

Name: Patricia T. McMullen | DOB: 11/23/1936 | MRN: 0002222982 | PCP: Marie B Sandoval, MD

# Appointment Details

**Visit Summary**    Notes

## After Visit Summary

Most Recent After Visit Summary



**UVM Medical Center Adult Primary Care - South Burlington**  
 Primary Care Internal Medicine  
 1 Timberlane  
 So Burlington VT 05403  
 Phone: 802-847-4714  
 Fax: 802-847-6333

### Patricia T McMullen

7/12/2017 11:00 Office Visit  
 MRN: 0002222982

Description: **Female** DOB: 11/23/1936  
 Provider: **Sandoval, Marie B, MD**

## After Visit Summary

**Your To Do List - Orders for Laboratory testing are valid 30 days before the COMPLETE BY date and up to 90 days after. If you present outside of that window we will call your clinician to confirm the testing is still medically necessary.**

Future Appointments			
Future Appointments	Provider	Department	Dept Phone
8/23/2017 14:00	Ressler, Alexis B, APRN	UVM Medical Center Memory Program - Medical Office Building	802-847-1111
10/11/2017 11:30	Sandoval, Marie B, MD	UVM Medical Center Adult Primary Care - South Burlington	802-847-4714
12/21/2017 13:30	Pacemaker, Provider 1	UVM Medical Center Cardiology - Tilley	802-847-4600
Future Orders			Please Complete By
COMPREHENSIVE METABOLIC PANEL (CMP) [LAB17 Custom]			7/12/2017 (Approximate)

Scheduling Instructions:

### Blood Test and Fasting

How long do I have to fast for before a blood test?

- If a fasting blood test is ordered, you should not have anything to eat or drink (except water) for at least eight hours. This usually involves an overnight fast.

- You should continue to take any prescription medications, unless your physician directed you not to take them.

- Smoking and exercise may affect your results as well, so you should refrain from these activities as much as possible during this time.

If you have any concerns about refraining from food for this period of time, talk to your physician.

<b>HEMAGRAM AND DIFFERENTIAL [LAB293 Custom]</b>	7/12/2017 (Approximate)
<b>THIAMIN (VITAMIN B1), WB [LAB2435 Custom]</b>	7/12/2017 (Approximate)

#### Scheduling Instructions:

### Blood Test and Fasting

How long do I have to fast for before a blood test?

- If a fasting blood test is ordered, you should not have anything to eat or drink (except water) for at least eight hours. This usually involves an overnight fast.

- You should continue to take any prescription medications, unless your physician directed you not to take them.

- Smoking and exercise may affect your results as well, so you should refrain from these activities as much as possible during this time.

If you have any concerns about refraining from food for this period of time, talk to your physician.

#### Comments:

Patient should be fasting. Non-fasting states can increase thiamin levels.

Protect from light. Freeze specimen immediately. Send 3 mL whole blood frozen in amber vial.

<b>THYROID CASCADE [LAB2103 Custom]</b>	7/12/2017 (Approximate)
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#### Follow-Up

**Return in about 3 months (around 10/12/2017) for F30, MCI, HEART- Tues.**

### Today's Medication Changes

#### Notice

As of 7/12/2017 11:52

No changes were made to your prescriptions during this visit.

### Your Updated Medication List

**This list is accurate as of: 7/12/17 11:52.** Always use your most recent med list.

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**acetaminophen 500 mg tablet**

Commonly known as: TYLENOL

Take 1,000 mg by mouth 2 times daily as needed.

Dose: 1000 mg

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**atenolol 100 mg tablet**

Commonly known as: TENORMIN

Take 1 Tab by mouth daily.

Dose: 100 mg

Signed by: Sandoval, Marie B

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**donepezil 10 mg tablet**

Commonly known as: ARICEPT

Take 1 Tab by mouth at bedtime.

Dose: 10 mg

Signed by: Sandoval, Marie B

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**furosemide 20 mg tablet**

Commonly known as: LASIX

For diagnoses: Localized edema, Chronic systolic congestive heart failure

Take 2 Tabs by mouth daily.

Dose: 40 mg

Signed by: Sandoval, Marie B

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**lovastatin 20 mg tablet**

Commonly known as: MEVACOR

Take 1 Tab by mouth every morning.

Dose: 20 mg

Signed by: Sandoval, Marie B

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**mirtazapine 30 mg tablet**

Commonly known as: REMERON

TAKE ONE TABLET BY MOUTH AT BEDTIME

Signed by: Sandoval, Marie B

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**rivaroxaban 15 mg tablet tablet**

Commonly known as: XARELTO

Take 1 Tab by mouth daily with dinner.

Dose: 15 mg

Signed by: Sandoval, Marie B

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**sertraline 25 mg tablet**

Commonly known as: ZOLOFT

Take 1 Tab by mouth every morning.

Dose: 25 mg

Signed by: Sandoval, Marie B

**thiamine 100 mg tablet**

Commonly known as: VITAMIN B1

For diagnoses: Alcohol abuse, daily use

Take 1 Tab by mouth daily.

