SOAP Note One

Student Name: Mary McClain

Population (Geri/Adult/WH/Peds): Adult

Clinical Location and Preceptor: Andalusia Family Healthcare Katherine Langley, CRNP.

Date of Patient Encounter: 06/09/22 Patient Identifier (Initials/number): C.B.

Patient age/DOB: 8/2/1968. 53 yrs old. Ethnicity and Gender: African American, female.

I. Chief Complaint: "I have stomach pain every time I eat or drink."

II. History of Present Illness:

C.B. is a 53-year-old African American female presents to the clinic today with complaints of stomach pain every time she eats or drinks. Pt reports epigastric pain and tenderness. Pt reports pain as "aching and burning." Pt reports pain is a 4/10 before eating or drinking and an 8/10 after eating or drinking with nausea following fluid or food intake. Pt states she came to the clinic 4 weeks ago (05/11/2022) complaining of stomach pain and burning for 4 days and got prescribed Protonix 40 mg once daily for 28 days and was instructed to f/u if symptoms worsen or did not improve. Pt states symptoms have not improved. Symptoms have been occurring for a total of 33 days. Pt denies any history of GI problems. Pt states that lying flat at night makes the heartburn worse and those symptoms are better during the daytime hours. Pt reports an appetite change due to nausea and states that eating or drinking aggravates the pain and heartburn. Pt denies any alleviating factors including OTC antacids. Pt reports she tried Pepcid for 4 days but had no relief. Pt denies any vomiting. Pt denies any BM changes.

III. Past Medical History:

1. Childhood illnesses & developmental milestones
   a. Occasional viral colds and ear infections.
2. Chronic Illnesses
   a. Hypertension diagnosed in 2009. Currently controlled on antihypertensive medications.
   b. Obstructive sleep apnea (OSA) diagnosed in 2015 and is currently controlled by CPAP machine.
   c. Breast cancer diagnosed at age 44. In remission since age 46 due to right mastectomy and outpatient radiation therapy. Neuropathy is the only residential effect resulting from surgery and radiation therapy.
   d. Peripheral Neuropathy diagnosed at age 44. Controlled with prescribed Nortriptyline HCL 50 mg PO daily and Tramadol HCL 50 mg PO BID. Reason for disability.
3. Prior Illnesses and Injuries (accidents and hospitalizations)
   a. Hospitalized for right mastectomy at age 44. In remission since age 46.
4. Past Surgical History
   a. Right mastectomy to treat breast cancer at age 44. The procedure was done at UAB hospital by Dr. Rogers with treatment occurring at The Kirkland Clinic in Birmingham, Al. Residential effects include nerve pain controlled with medications and rest.

IV. Current Health Status:

1. Health Status (including potential current stress)
   a. Pt believes she is in fair health condition for her age. Pt states she is overweight and needs to lose weight. She denies current stress but believes her health history of breast cancer, radiation, and obesity is affecting her ability to be active. She reports that she is trying to lose weight by walking and working in her garden.
2. Allergies:

