

HWY08MH012
MEDICAL RECORDS INFORMATION

The following information was extracted by Dr. Mitchell A. Garber, the Medical Officer for the National Transportation Safety Board, from the motorcoach driver's medical certification records:

2/21/07 – Medical Examination Report for Commercial Driver Fitness Determination notes “yes” under “Health History” for “Heart disease,” “Heart surgery,” “High blood pressure,” and “no” for “Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring.” The application notes the use of the medications clopidogrel, metoprolol, and ezetimibe, and indicates “Heart bypass 1996” and “Leg bypass 1998.” Distant visual acuity is noted as 20/30 in the right eye, 20/25 in the left eye, and 20/30 in both eyes together. Blood pressure is noted as 124/74. Height is noted as 67.0 inches and weight as 235 lbs. The driver's certification status is noted as “Meets standards, but periodic evaluation required. Due to hypertension, driver qualified only for 1 year.” There are no additional tests or comments noted regarding the driver's surgeries.

The following information was extracted by Dr. Mitchell A. Garber, the Medical Officer for the National Transportation Safety Board, from the motorcoach driver's personal medical records:

5/22/06 – Report of nuclear medicine stress test notes, in part:
... history of hypertension, coronary artery bypass graft x 4 in 1996, percutaneous transluminal coronary angioplasty/stents in 2005, elevated cholesterol and bifemoral stenting in 1998. ... There is a fixed area of decreased uptake noted in the posterior wall, suggesting a scar, with hypokinesis. No reversible defect is noted. The computer estimated left ventricular ejection fraction is 61%. ...
Medications: Plavix [clopidogrel], Toprol [metoprolol], Zestril [lisinopril], naproxen, Zetia [ezetimibe], aspirin ...

Exercise

| <u>Stage</u> | <u>Time</u> | <u>Blood Pressure</u> | <u>Heart Rate</u> |
|-----------------|-------------|-----------------------|-------------------|
| 1 | 2 | 136/78 | 66 |
| 2 | 2 | 128/58 | 74 |
| 3 | 2 | 128/62 | 79 |
| 4 | 2 | 144/60 | 80 |
| <u>Recovery</u> | | <u>Blood Pressure</u> | <u>Heart Rate</u> |
| 1 min | | 132/60 | 79 |
| 2 min | | | 79 |
| 4 min | | 136/60 | 72 |
| 6 min | | 132/68 | 73 |

... During a 4 minute infusion of Persantine, there were no diagnostic ST segment shifts or morphologic changes. The same was true in recovery. Unremarkable blood pressure response.

Impression: Baseline ECG revealed non-diagnostic inferior ST-T wave changes. Negative Persantine infusion study for inducible ischemic ECG changes. Rare ventricular premature contractions. No chest pain.

1/5/07 – Report of sleep study notes, in part:

[The driver] complains of snoring, apneic episodes, and daytime hypersomnolence. ... He finds his sleep frequently disturbed by leg discomfort, choking or gasping for air, the need to urinate, cough, thirst, and shortness of breath. ...

INTERPRETATIONS: Obstructive Sleep Apnea which was mild in nature overall, but severe during REM sleep. Due to his sleep-disordered breathing, CPAP was applied and titrated incrementally from 5 to 8 cm of H₂O pressure.

At maximal CPAP pressure, sleep-disordered breathing was resolved, including REM sleep in the supine position. ...

During the recording mild to moderate snoring was noted. The Apnea Hypopnea Index (AHI) was 11.8 events/hour and the Respiratory Disturbance Index (RDI) was 15.3 events/hour.

2/8/07 – Progress note indicates, in part, “Having difficulty adjusting to CPAP, using 2-5 hours/night, on full face mask. ...”