Dose: 100 mg

Signed by: Sandoval, Marie B

\* Please contact your UVM Medical Center provider if this medication list does not correctly reflect the medications you are taking.

**Problem List**

Active Problems

**Acute on chronic systolic heart failure**

**Alzheimer disease**

**Atrial fibrillation with rapid ventricular response**

**Basal cell carcinoma of upper back**

**Hypertensive disorder**

**Left inguinal hernia**

**Left shoulder pain**

**Nocturnal hypoxia**

**Osteoarthritis of knee**

**Other lymphedema**

**Patient forgets to take medication**

**Psoriasis**

**Pure hypercholesterolemia**

**Reactive depression (situational)**

**Sleep apnea**

**Tachycardia induced cardiomyopathy**

**Allergies**

**Flagyl [Metronidazole]**

Nausea And Vomiting

**Hydrocodone**

Please do not prescribe- concerned as patient was losing these or they were being taken from her.

**Penicillins**

Hives

**Immunization History**

**Name**

**Date**

**FLUZONE/FLUARIX QUAD** 10/5/2016, 11/9/2015, 10/13/2014  
**>= 3 YRS**

**INFLUENZA (SPLIT)** 11/1/2006

**INFLUENZA (WHOLE)** 10/2/2013

**Influenza Vaccine =>3yo** 10/15/2011

**Split IM**

<b>Influenza Vaccine =&gt;3yo Split Preservative Free IM</b>	12/10/2012, 11/8/2010
<b>PNEUMOCOCCAL POLYSACCHARIDE</b>	1/1/2003
<b>PPD TEST</b>	2/4/2015
<b>Pneumococcal Conj Vacc PCV13 IM</b>	8/12/2015
<b>Shingles (Herpes Zoster) SQ</b>	12/12/2013

**Reason for Visit**

<b>Heart Problem</b>	F/U. ? BHS. Here with Rookie.
<b>Cognitive Decline</b>	F/U

**Vital Signs**

Blood Pressure	Pulse	Temperature	Respiration	Weight	Last Menstrual Period
144/84	72	37 °C (98.6 °F) (Tympanic)	20	83.9 kg (185 lb)	(LMP Unknown)
<b>Body Mass Index</b>	<b>Smoking Status</b>				
28.5 kg/m2	Former Smoker				

**My Health and Wellness Goals: The following goals were discussed and agreed upon within your medical home.**

- Blood Pressure < 140/90**
- LDL < 130**
- LDL < 130**

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Get secure, electronic access to your and your family's medical records, billing and insurance information. With MyHealth Online you can send messages to your doctor's office, view your test results, request a prescription renewal, request appointments, view notes from most office visits, pay bills and more.

**Basic Information**

Race	Ethnicity	Preferred Language
White	Non-Hispanic or Latino or Spanish Origin	English

**Questions?**

If you have any questions about your visit summary or about your care in general, please call our department at 802-847-4714. Please share this After Visit Summary with your healthcare provider at your next medical appointment.

**Follow-up Instructions**

Return in about 3 months (around 10/12/2017) for F30, MCI, HEART- Tues.

**To Do List**

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<b>Around July 12, 2017</b>	<b>Lab:</b> COMPREHENSIVE METABOLIC PANEL (CMP)
<b>Around July 12, 2017</b>	<b>Lab:</b> HEMAGRAM AND DIFFERENTIAL
<b>Around July 12, 2017</b>	<b>Lab:</b> THIAMIN (VITAMIN B1), WB
<b>Around July 12, 2017</b>	<b>Lab:</b> THYROID CASCADE
<b>Wednesday August 23, 2017 14:00</b>	Appointment with Ressler, Alexis B at UVM Medical Center Memory Program - Medical Office Building (802-847-1111) 792 College Parkway Colchester VT 05446
<b>Wednesday October 11, 2017 11:30</b>	Appointment with Sandoval, Marie B at UVM Medical Center Adult Primary Care - South Burlington (802-847-4714) Primary Care Internal Medicine 1 Timberlane So Burlington VT 05403
<b>Thursday December 21, 2017 13:30</b>	Appointment with Pacemaker, Provider 1 at UVM Medical Center Cardiology - Tilley (802-847-4600) 62 Tilley Dr So Burlington VT 05403

McMullen, Patricia T (MR# 0002222982) Printed by [M302096] at 7/12/17 11:52

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**Notes Shared by Your Providers****Progress Notes**

Sandoval, Marie B, MD at 7/12/2017 11:00

Author Type:Physician

Status:Signed

**Chief Complaint**

Patient presents with

- Heart Problem  
*F/U. ? BHS. Here with Rookie.*
- Cognitive Decline  
*F/U*

Dementia with confabulation/amnestic

Patient is here for follow-up accompanied by her friend.

She is here for follow-up dementia along with severe confabulation.

I asked her to get me "up to speed" she told me that her son, John, is coming into town see him with her grandchild.

She states that they're going to "go down to middlebury to go look at another place". Her friend who is with her has verified with me that this is actually not the case.

