                                     |            |  |

one nostril as needed to relieve migraine headache, if headache returns may repeat dose after 2 hours, maximum 40mg (2

No Active Remote Medications for this patient

ALLERGIES/ADVERSE REACTIONS LISTED IN CPRS: PENICILLIN, PROPRANOLOL

PROBLEM LIST/PMHx:

## ACTIVE PROBLEMS:

1. Essential and other specified forms of tremor (ICD-9-CM 333.1)
2. Diabetes Mellitus without mention of Complication, type II or unspecified type, , Onset 00/00/11
3. Carcinoma, Basal Cell
4. Impaired Fasting Glucose (ICD-9-CM 790.21)
5. Prostate Cancer (ICD-9-CM 185.)  
gleason 6/10 (3+3) dx 2/2010, followed by outside urologist
6. Obesity \* (ICD-9-CM 278.00)
7. Low Back Pain (Lumbago)
8. Episodic Cluster Headache
9. Osteoarthritis \* (ICD-9-CM 715.90)
10. Hematochezia \* (ICD-9-CM 578.1)
11. Hypertension
12. Hyperlipidemia \* (ICD-9-CM 272.4)
13. Asthma, unspecified (ICD-9-CM 493.90)

## \*LABS REVIEWED:

|            |     |     |      |      |      |      |      |
|------------|-----|-----|------|------|------|------|------|
| CBC PANEL: | WBC | RBC | HGB  | HCT  | MCV  | MCH  | MCHC |
| 03/28/2012 | 7.2 | 4.7 | 14.9 | 44.6 | 95.3 | 32.0 | 33.5 |

CHEM 7: Dec 03, 2012@09:59:25

|                 |      |
|-----------------|------|
| SODIUM          | 138  |
| POTASSIUM       | 4.6  |
| CHLORIDE        | 102  |
| CO2             | 26   |
| CREATININE      | 0.97 |
| BUN             | 9    |
| GLUCOSE         | 125  |
| CREATININE EGFR | 78   |

|                         |               |     |
|-------------------------|---------------|-----|
| HEMOGLOBIN A1c, INTEGRA | 7/16/12 12:25 | 5.9 |
|-------------------------|---------------|-----|

## LIPID PANEL:

| Collection DT    | Spec  | CHOL | TRIG  | HDLCHOL | LDLcalc | LDL Dir |
|------------------|-------|------|-------|---------|---------|---------|
| 12/03/2012 09:59 | SERUM | 173  | 205 H | 51      | 81      |         |
| 07/16/2012 12:25 | SERUM | 165  | 105   | 46      |         | 101     |

12/27/2011 07:21 SERUM 183 121 50 109

## LFT PANEL

|                  |        |            |
|------------------|--------|------------|
| SGOT             | 21 U/L | 12/03/2012 |
| SGPT             | 29 U/L | 12/03/2012 |
| ALK PHOS         | ----   |            |
| TBILI            | ----   |            |
| BILIRUBEN DIRECT | ----   |            |
| ALBUMIN          | ----   |            |

## Last 4 PSA:

| DATE       | RESULT | UNITS | NORMAL  | SAMPLE |
|------------|--------|-------|---------|--------|
| 10/18/2012 | 0.2    | ng/ml | 0 - 4.0 | SERUM  |
| 7/11/2012  | 0.2    | ng/ml | 0 - 4.0 | SERUM  |
| 6/25/2012  | 0.2    | ng/ml | 0 - 4.0 | SERUM  |
| 12/27/2011 | <0.1   | ng/ml | 0 - 4.0 | SERUM  |

TSH RESULTS: 3.87 uIU/mL (12/03/2012 09:59)

## Clinical Reminders Activity:

POS PTSD F/U: Provider or MH only:

VHA Pocket Card Suicide Risk Questions:

Are you feeling hopeless about the present or future? NO

Have you had thoughts about taking your life? NO

Have you ever had a suicide attempt? NO

## PROVIDER EVALUATION:

The results of the PTSD screen have been reviewed. I have evaluated the patient including inquiry about feelings of hopelessness, suicidal thoughts, suicide plan if thoughts are present, and prior suicide attempts. Based on the evaluation, the following disposition plan will be implemented:

No mental health condition requiring further intervention.

DM OR HTN &gt;140/90:

Repeat BP:

140/80

Herpes Zoster (Shingles) vaccine:

Zoster (shingles) vaccination deferred: patient is receiving radiation or immunosuppressive therapy



/es/ Anna L. Golob, MD  
PCC Attending Physician  
Signed: 02/04/2013 20:37

02/04/2013 ADDENDUM STATUS: COMPLETED  
Pt queries if he can stop primidone; per the notes this appears to have been started to treat presumed Li-induced tremor. Can he taper this down and/or d/c?  
Says he'd be willing to restart if tremor recurred.

