

Appointment Details

Patient Information

Patient Name	MRN	Sex	DOB
Bodin, Jeffrey	2592229	Male	5/22/1997

Reason for Visit

Follow-up
narcolepsy

Diagnoses this Visit

Primary narcolepsy with cataplexy - Primary
Primary narcolepsy without cataplexy

To Do List

Future Appointments

3/28/2016 2:00 PM	Provider	Department	Dept Phone
4/11/2016 10:00 AM	Diane K. Africk, MD	Jeff Hwy - Pediatric Neurology	504-842-3900
	Liudmila Lysenko, MD	Driftwood - Sleep Clinic	504-842-4910

Goals (5 Years of Data)

None

Pick Up These Medications

	Disp	Refills	Start	End
dextroamphetamine-amphetamine (ADDERALL XR) 20 MG 24 hr capsule 2 po q am and 2 po q afternoon	120	0	12/21/2015	

Do not refill till 6/30

Pharmacy: WALGREENS DRUG STORE 05382 - MANDEVILLE,
LA - 4330 HIGHWAY 22 AT SEC OF ACCESS ROAD & HWY
22Ph #: 985-674-2551

dextroamphetamine-amphetamine (ADDERALL) 20 mg 60 tablet tablet 1 pill PO BID PRN sleepiness	0	12/21/2015	
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Medications

Message regarding Medications

Verify the changes and/or additions to your medication regime listed below are the same as discussed with your clinician today. If any of these changes or additions are incorrect, please notify your healthcare provider.

STOP taking these medications

montelukast 4 MG chewable tablet Take 4 mg by mouth every evening.

Verify that the below list of medications is an accurate representation of the medications you are currently taking. If none reported, the list may be blank. If incorrect, please contact your healthcare provider. Carry this list with you in case of emergency.

Current Medications

butalbital-acetaminophen-caffeine 50-325-40 mg (FIORICET, ESGIC) 50-325-40 mg per tablet	TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEAT IN 4 HOURS
dextroamphetamine-amphetamine (ADDERALL XR) 20 MG 24 hr capsule	2 po q am and 2 po q afternoon Do not refill till 6/30
dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	1 pill PO BID PRN sleepiness
diphenhydramine (BENADRYL) 12.5 mg	Take 12.5 mg by mouth 4 (four) times daily as needed.

chewable tablet

DYMISTA 137-50 mcg/spray Spry

guaifenesin (MUCINEX) 600 mg 12 hr tablet Take 1,200 mg by mouth 2 (two) times daily.

montelukast (SINGULAIR) 10 mg tablet

naproxen (EC NAPROSYN) 500 MG EC 500 mg once daily.
tablet

PATADAY 0.2 % Drop

pseudoephedrine (SUDAFED) 120 mg 12 hr Take 120 mg by mouth every 12 (twelve) hours.
tablet

Clinical Reference Information

Vitals

Pulse Ht
115 5' 7.5" (1.715 m)
Wt:46.72 kg (103 lb)
BMI:15.88 kg/m2
Vitals History

Blood Pressure

BP Most Recent Value
131/88 mmHg

Problem List

Bilateral headache
Narcolepsy
Seizure disorder

Allergies as of 12/21/2015

No Known Allergies

Immunizations Administered on Date of Encounter - 12/21/2015

None

Progress Notes

Liudmila Lysenko, MD at 12/21/2015 1:50 PM

Status:Signed

Jeffrey Bodin was seen at the request of No ref. provider found for sleep evaluation.

10/29/2014: INITIAL HISTORY OF PRESENT ILLNESS: Jeffrey Bodin is a 18 y.o. male is here to be evaluated for a sleep disorder. He is accompanied by his mother Linda.

CHIEF COMPLAINT:

The patient's complaints include non refreshing sleep, fatigue and sleepiness since 6 years ago when he was treated for melanoma with IV and SQ Interferons.

His symptoms remained stable over 6 years. He would sometimes fall asleep at school.

Was born prematurely - born at 7 weeks - had some infant sleep apnea back then.

He was developing fine and had no problem with his sleep till 6 years back.

He denied snoring, witnessed breathing pauses, gasping for air in sleep and interrupted sleep.

he denies cataplexy, sleep paralysis, hallucinations, palpitations, tremors, anxiety.

Denies dry mouth and sore throat

Denies nasal congestion

Report morning headaches - different from usual migrains which start later. Gets them daily

Denies interrupted sleep

Denies frequent leg movements

Denies symptoms concerning for parasomnia

The ESS (Epworth Sleepiness Score) taken on initial visit is 15 /24

He denied trouble falling asleep and staying asleep.

He was recently started on Tranxene -> Restoril by his neurologist. Denies any improvement in fatigue/sleepiness so far.

He is taking Gabapentin for Neuropathy, daily Fioricet for headaches. States that those medications do not make him sleepy.

