SAMANTHA BAGGETT

ADULT SOAP NOTE

SUBJECTIVE DATA:

Intro – BN, 49 year old Caucasian male, married.

CC: Patient is here for 3 months follow up visit. At last visit was placed on Lisinopril for HTN.

HPI: Patient states he feels better and BP seems to be under control with Lisinopril. Past couple of days had had some nasal congestion and scratchy throat. Patient has lost a little over 15lbs since his last visit 3 months ago. He is dieting and exercising regularly.

PMH:

Current Medications-

Lisinopril-hydrochlorothiazide 10-12.5mg QD

Aspirin 81mg QD

Allergies – NKDA

Prior Illnesses/Injuries – No past significant illness or injuries.

Previous Hospitalizations/Operations – Appendectomy (when in high school)

Immunizations/Health Maintenance–Childhood-Up to date. Tetanus – last year after cutting finger at work. Usually takes flu shot yearly.

FH:

Father – HTN

Mother – diabetic

SH:

Pt is in good hygiene and dressed appropriately for weather conditions. Lives with wife and 2 middle school aged children. Busy with ballgames and extracurricular activities with children. Works on railroad so has some long irregular hours some weeks. Never smoked. Social alcohol use.

ROS:

1.Constitutional symptoms- overall healthy, states trying to eat healthier to loose some weight, smiles and laughs often

2. Eyes- denies vision problems

3. ENT- denies any hearing problems, no ear pain, some sore throat with head congestion, sees dentist regularly

4. Cardiovascular- denies chest pain or palpitations

5. Respiratory- no respiratory distress, no SOB, no cough.

6. GI- bowel movements regular, no discomfort or abdominal pain

7. GU- no dysuria or other urinary issues identified

8. Musculoskeletal- denies any joint or muscle pain, walks independently without assistant devices

9. Integumentary- skin appearance appropriate for race, no rash or itching, wears sunscreen when outside for extended periods of time

10. Neurologic- tension type/congested headache the past 3 days, no tremors or weakness

11. Psychiatric- denies any depression/suicidal ideations; patient seems happy and answers questions appropriately

12. Endocrine- patient is managing weight, no complaints of fatigue

13. Hematologic/lymphatic- no unusual fatigue, no swollen/tender cervical lymph nodes

14. Allergic/immunologic- usually has cold/seasonal allergy symptoms this time of year

OBJECTIVE DATA:

1. Constitutional VS: Temp-98.1, HR-87, BP-128/81, Ht-72in, Wt-236lbs, BMI-32, Pt alert and oriented, pt answers questions appropriately. Talkative and smiling often.

2. Eyes - Extra ocular muscles intact, PERRLA.

3. Ear- No discharge, TM’s shiny/bulging bilaterally but not cloudy, EAC clear, hearing intact, Nose-septum midline, turbs red bilaterally. Throat – erythema bilaterally tonsils non-swollen bilaterally with no exudates, tongue midline, mucous membranes moist and pink

4. Cardiovascular - Regular rate and rhythm, no murmurs, ectopy or rubs. No carotid bruits. No edema noted in extremities (both upper and lower).

5. Respiratory - clear without wheezes, no rales or rhonchi.

6. 7. Gastrointestinal/Genitourinary - Soft, non-tender. No masses or organomegaly. No abd pulsations or bruits. Femoral pulses are intact and equal bilaterally. Normal bowel sounds.

8. Musculoskeletal - FROM all extremities.

9. Integument /lymphatic pertaining to each location – pt skin color appropriate for race, no lesions or areas of No lymph node swelling or tenderness on palpation.

10. Neurologic - no weakness, strength equal bilaterally, answers questions and follows commands appropriately, no dementia symptoms noted.

11. Psychiatric - pt answers questions appropriately. Appropriate mood/affect.

12. Hematologic/ immunologic - no bruising noted, no unusual fatigue.

ASSESSMENT/ANALYSIS

Diagnostic Testing/ Labs:

Awaiting labs from this visit – LIPIDS & CMP

ASSESSENT/ANALYSIS:

Level of Visit – 99214

Diagnoses:

477 ALLERGIC RHINITIS

existing diagnoses:

401.9 UNSPECIFIED ESSENTIAL HYPERTENSION

PLAN/INTERVENTION/MANAGEMENT:

Medications Ordered:

In office - Decadron 8mg injection for nasal congestion

To Pharmacy:

Flonase

• Corticosteroid, nasal spray

• Anti-inflammatory action, inhibits multiple inflammatory cytokines, produces multiple glucocorticoid and mineralcorticoid effects

• Safe effective drug to use on short term basis when needed

• 1 spray in each nostril twice a day. Once in the morning and once at night.

• 50mcg/spray, dispense 1 bottle with 2 refills.

o Willis Pharmacy

• Flonase (brand): $97.57

• Flonase (generic): $35.19

o Wal-Mart

• Flonase (brand): $121.68

• Flonase (generic): $40.08

o Emerging Home Care

• Flonase (brand): $111.99

• Flonase (generic) $55.49

Medications Refilled:

Lisinopril-HCTZ (zestoretic)

• ACE inhibitor/thiazide diuretic combo

• Inhibits angiotensin converting enzyme, interfering with conversion of angiotension I to angitensensin II/ diuretic, inhibits distal convoluted tubule sodium and chloride resorption

• Must monitor kidney function and also electrolytes at baseline, then periodically

• 10mg QD oral tablets #30, 3 Refills.

o Willis Pharmacy :

• Lisinopril/HCTZ (brand): $59.67

• Lisinopril/HCTZ (genertic): $7.74

o Wal-Mart Pharmacy

• Lisinopril/HCTZ (brand): $62.78

• Lisinopril/HCTZ (generic): $4.00

o Emerging Home Care Pharmacy

• Lisinopril/HCTZ (brand): $60.29

• Lisinopril/HCTZ (generic): $18.99

INTERVENTION:

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| --- | --- |
| See above. Injection in office and then medications to pharmacy to be used as directed and then follow up as below. |  |

Education:

Continue medications as prescribed. Continue monitoring BP at home. Use Flonase as directed. If you begin running fever or are not feeling better within 48 hours return to clinic. I will call patient if lab results are abnormal within 2 days. Since he states he has seasonal allerigies, may want to consider adding in something OTC like Zyrtec or Claritin everyday especially while seasons are changing.

If all labs are normal he will receive a letter in the mail that contains his results. Follow-up again in 6 months. At that time patient will be 50yoa so we will discuss scheduling a screening colonoscopy.