    a. Hydrocodone-Acetaminophen: Nausea/vomiting. Occurred within 30 minutes of receiving the dose.
    b. Latex: Itching skin and hives. Occurs within 24 hours of exposure.
    c. No known environment allergies.
3. Medications: this includes over the counter and complimentary medications/treatments
    a. Pantoprazole (Protonix) 40 mg PO daily to relieve symptoms of stomach pain, heartburn, and indigestion by Dr. Farmer and her PCP. The initial prescription was a 28-day supply with no refills. On current visit (06/09/22) another 28-day supply was given with no refills.
    b. Nortriptyline HCL (Pamelor) 50 mg PO daily for neuropathy prescribed by Dr. Farmer and her PCP. Has been on this medication for 8 years and it usually works well at controlling nerve pain.
    c. Tramadol HCL (Ultram) 50 mg BID for neuropathy prescribed by Dr. Farmer. Has been on this medication for 9 years and it works well with rest to control nerve pain.
    d. Hydralazine HCL (Apresoline) 50 mg, 1 tablet PO daily prescribed by Dr. Farmer and her PCP. Has been on this medication for 12 years and works well at controlling her blood pressure.
    e. Carvedilol (Coreg) 12.5 mg PO BID. Prescribed by Dr. Farmer and her PCP. Has been on this medication for 11 years, works well at controlling hypertension.
    f. Anastrozole (Arimidex) 1 MG, take 1 tablet PO daily by her oncologist. Has been on this medication for 7 years to lower estrogen in the body. Currently working well at preventing breast cancer reoccurrence/spread.
4. Tobacco Use: Pt smokes cigarettes daily. Pt has smoked for 30 pack years. Pt denies any desire to quite smoking.
5. Alcohol Use: Pt denies use of alcohol.
6. Illegal/Recreational Drug Use: Denies use of illegal or recreational drug use.
7. Environmental hazards
    a. Denies daily use of sunscreen but does state that she works under an umbrella while in her garden.
    b. Pt states she does not have any rugs in the home except the back door and it is secured. Pt states she has carpet flooring with no objects that could cause her to fall.
    c. Pt denies stairs in the home.
    d. Denies use of chemicals while cleaning her home.
8. Safety measures: Pt does wear seatbelt while driving. Does not use phone while driving. Pt has working smoke and carbon monoxide alarms in the home. Pt denies any rails in the home or a need for rails in the shower.
9. Exercise & leisure: Reports walking on her treadmill two times per week and reports doing floor exercise on her mat three times per week for 30–45-minute intervals. Level of activity: moderate.
10. Sleep: Reports 7-8 hours of sleep nightly. Does not take medications for sleep. Reports that since getting her CPAP machine she has no difficulties falling or staying asleep. Denies any daytime naps.
11. Diet: 12-ounce can of Pepsi in the morning upon awaking. Usually skips breakfast. Reports she had 2 crackers with peanut butter for lunch and a cup of mango with a 12-ounce bottle of Gatorade. For dinner she had two cups of chicken with rice and a 12-ounce Pepsi. Reports drinking 3-4 cups of water per day. Denies any food restrictions; however, due to nausea and heartburn symptoms she finds it hard to select foods in the past few weeks that does not make her feel sick to her stomach. She is avoiding fried foods and coffee.
12. Immunizations-
    a. All childhood immunizations up-to-date. Pt received DPT, polio, and MMR during childhood. Pt reports receiving both doses of MMR vaccine as a child and the last dose being around age 6.
    b. Last tetanus booster (02/2018).
    c. Had influenza vaccine this past October 2021. Reports getting the vaccine yearly.
    d. Unsure of Hepatitis B vaccine status.
    e. COVID-19 vaccine, Pfizer (3/4/2021). COVID-19 vaccine, Pfizer (4/6/2021). COVID-19 Booster 02/7/2022.
    f. Pneumococcal vaccine discussed at yearly wellness exam (04/2022) and will begin those at age 65.

g. Shingrix declined at wellness exam (04/2022).

13. Preventive Screening tests-
    a. Routine tests and labs performed every 6 months or as needed by PCP.
    b. Colon cancer screening every 10 years. Last exam was in May 2019 findings were normal.
    c. Regular annual visits with a gynecologist.
    d. Recent pap smear age 50, informed that she is due for one this year.
    e. Mammogram at age 52, reports left side mammogram due to right mastectomy. Informed one is due this year. Pt states she is planning to make an appointment for a pap smear and mammogram within the next month.
    f. Patient visits the dentist every 6 months for preventive cleaning and screenings.
    g. Vision screening February 2022, patient wears corrective lenses, visits optometrist yearly.
    h. Depression screening complete at yearly wellness exam (2022). Results negative.
    i. Lung cancer screening discussed at yearly wellness exam (04/2022) and she declined.
    j. DEXA scan discussed at yearly wellness exam and will begin around age 65.

V. **Family History- should go back at least 3 generations (patient, parents, and grandparents):**

1. Maternal grandmother, deceased at age 80, history of CHF, died of natural causes.
2. Maternal grandfather, deceased at age 85, history of a MI, died from MI-related complications.
3. Paternal grandmother, deceased at unknown age, unknown medical history, died from unknown causes.
4. Paternal grandfather, deceased at unknown age, unknown medical history, died from unknown causes.
5. Mother, deceased at age 53, diagnosed with breast cancer and diabetes, died from breast cancer complications.
6. Father, alive at age 77, diagnosed with hypertension.
7. Patient, alive at age 53, diagnosed with hypertension, OSA, obesity, and neuropathy. Hx of breast cancer.

Health Risk Assessment: Pt is at risk for hypertension, which she already has, due to a family history of hypertension from her father. She is also at risk for OSA, which she already has, resulting from obesity and sleep problems, no known family hx of OSA or obesity. Pt is at risk for neuropathy which she already has. Pt is at risk for breast cancer, which she already has, due to a strong family history of breast cancer from her mother. Pt is also at risk for diabetes due to her mother having diabetes. Pt is also at risk for heart related complications including congestive heart failure due to her maternal grandmother's history. Pt is also at risk for heart related complications, such as a MI due to her maternal grandfather's history.