Throughout her visit she claims that everything is "okay and good".

She is visibly disheveled and her clothes are dirty. She also has an odor about her. This has gotten worse over the last year.

We discussed she states that "I'll be more careful the next time I come here."

Patient starts to get agitated as we discussed this. "I don't want this and I am fine. Don't worry about me."

Patient continues to not eat properly. She also continues to drink a bottle wine per day.

She confabulated stories about what she is doing and what is happening at home.

She tells me that everything is fine she continues to have somebody who is helping her.

She has no one that is helping her with chores.

Hypertension with history of tachycardia and cardiomyopathy

Patient continues to drink alcohol.

She does state she's taking her medications.

She does pacer check appointments placed

She states she's not had any chest pain or chest pressure.

She denies any dyspnea on exertion.

She states that she is "playing golf regularly" but this is actually not the case

**Patient Active Problem List**

Diagnosis

- Hypertensive disorder
- Pure hypercholesterolemia
- Left shoulder pain
- Psoriasis
- Osteoarthritis of knee
- Atrial fibrillation with rapid ventricular response
- Reactive depression (situational)
- Other lymphedema
- Basal cell carcinoma of upper back

- Acute on chronic systolic heart failure
- Patient forgets to take medication
- Alzheimer disease
- Tachycardia induced cardiomyopathy
- Sleep apnea
- Nocturnal hypoxia
- Left inguinal hernia

**Current Outpatient Prescriptions on File Prior to Visit**

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL) 500 mg tablet	Take 1,000 mg by mouth 2 times daily as needed.		
• atenolol (TENORMIN) 100 mg tablet	Take 1 Tab by mouth daily.	90 Tab	4
• donepezil (ARICEPT) 10 mg tablet	Take 1 Tab by mouth at bedtime.	90 Tab	3
• furosemide (LASIX) 20 mg tablet	Take 2 Tabs by mouth daily.	180 Tab	4
• lovastatin (MEVACOR) 20 mg tablet	Take 1 Tab by mouth every morning.	90 Tab	4
• mirtazapine (REMERON) 30 mg tablet	TAKE ONE TABLET BY MOUTH AT BEDTIME	90 Tab	4
• rivaroxaban (XARELTO) 15 mg tablet	Take 1 Tab by mouth daily with dinner.	30 Tab	11
• sertraline (ZOLOFT) 25 mg tablet	Take 1 Tab by mouth every morning.	90 Tab	4
• thiamine (VITAMIN B1) 100 mg tablet	Take 1 Tab by mouth daily.	100 Tab	4

No current facility-administered medications on file prior to visit.

The physical exam :Patient appears disheveled with dirty clothing on today, also has body odor and thick caked makeup on her arms, appears age apparent, alert, intermittently agitated at times but overall pleasant, cooperative. Vitals are as noted. Face is blotchy and a bit bloated. Neck supple and free of adenopathy, or masses. No thyromegaly. Lungs are clear to auscultation. Heart sounds are notable for RRR with no murmur, no clicks, gallops or rubs. Extremities are notable for no edema.

**1. Late onset Alzheimer's disease with behavioral disturbance**

- Moderate alcohol-induced major neurocognitive disorder, amnesic confabulatory type, with moderate or severe use disorder
- Alcohol abuse, daily use
- Essential hypertension
- Tachycardia induced cardiomyopathy

THIAMIN (VITAMIN B1), WB  
 HEMAGRAM AND DIFFERENTIAL  
 COMPREHENSIVE METABOLIC PANEL  
 (CMP)  
 THYROID CASCADE

80-year-old divorced female accompanied by her friend for follow-up dementia with behavioral disturbance/moderate alcohol and his cognitive issues with confabulation and continued moderate to severe alcohol abuse

Long discussion with patient again today.

I again stressed my significant concerns about her living situation.

Again let her know that she is not safe at home alone.

Adult protective services has been involved in her case via the memory clinic.

Patient continues to refuse to move.

Her children are aware that she is not safe at home and her cognitive issues preclude her ability to make decisions.

We again discussed that I am concerned that she will have an accident that will lead to her demise or her need to be placed in a nursing home.

#### Confabulation

She continues to confabulate stories. This is not in reality what is happening.

She also continues to refuse additional treatment and a move.

Her alcohol abuse disorder is making this worse.

She's refuse/declined treatment.

Will check her thiamine level today.

Hypertension/history of tachycardia with pacer

blood pressures currently adequate.

she'll continue her current medications.

pacer checked every 6 months.

Return in about 3 months (around 10/12/2017) for F30, MCI, HEART- Tues.

#### Procedure Notes

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No notes of this type exist for this encounter.

#### History and Physical

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No notes of this type exist for this encounter.

#### Consult Notes

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No notes of this type exist for this encounter.

#### Psych Notes

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No notes of this type exist for this encounter.

#### Psych Consult Notes

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No notes of this type exist for this encounter.

#### Psych Evaluation Notes

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No notes of this type exist for this encounter.

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