

bva, d12

13:30

lcv: 9/12/24

59F w niCM, chronic HRF likely 2/2 niCM and PH group 2 sp CRT-D (EF 10/15% to 20/25%), moderate persistent asthma on Wixela

plan was INCREASE Wixela to high dose, basic ILD workup

interval: did not get ILD labs. saw Cardiology; stable CHF sx. likely needs PCSK9i.

14:00

lcv: 9/12/24

67F w sev COPD on max medical therapy (Breztri, dupi, azithro). comes to VA for meds. wanted pulm rehab referral and to transfer care to VA for sleep med.

interval: no pulm rehab, given changes.

14:30

lcv: 9/12/24

74M w GOLD 3B COPD. improved sx on Wixela + Spiriva, aTUD (41py). discussed NRT and tob cessation.

interval: seen by tob ces. started chantix and nicotine.

15:00

lcv: 8/29/24

79M w CKD G3A iso RCC sp R nephrect, OSA on NIPPV, skin bx in 1960s w sarcoidosis. seen to establish care for ?sarcoid. stage IV (?) pulm sarc w suspected cardiac involvement (CHB sp Mddtronic DTPA2D4 Cobalt XT HF CRT-D)

plan was ILD wu, bmp, lft, vit D, no IMTs. defer IMT to Cards given h/o CHB sp PPM (Medtronic biv)

ILD labs, PERFORMED RNP: <1.0 (10/30/24) SCL-70: <1.0 (10/30/24) aldolase: 5.9 (10/30/24) CK: 187, ULN 374 (10/30/24) CCP: <16 (10/30/24) ANA: negative (09/03/24) SSA: <1.0 (09/03/24) SSB: <1.0 (09/03/24)

HIV: non reactive (10/30/24) HCV: non reactive (10/30/24) quantGOLD: negative (10/30/24)

ILD labs, NOT PERFORMED JO-1 myositis panel

plan

- PET CT
- start pressure +/- MMF

15:30

lcv: 9/12/24

74M w GOLD 3E COPD w sev eos (500 to 1,000). plan for action pack, dupi vs benra start, pulm rehab, no pred.

interval: 10/22/24 infusion clinic unable to contact.

plan

- provide infusion clinic line
- START azithro
- redo benra start attempt

16:00

Anti-OJ ASYS

- discuss RTX
- repeat CTC, PFT

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