VI. **Social History:**

1. Education- Associates degree in science. Completed a Certified Nursing Assistant (CAN) training program at age 24.
2. Occupation- Currently disabled due to breast cancer diagnosis in 2012 and neuropathy in hands. Patient was a Certified Nursing Assistant (CNA) at Andalusia Manor for 20 years.
3. Marital status- Only married once and has been separated since 2016.
4. Children/dependents- Has no children or dependents.
5. Type of housing & who the patient lives with- Pt lives alone in a two-bedroom one bath single story home. Has been living in home alone for the past 6 years.
6. Financial resources/insurance- Has Humana Medicare Advantage. Pt is able to attend doctors' appointments and routine exams through this plan. Pt is also able to afford and pay for medications through insurance and disability compensation.
7. Religion/beliefs- Methodist, attends church regularly. No religious preferences related to healthcare.
8. Social involvement- She is a member of the church and enjoys attending church events and socializing with her church family. Her hobbies include sewing, gardening, and cooking.
9. Travel- Pt denies any recent travel.
10. Erickson's Stage of Development:
    Generativity vs Stagnation- Pt expresses generativity by her strong connection with the church and giving back by sewing for those who need alterations including children for school clothing. Pt

expresses that she cares for her garden at home and enjoys watching her plants grow. She feels as if she is an active member of her community and feels a sense of accomplishment in doing so.

VII. **Review of Systems:** (Include at least 12 systems)

General/Constitutional: Denies weight change, weakness, fatigue, fever, night sweats, anorexia, malaise

Head: Denies headache, head injury.

Eyes: Denies vision changes, eye pain, eye or eyelid redness, excessive tearing, diplopia, floaters, loss of any visual fields. No history of glaucoma or cataracts. Reports use of corrective lenses.

Ears: Denies hearing loss, change in hearing, tinnitus, pain in ears, or drainage from ears.

Nose and Sinuses: Denies nasal stuffiness, nosebleeds, sinus pain, sinus congestion, nasal discharge, nasal pain, change in ability to smell, sneezing, post-nasal drip.

Mouth and throat: Denies mouth soreness, mouth dryness, ulcers, sore tongue, bleeding gums, pyorrhea, sore throat, and hoarseness. Denies trouble swallowing. Denies dental caries, abscesses, extractions, extractions, caps, or dentures.

Neck: Denies swollen lymph nodes or glands, denies lumps, goiter pain. Denies issues with neck mobility/ROM.

Thorax:

Breasts: Denies lumps, pain, nipple discharge of left breast. Reports right mastectomy. Reports monthly breast self-examinations.

Pulmonary: Denies acute or chronic cough, dyspnea, wheezing, or hemoptysis. Denies recent TB exposure or recent TB test. Denies history of pneumonia. Denies recent COVID-19 exposure and history. Denies history of environmental exposure.

Cardiovascular: Denies chest pain or palpitations. Denies complaints or history of orthopnea, murmurs, arrythmia's, dyspnea on exertion, paroxysmal nocturnal dyspnea, peripheral edema, syncope, or claudication.

Gastrointestinal: Denies dysphagia, odynophagia, vomiting, and hematemesis. Reports upper abdominal pain. Reports feeling full earlier than usual (early satiety). Reports indigestion and heartburn. Denies vomiting. Reports nausea. Reports changes in appetite. Reports regurgitation. Denies food intolerance. Denies any changes in bowel movement or change in bowel pattern. Reports bloating. Reports excessive belching. Denies rectal bleeding, passing black tarry stools, constipation, diarrhea, hemorrhoids, and jaundice.

Urinary: Denies hematuria or dysuria. Denies suprapubic pain and CVA tenderness. Denies nocturia, polyuria, history of stones, inguinal pain, trouble initialing urinary stream, incontinence, and history of frequent UTI's. Denies any history of STD's/STI's.

Integumentary: Denies rash, sores, lesions. Denies itching, bruising, infection, changes in moles, and sensitivities. Denies changes in hair or nails.

Musculoskeletal: Denies joint pain or stiffness, arthritis, gout, backache, joint swelling or tenderness or effusion, limitations of motion, and weakness.

Neurologic: Denies dizziness, fainting, headache, or loss of feeling. Denies weakness. Denies gait disturbances or coordination problems. Denies syncope and seizures. Reports bilateral hand numbness due to Neuropathy.

Allergic/Immunologic: Denies rhinorrhea or immunocompromise.

Psychiatric: Denies anxiety, irritability, depression, insomnia, phobias, tension, suicidal or homicidal ideations

Endocrine: Denies thyroid trouble, heat or cold intolerance, excessive sweating or flushing, diabetes, excessive thirst or hunger, or urination.

Hematologic/Lymphatic: Denies anemia, easy bruising or bleeding, swollen lymph nodes in neck.

Allergic/Immunologic: Denies itchy watery eyes, hives, rhinorrhea, immunocompromise, frequent infections.

VIII. **Physical Examination**: Include all systems.

1. **General appearance**: Appears well and non-toxic. Appears to be in stated age and dressed appropriately. Pt is obese for height and weight.

Vital signs:

Height: 5'4"/ 65 in.
Weight: 217.6 lbs. (98.70 kg)
BMI: 36.21 (obese)

Blood pressure: Left arm: 130/71 mm Hg. Refuses BP check on right arm due to mastectomy.
Pulse: 98 bpm
Respirations: 18 breaths/min
O2 Saturation: 98% RA
Temp: 97.3 (taken orally)

2. **Skin**:
   No rash or lesions noted. Skin feels dry with no moisture diaphoresis. Turgor subtle. No pallor edema or cyanosis
3. **HEENT**:
   Head:
   Normocephalic with no deformities. Scalp is normal with equal hair distribution. All facial features are symmetric at rest and in motion (cranial nerve 7-facial). Facial muscles do not tremor when jaw is clinched, and no clicking is noted over the TMJ (cranial nerve 5- trigeminal).
   Eyes:
   No ptosis or swelling of the lids. Sclerae is white and conjunctiva is pink. Cornea is dome-shaped, translucent, and smooth. Iris is flat and brown. No edema, lesions, drainage, or discoloration. Pupils are equal, round, and react to light and accommodation. Light reflex is both direct and consensual. Visual acuity within normal limits. Fundoscopic exam grossly unremarkable upon examination. The red reflex is present and equal with no abnormal coloring. The retinal background is uniform color with no signs of hemorrhage or discoloration. The optic disk is round, pink, with sharp edges. The vessels are visible, red, and non-tortuous. Macula and fovea visible with no deformities.
   Cranial Nerve 2- (Optic): pupils= PERRLA; fundoscopic exam: the fundal background is a deep red color without exudates or lesions; optic disc and macula is well defined, no evidence of retinal vascular hemorrhages or narrowing of vessels. Snellen chart test: R- 20/20, L-20/20, B-20/20; corrected.
   Cranial nerve 3, 4, 6 (oculomotor, trochlear, and abducens): + EOM in 6 directions.
   Ears:
   Normal pinna bilaterally. Normal external canals bilaterally. Otoscope exam grossly unremarkable upon examination. The ear canal is clear with some hair and yellow cerumen. The tympanic membrane is grey, translucent, in a neutral position, and reflects a cone of light.
   Whisper test proved cranial nerve 8 (auditory) to be intact.
   Nose:
   Nose is midline, with no edema, redness, discharge, or lesions. Nares are patent with no discharge, or congestion. The nasal septum is intact and midline. Nasal mucosa is pink, moist, and intact. Turbinates are pink and not enlarged. No lesions or growths on the nose. The frontal and maxillary sinuses are non-palpable and non-tender.
   Patient smelled an alcohol pad with eyes closed showing that cranial nerve 1 (olfactory) is intact.
   Mouth/throat:
   The lips are pink and symmetric with no cracking or lesions. The oral mucosa is pink, moist, and intact. No inflammation of the gingiva. No missing teeth or dental carries. No abnormal breath odor. The tongue is midline, pink, moist, with no scaling or lesions. Full symmetric movement of tongue. No buccal or palate nodules or lesions noted. Tonsils present with no redness. The posterior pharynx is clear with no exudates. Uvula is midline and rises when he says “ahh” and gag reflex is intact (cranial nerves 9 & 10- glossopharyngeal & vagus).
   Neck:
   Supple, trachea midline with normal cervical ROM, no masses or swelling. Thyroid is nonpalpable and nontender. No jugular venous distention seen on examination. Auscultation did not reveal stridor over pharynx or bruit over carotid arteries.
   Cranial Nerve 11 (Spinal accessory): patient is able to shrug her shoulders and push her head against resistance.
   Nodes:
   Submandibular, submental, tonsillar, pre- and post-auricular, occipital, anterior and posterior cervical triangles, supraclavicular nodes non-tender and non-palpable. Axillary, epitrochlear, and inguinal nodes non-tender and non-palpable.
4. **Thorax:** Breasts, Chest, Respiratory
   Breasts:

Inspection and palpation- no masses, discharge, or tenderness to the left breast. Mastectomy of right breast, surgical scar noted.
Chest:
Symmetrical chest expansion, no deformities, AP ratio 1:2.
Palpation-tactile fremitus present and equal bilaterally.
Percussion-resonance noted without any hyperresonance or dullness.
Auscultation-lungs clear to auscultation in all lung fields bilaterally. Respiratory rate, rhythm and effort are normal without retractions or use of accessory muscles. No crackles, wheezes, rhonchi, or rubs.

5. **Cardiovascular & Peripheral Pulses:**
   Inspection: no outward pulsations, no JVD, no visible PMI.
   Palpation: No lifts, heaves, or thrills.
   PMI- point of maximal impulse 5th intercostal space, midclavicular line (non-displaced). Carotid artery is palpable with equal upstroke, bilaterally.
   - Auscultation: temporal and carotid arteries were equal bilaterally with no bruits. Aortic, pulmonic, erb's point, tricuspid, and mitral locations were auscultated in the sitting, supine, and left lateral positions. S1/S2 heard in all locations- regular rate and rhythm. No clicks, murmurs or extra heart sounds heard.
   Pulses: Carotid, brachial, femoral, popliteal, posterior tibial, and pedal pulses 2+ bilaterally.
6. **Genitourinary:**
   No CVA tenderness, no suprapubic tenderness.
   Genital exam: Refused.
   Rectal: Refused
7. **Abdomen:**
   Inspection: rounded and symmetrical. Uniform and color and pigmentation. No scars or striae present. No respiratory retractions. No masses or nodules. No abnormal venous patterns.
   Auscultation: Bowel sounds normoactive in all quadrants. no bruits
   Percussion: Tympany over stomach and epigastric area. Dullness over liver.
   Palpation: Tenderness to light palpation on epigastric region of stomach. No tenderness on left or right hypochondriac, left or right lumbar, left or right iliac, umbilical region, and hypogastric region. Liver and spleen palpated with no abnormalities or masses. No hernia's present, no aortic pulsations seen or palpated. Bilateral inguinal nodes are nonpalpable and nontender.
8. **Musculoskeletal:**
   Back/spine: Full ROM, normal curvature. Normal posture. No tenderness noted. No scoliosis, lordosis, or kyphosis noted.
   Extremities: Upper and lower extremities symmetrical. No nail deformities, no clubbing, no cyanosis. No upper or lower extremity edema. No tremors.
   Full ROM with +5 muscle strength noted in shoulders, elbows, hands, and fingers. Grip strength is equal and strong.
   Full ROM in hips, knees, ankles, and feet with +5 muscle strength.
   Joints: No swelling, deformities, tenderness, warmth, erythema, and effusions.
9. **Neurologic**:
   Pt is A&O x 4- person, place, time, and situation with normal mentation. Normal behavior, attention, concentration, language, memory, and abstract reasoning. No signs of visible distress.
   Cranial nerves: CN I-XII was assessed and documented in HEENT sections.
   Motor - Muscle strength testing performed and documented above.
   Pt able ambulate without assistive devices. She was able to fill out paperwork demonstrating fine motor and cognitive function. No involuntary movements, rigidity, or spasticity noted in limbs. No evidence of muscle atrophy.
   Sensory - Pt can differentiate pain, temp, and touch- equal bilaterally, with eyes closed. Normal stereognosis.
   Cerebellar - No tremors or ticks noted.
   No abnormalities noted on rapid rhythmic alternating movement test, finger-to-nose test, heel-to-shin test, or Romberg test. Gait is appropriate with negative pronator drift.
   Reflexes- +2 DTR in biceps, triceps, brachioradialis, patellar, Achilles, and plantar tendons. Negative Babinski reflex.

10. **Psychiatric**:
    Appropriate mood and affect, normal attention and conversation. Her appearance is calm, cooperative, and appropriate.
11. **Hematologic/Immunologic:**
    No visible bleeding or bruising.

IX. **Diagnostic Testing**: (with rationale and results if available)

1. **CBC:** Performed to detect an infectious reason for the patient's abdominal pain; Detects anemia; Counts red blood cells, white blood cells, and platelets.
   All results WNL.
2. **CMP:** Performed to provide information on the body's chemical balance and metabolism; Can be useful in detecting electrolyte, renal, or hepatic abnormalities; