

Medical History Summary

4/5/2016 (Submitted by Dental Symphony)

MR. NICE PATIENT

DOB: 4/1/1944 AGE: 72

GENDER: Male

Weight: 148 lbs Height: 5 ft 6 in

Physician: Dr. Good Doctor 222-333-2222

Last Physical exam: May, 2015

Pharmacy: Walgreens: 333-444-5555

Whom should we notify in the event of an emergency? My wife Mrs. Patient 444-333-2222

medical alerts

SUSCEPTIBILITY TO INFECTION ALERT

PROSTHETIC JOINT REPLACEMENT REPORTED

Less than two years since surgical placement

Patient's surgeon has recommended antibiotics because of prosthetic joint

DIABETES REPORTED IN HISTORY - TYPE 1 INSULIN DEPENDENT

HEMOSTASIS ALERT

BLEEDING DISORDER HAS BEEN NOTED IN THE MEDICAL HISTORY

REPORTS USE OF COUMADIN

DRUG ALLERGY REPORT

PENICILLIN ALLERGY

Reaction to penicillin - breathing problems, itching

reported conditions

Cardiovascular

Physical activity is described as fair. Tires easily.

Heart problems

Ischemic heart disease

Angina

Reports angina as stable

Experiences angina occasionally - Reports angina within the last week

No spontaneous angina reported, Angina moderately restricts activity

Reports no change in frequency of angina episodes

Rest and nitroglycerin used to relieve angina episodes

Pulmonary

Lung problems reported

Asthma

Asthma - appears to be "mild persistent"

Extrinsic asthma triggered by allergens i.e. dust, mites, mold, animal dander and saliva

Requires an inhaler a few times per month

Has required rescue medications for acute episodes

Episodes occur more than twice a week but not daily

Nighttime symptoms reported less than 2/month

Reports asthma may affect activity

Hematology/immunology

Reports use of anticoagulant medication

Coumadin for heart disease

Last INR level was between 2.0 and 2.5 (two weeks ago)

Musculoskeletal

Prosthetic joint replacement

Right hip, less than two years since surgical placement

Patient's surgeon has recommended antibiotics because of prosthetic joint

Endocrine

Diabetes reported

Type 1 insulin dependent diabetes

Glycated hemoglobin A1c between 6.5% and 7.5%

Rarely experiences hypoglycemia episodes

Last hypoglycemic episode was about a year ago.

Hypoglycemia typically reversed with soda or juice

Does not report long periods of poor diabetes control

Neurological

Seizure disorder - Grand Mal type

Usually once a month. They last about 3 minutes. Had one last week at Church.

Has had a seizure in a dental office.

surgery history

gall bladder removed - 1985

habits

Tobacco use reported - Cigar use

current medications

Reports use of anticoagulant medication

Amiodarone - Cordarone, Pacerone and Nexterone are brand names for the antiarrhythmic agent amiodarone HCl. It is approved for use in patients with documented life-threatening ventricular arrhythmias. However, this drug also causes significant toxicity affecting both pulmonary and hepatic function as well as having proarrhythmic effects. It requires careful attention to dosing and monitoring for signs of toxicity. Adverse effects reported have included: pulmonary infiltrates, PAT, CHF and alteration of liver enzymes. Visual disturbances, alteration in thyroid function, solar dermatitis and blue skin reactions are also reported. Other side effects include dizziness, fatigue, tremor, headache, insomnia, photosensitivity skin rash and GI complaints. **Dental Clinical Concerns:** Dental drug interactions include sinus bradycardia and seizures with lidocaine for dental local anesthesia, increased risk of life threatening cardiac arrhythmias with drugs that prolong the QT interval including the macrolide antibiotics (erythromycin, azithromycin and clarithromycin), the fluoroquinolone antiinfectives and the azole antifungals (itraconazole). Tetracyclines should probably be avoided due to photosensitivity reactions. Also, avoid the use of St. John' Wort. A medical consult is advisable. Patients are higher risk if CV symptoms are present. Ask about other drugs or treatments the patient may be taking. Local anesthetics and vasoconstrictors: Good pain control is always essential for dental treatment; however, use the least amount of local anesthetic and vasoconstrictor with good injection technique and careful aspiration.

Clonazepam - Klonopin or Integra (clonazepam) is a benzodiazepine with anticonvulsant properties. It is used to treat absence, atypical absence, akinetic and myoclonic seizures. Other uses have included Parkinson's dysarthria and as adjunctive therapy in schizophrenia and neuralgias. Common side effects include: dizziness, drowsiness, GI complaints, nystagmus and diplopia. Less frequently seen are dry mouth or increased salivation. It is contraindicated with acute narrow angle glaucoma and the HIV antivirals, ritonavir and saquinavir. **Dental Clinical Concerns:** There is an increased risk of greater CNS depression when combined with other CNS depressant drugs, indinavir and Kava. Drugs that are strong inhibitors of CYP 3A4 enzymes (ketoconazole, itraconazole and fluconazole) may increase blood levels of clonazepam.

Combivent - Combivent or DuoNeb is a combination of albuterol sulfate and ipratropium bromide given by oral inhalation and intended for use in patients with chronic obstructive pulmonary disease. It is intended for patients already on an aerosol bronchodilator and who require a second bronchodilator. Common side effects include: headache, pain, flu-like symptoms, nausea, bronchitis, dyspnea, coughing, URI and sinusitis. Oral side effects include dry mouth and rarely signs of angioedema. Oral candidiasis is often observed in patients using oral inhalants. Drug interactions have not been clearly defined. When used with anticholinergics there is a potential for increased anticholinergic effects; use beta blocking agents with caution. **Dental Clinical Considerations:** Patients have a compromised functional respiratory system. Keep the dental chair upright or only semi-reclined. Patients may be using a nasal oxygen source. Use opioid analgesics, sedatives and anticholinergic drugs with caution to avoid further aggravation of respiration or drying of respiratory tissues.

Question patients about their tolerance for stress. Ask patients about other drugs they may also be taking for respiratory or other system problems. Avoid any measures that could obstruct breathing. Local anesthetics and vasoconstrictors can be used as required.

Coumadin - Coumadin and Jantoven (warfarin sodium) functions as an oral anticoagulant and is used in the treatment or prophylaxis of venous thrombosis, pulmonary emboli, MI, atrial dysrhythmias, cardiac valve replacement, stroke and to reduce the risk of recurrent MI and other thromboembolic events. Common side effects include: hemorrhage, (including gingival bleeding), fever, GI complaints and skin rash. Many drugs can either increase the risk of bleeding or decrease the effects of warfarin. Dental drugs that can increase warfarin effects include, but may not be limited to the following: diflunisal, salicylates, propoxyphene, metronidazole, erythromycin, ketoconazole, itraconazole, acetaminophen, fluconazole, NSAIDs, chloral hydrate, tetracyclines and fluoroquinolones. If NSAIDs are required monitor the patient's response. Herbal products such as feverfew, garlic, ginger, ginkgo and ginseng also have anticoagulant properties. Drugs that decrease the action of warfarin include barbiturates and carbamazepine. **Dental Clinical Concerns:** Ask the patient about their tendency to bleed. It is important that recent PT/INR values are available. Do not discontinue this medication without consent of the prescribing physician. Manage patients using good surgical technique with local hemostatic measures as required. Ask patients what other drugs they may also be taking for their related CV disease. Note the drugs associated with a potential for interactions and avoid other NSAIDs or aspirin containing drugs that could prolong bleeding including OTC products.

Jardiance - Jardiance (empagliflozin) is a sodium-glucose co-transporter (SGLT2) inhibitor. It is approved for use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. It cannot be used for treatment of other forms of diabetes or for diabetic ketoacidosis. Commonly reported adverse events include: UTI, URI, GI complaints, increased frequency of urination, dyslipidemia, arthralgia and male genital mycotic infection. More severe adverse reactions have included: volume depletion with hypotension, impairment of renal function and hypoglycemia with concurrent use of insulin and sulfonylureas. **Clinical Dental Concerns:** No dental drug interactions were reported, but may not have been studied. Ask patients about other drugs or treatments they may be taking for diabetes as well as to control of their diabetes.

Lasix - Lasix (furosemide) is a diuretic with primary effects on the loop of Henle. It is used in the management of pulmonary edema, edema of CHF, nephrotic syndrome, ascites and hypertension. Common side effects include: GI complaints, hypokalemia, orthostatic hypotension, hyperuricemia, hyponatremia, skin rash and photosensitivity. **Dental Clinical Concerns:** Indomethacin, salicylates and NSAIDs may decrease the diuretic effectiveness. Increase risk of electrolyte imbalance may occur with chronic use of corticosteroids. Local anesthetics with vasoconstrictors: Good pain control is essential for all patients. In some patients BP may be difficult to regulate. Be sure to use good injection techniques with aspiration and with attention to the amount of vasoconstrictor.

Metformin - Glucophage, Glucophage XR, Fortamet and Riomet (metformin HCL) is an oral hypoglycemic approved as an adjunct to diet and exercise for management of type 2, non-insulin dependent diabetes mellitus in adults. It can also be used with a sulfonylurea oral antidiabetic or insulin. Commonly reported side effects include: diarrhea, nausea, vomiting, abdominal bloating, asthenia and headache. The product contains a box warning concerning a rare, but serious side effect of lactic acidosis. **Dental Clinical Concerns:** No dental drug interactions are reported. Ask patients about other drugs or treatments they may be receiving for diabetes.

Norvasc - Norvasc (amlodipine besylate) is a calcium channel blocker used in the management of hypertension, chronic stable angina and vasospastic angina. Common side effects include: headache, edema, fatigue, GI complaints, somnolence, flushing, and palpitation. Less frequently dry mouth and taste alteration have been noted. Calcium channel blocking drugs have been associated with gingival overgrowth. **Dental Clinical Concerns:** Dental drug interactions are not reported. Local anesthetics with vasoconstrictors: Good pain control is essential for all patients. In some patients BP may be difficult to regulate. Be sure to use good injection techniques with aspiration and with attention to the amount of vasoconstrictor.

Victoza - Victoza (liraglutide) is a glucagon-like peptide receptor agonist. It is indicated for use in adults with Type 2 diabetes mellitus to help with glycemic control along with diet and exercise. It is not a first line drug for diabetes and can not replace insulin use. An FDA black box warning of thyroid C-cell tumors was noted in animal studies. Thus this drug is contraindicated in patients with a personal or family history of medullary thyroid tumors or in patients with Multiple Endocrine Neoplasia syndrome. Commonly reported adverse events include: GI complaints, URI, headache and flu like symptoms. **Dental Clinical Concerns:** No specific dental drug reactions were noted, however; this drug does reduce gastric emptying that could affect some orally administered drugs. Ask patients about other drugs or treatments they may be taking for diabetes.