

Interprofessional Case Study 001

Name: Harry Potter

Gender: Male

Age: 78

Race: Caucasian

Allergies: codeine (causes itching), ht 172 cm, wt 94 kg

PMH: CAD (coronary artery disease), HTN (hypertension), hyperlipidemia, GERD (gastroesophageal reflux disease), OA (osteoarthritis), migraines, anxiety, severe TMJ (temporomandibular joint disease)

Social History: Married and retired from the national guard. Non-smoker and does not use alcohol. He lives with his wife in a 2 story home. He enjoys gardening and playing bridge with friends at the local VFW. Mr. Potter avoids medication and is motivated to get back to his life. He has Medicare but obtains most of his medications during his outpatient visits at the VA clinic.

Medications: aspirin 81 mg daily, Toprol XL 50 mg daily, Lipitor 10 mg daily, ibuprofen prn TMJ pain

Several months ago, Mr. Potter was planning on undergoing oral surgery for TMJ and was asked for medical clearance for this procedure. The EKG at this office visit showed some mild T wave changes and after a positive stress test, he underwent a diagnostic cardiac cath. During this cath he received angioplasty with stent placement to the proximal LAD (left anterior descending artery). The patient also had 50% mid RCA (right coronary artery) stenosis that was not treated. He was discharged a month ago but re-admitted last night after he became acutely dyspneic. He now presents to the ER with c/o chest pain and problems breathing. The chest pain is associated with dizziness and lightheadedness. Upon admit the patient had some hypotensive pressures, SBP in the 80's-90's that improved with fluid bolus. He also has some edema in the lower extremities. Patient underwent cardiac cath to reveal a restenotic lesion in the LAD not amenable to PTCL (stenting). Patient underwent CABG (coronary artery bypass grafting surgery) x 1 on day 3. On day 5 the patient experienced post-operative atrial fibrillation that spontaneously converted to NSR (normal sinus rhythm).