The patient had tonsillectomy in the past

INTERVAL HISTORY:

03/02/2015 The patient has not presented any new complaints since the previous visit. He is coming with both parents to discuss sleep study, which was positive for OSA (AHI 10.3) and MSLT strongly suggestive of Narcolepsy.

He is currently taking Ritalin for ADD - 40 mg Ritalin LA in the morning - feels sleepy again at noon. He states that lower doses were not effective. States that Ritalin is not aggravating his headaches. He denies cataplexy, sleep paralysis, hallucinations, headaches, palpitations, tremors, anxiety, or rash. ESS 10/24 today (on Ritalin).

04/01/2015: Jeffrey tried Concerta 36 mg with ER Ritalin in the afternoon - he did not feel a sufficient control of his sleepiness. His pediatrician's husband who is a sleep specialist prescribed Modafinil 200 mg - > further increased to 200 mg BID. He is no longer taking Concerta 36 or Ritalin. He states that Modafinil was inferior to Methylphenidate in its ability to control his daytime sleepiness. ESS 11/24. States that on Modafinil he was falling asleep at school on many occasions. Out of treatment regimens tried to this point Ritalin 40 mg seemed to work the best, but effect only lasted for two hours. He tried APAP, but could not tolerate it. He would like to defer treatment for now. HR and BP remain normal on today's visit.

05/04/2015: Jeffrey is taking 40 mg Adderall XR at 6 AM and 40 mg Adderall XR at 3-4 Pm when he comes from school to be able to do the homework. States that does not affect his sleep latency/continuity. VS are normal today. Denied any change in his appetite, thought process, palpitations, change in headache pattern on his current high Adderall dose. Reports residual sleepiness at the end of school day. Topamax was recently D/C due to side effects. Still suffers from daily headaches. Taking a nap at 12-1 at school or 4-5 at home - naps are refreshing.

06/08/2015: Jeffrey is generally satisfied with the control of daytime sleepiness. Further improvement on Adderall 40 mg at 7:30-8 and 40 mg at 3 PM (was 5 PM at school) and sometimes 20 mg at noon. Denied palpitations, jitteriness and changes in his appetite. **EKG 5/15 showed NSR, but with indication of right atrial enlargement. He is taking naps instead of second dose so far.**

07/14/2015: Reports improved sleepiness and improved migraines with more consistent Adderall schedule. Denied Anorexia, mood changes, palpitations. ESS 12/24 today. He would like additional 20 mg to avoid taking a nap at school. BP is slightly increased for his age since Adderall was increased. Had a cardiologist cleared him for Adderall use.

09/02/2015: He suffers sinus infection. Reports longstanding allergies - using Mucinex pill year round. ESS 12/24. Tolerates Adderall well. Sometimes would skip the second dose and take a nap. Taking 20-90 min at school (dozing off during boring classes). SBP remained at 110-120's mm Hg as per patient.

12/21/2015: Tolerates Adderall 40 mg XR BID and 20 mg IR BID. He is concerned with his ability to go to be able to keep up with classes in college next year. Interested in partial disability. No weight loss, denied side effects. Migraine is at bay with daily Butalbital. Seizures on Elavil and too groggy on high dose Topamax. He is planning to switch to adult Neurology.

SLEEP ROUTINE 12/21/2015 :

Bed partner:

Time to bed: 12:30 AM

Sleep onset latency: 10 min

Disruptions or awakenings: 0 - even without meds

Time to fall back into sleep:

Wakeup time: 5:40-6 AM

Perceived sleep quality: 0

Perceived total sleep time: 7-8 hours.

Daytime naps: 1-2 daily - during and after school 1-2 hrs (6 hrs after school) -> up till 12

Weekend sleep routine: 12 -till 8

Exercise routine: yes - cross country

PREVIOUS SLEEP STUDIES:

PSG 2/2/15: Significant Obstructive sleep apnea (OSA) with AHI (apnea hypopnea Index) of 0.9 and SaO2 of 91 (weight 218 lbs).

MSLT 2/3/15: Mean Sleep Latency - 1.5 min. 4 SOREMS out of 4 naps. Suggestive of narcolepsy in appropriate clinical setting.

Using My Ochsner: No

PAST MEDICAL HISTORY:

Active Ambulatory Problems

Diagnosis	Date Noted
• Bilateral headache	12/05/2013
• Seizure disorder	07/07/2014
• Narcolepsy	06/03/2015

Resolved Ambulatory Problems

Diagnosis	Date Noted
• No Resolved Ambulatory Problems	

Past Medical History

Diagnosis	Date
• Allergy	
• Migraine headache	
• Sinusitis	
• Otitis media	
• Hay fever	

PAST SURGICAL HISTORY:

Past Surgical History

Procedure	Laterality	Date
• Tonsillectomy		
• Adenoidectomy		
• Tympanostomy tube placement		
• Appendectomy		

FAMILY HISTORY:

No family history on file.

SOCIAL HISTORY:

Tobacco:

History

Smoking status

- Never Smoker

Smokeless tobacco

- Never Used

alcohol use:

History

Alcohol Use:

Not on file

Occupation: High school junior. Very good student.

ALLERGIES: No Known Allergies

CURRENT MEDICATIONS:**Current Outpatient Prescriptions**

Medication	Sig	Dispense	Refill
• butalbital-acetaminophen-caffeine 50-325-40 mg (FIORICET, ESGIC) 50-325-40 mg per tablet	2 po prn headache; may repeat in 4 hours	90 tablet	3
• dextroamphetamine-amphetamine (ADDERALL XR) 20 MG 24 hr capsule	2 po q am and 2 po q afternoon	120 capsule	0
	Do not refill till 6/30		
• dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	1 pill PO BID PRN sleepiness	60 tablet	0
• diphenhydrAMINE (BENADRYL) 12.5 mg chewable tablet	Take 12.5 mg by mouth 4 (four) times daily as needed.		
• DYMISTA 137-50 mcg/spray Spry			
• guaifenesin (MUCINEX) 600 mg 12 hr tablet	Take 1,200 mg by mouth 2 (two) times daily.		
• montelukast (SINGULAIR) 10 mg tablet			
• naproxen (EC NAPROSYN) 500 MG EC 500 mg once daily. tablet			
• PATADAY 0.2 % Drop			
• pseudoephedrine (SUDAFED) 120 mg 12 hr tablet	Take 120 mg by mouth every 12 (twelve) hours.		

No current facility-administered medications for this visit.

REVIEW OF SYSTEMS:

Sleep related symptoms as per HPI

denies weight gain
 Denies dyspnea
 Denies palpitations
 Denies acid reflux
 Denies polyuria
 Denies mood disturbance
 Denies anemia
 Reports muscle pain

Reports migraines and nerve damage post interferon treatment.

PHYSICAL EXAM:

BP 131/88 mmHg | Pulse 115 | Ht 5' 7.5" (1.715 m) | Wt 46.72 kg (103 lb) | BMI 15.88 kg/m2

GENERAL: Normal development, well groomed.

HEENT:

HEENT: Conjunctivae are non-erythematous; Pupils equal, round, and reactive to light; Nose is symmetrical; Nasal mucosa is pink and moist; Septum is midline; Inferior turbinates are normal; Nasal airflow is normal; Posterior pharynx is pink; Modified Mallampati:"I"; Posterior palate is low; Tonsils absent; Uvula is elongated; Tongue is enlarged; Dentition is fair; No TMJ tenderness; Jaw opening and protrusion without click and without discomfort.

NECK: Supple. Neck circumference is 13.2 inches. No thyromegaly. No palpable nodes.

SKIN: On face and neck: No abrasions, no rashes, no lesions. No subcutaneous nodules are palpable.

RESPIRATORY: Chest is clear to auscultation. Normal chest expansion and non-labored breathing at rest.

CARDIOVASCULAR: Normal S1, S2. No murmurs, gallops or rubs. No carotid bruits bilaterally. No edema. No clubbing. No cyanosis.

NEURO: Oriented to time, place and person. Normal attention span and concentration. Gait normal.
PSYCH: Affect is full. Mood is normal
MUSCULOSKELETAL: Moves 4 extremities. Gait normal.

ASSESSMENT:

1. Narcolepsy without cataplexy. He denies cataplexy, sleep paralysis, hallucinations, palpitations, tremors, anxiety. Previously tried Ritalin - 40 mg worked best, but effect lasted long enough, Concerta (insufficient effect on 36 mg + IR Ritalin), Modafinil 200 mg BID (felt no effect). Jeffrey seems to have a high tolerance to stimulant medications. Residual sleepiness on 40 mg Adderall XR BID and 20 mg Adderall IR. He is known to have high medication tolerance. No side effects reported, except **his BP increased from 114/70 towards 129-130/79 when he was switched from Concerta to Adderall and as Adderall dose was increased.** Increased Adderall dose was apparently helpful in migraine control.

2. OSA - moderate by pediatric criteria, mild by adult criteria. He denied snoring, witnessed breathing pauses, gasping for air in sleep and interrupted sleep. He does get morning headache which is different from his usual migraines. He did not find benefit from 1 week APAP use..

PLAN:

1. Continue Adderall XR 40 mg BID
2. Continue Adderall IR from 20 mg to 40 mg for the end of Day as needed (can substitute with a nap).
3. Side effects were again explained in detail (psychosis, mood swings, increased HR and BP (**he was recommended to monitor BP and HR at home in the morning and in the evening and keep a log, anorexia**). He was recommended to monitor BP at home.
5. If he continues to be sleepy, will consider a trial of Xyrem

Follow up in MD.

Ochsner On Call

Ochsner On Call Nurse Care Line - 24/7 Assistance

Registered Ochsner nurses can provide appointment booking, health education, clinical advisement, and other advisory services.

Call for this free service at **1-800-231-5257.**

Patient Instructions

Dr. Khan (Fawad)

Abortive:

- Cambia (powder)
- Migranal (nasal spray)
- Zecurity (patch)

- Stadol