/es/ Anna L. Golob, MD  
PCC Attending Physician  
Signed: 02/04/2013 20:38

Receipt Acknowledged By:  
02/05/2013 09:52 /es/ Judith M. Ozuna,  
ARNP  
Nurse Practitioner,  
Neurology

02/05/2013 ADDENDUM STATUS: COMPLETED  
Discussed primidone with pt. today. He prefers to stay on it for now, until he completes XRT. He knows he can taper off it anytime he feels ready.

/es/ Judith M. Ozuna, ARNP  
Nurse Practitioner, Neurology  
Signed: 02/05/2013 09:55

Receipt Acknowledged By:  
02/05/2013 21:33 /es/ Anna L. Golob,  
MD  
PCC Attending  
Physician

03/26/2013 ADDENDUM STATUS: COMPLETED  
Received call from Vet today. Was given Flomax by his outside oncologist for

urinary frequency s/p radiation tx for prostate cancer. This is a new medication for him. He is letting you know about new med. You recently prescribed "tiotropium". Is it OK for him to start taking this medication?

Informed Vet that I would forward this note to Dr. Golob and call him back with her information.

Vet agrees with plan. Vet give permission to leave message on phone.

/es/ Ellen L. Charles, RN  
Primary Care Clinic Registered Nurse  
Signed: 03/26/2013 13:48

Receipt Acknowledged By:

03/26/2013 14:52                   /es/ Anna L. Golob,  
MD

PCC Attending

Physician

03/26/2013 ADDENDUM

STATUS: COMPLETED

I will make a note of the flomax in our records. We can prescribe this here if he would like the VA pharmacy to dispense it.

Make sure he knows not to take the sildenafil with the flomax or he could have significant hypotension.

I do want him to start the tiotropium for his obstructive lung disease diagnosed on the lung function tests he recently had. DID he get the letter I sent him dated 3/17/13?

/es/ Anna L. Golob, MD  
PCC Attending Physician  
Signed: 03/26/2013 14:58

Receipt Acknowledged By:

03/26/2013 16:28                /es/ Ellen L. Charles,  
RN

Primary Care Clinic Registered

Nurse

03/26/2013 ADDENDUM                                STATUS: COMPLETED

Call placed to Vet at (425)226-8428. Above addendum information given to him.

Vet did receive the 3/17 letter sent to him.

He agrees to plan. He will call PCC for any questions or concerns.

/es/ Ellen L. Charles, RN  
Primary Care Clinic Registered Nurse  
Signed: 03/26/2013 16:31

Receipt Acknowledged By:

03/28/2013 08:39                /es/ Anna L. Golob,  
MD

PCC Attending

Physician

03/28/2013 ADDENDUM                                STATUS: COMPLETED

Vet called today. He has many questions regarding the diagnosis of COPD. Wishes to discuss with his PCP. ?further treatment, quality of life, who is

best to manage it-PCP, pulmonologist? exercises to help, etc.

He is picking up his pulmonary function tests today. He wants to study it and

get all of his questions in order to ask.

Gave Vet a 4/15 tele appt.

Vet was happy with this plan.

/es/ Ellen L. Charles, RN  
Primary Care Clinic Registered Nurse  
Signed: 03/28/2013 13:41

Receipt Acknowledged By:

03/28/2013 16:10                /es/ Anna L. Golob,  
MD

PCC Attending

Physician

03/28/2013 ADDENDUM

STATUS: COMPLETED

COPD Booklet handout and a 4 page COPD handout mailed to Vet today for further information.

/es/ Ellen L. Charles, RN

Primary Care Clinic Registered Nurse

Signed: 03/28/2013 13:43

## OUTSIDE RECORD REVIEW NOTE

### Details

**Date entered:** January 9, 2013**Location:** SEATTLE VA MEDICAL CENTER**Written by:** ANNA L GOLOB**Signed by:** ANNA L GOLOB**Date signed:** January 9, 2013

### Note

LOCAL TITLE: OUTSIDE RECORD REVIEW NOTE

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: JAN 09, 2013@11:04 ENTRY DATE: JAN 09,  
2013@11:04:59

AUTHOR: GOLOB, ANNA L

EXP COSIGNER:

URGENCY:

STATUS:

COMPLETED

Received records from Swedish Radiation Oncology Dr. Robert Takamiya from visit 12/19/12.

A/P: Pt with rising PSA 2.5 yrs s/p prostatectomy thought to represent localized recurrence.

--Plan to treat pt with prostate radiation for an 8 wk course

/es/ Anna L. Golob, MD

PCC Attending Physician

Signed: 01/09/2013 11:06

---

# My HealtheVet account summary

**Source:** VA

**Authentication status:** Authenticated

**Authentication date:** September 15, 2015

**Authentication facility name:** No CA Healthcare Sys-Martinez

**Authentication facility ID:** 78

## VA treatment facilities

### No CA Healthcare Sys-Martinez

**Type:** Treatment

### Walla Walla WA VAMC

**Type:** Treatment

### VA Sierra Nevada Hlthcare Sys

**Type:** Treatment

### San Francisco CA VAMC

**Type:** Treatment

### PUGET SOUND HCS

**Type:** Treatment

### VA Palo Alto Health Care Sys

**Type:** Treatment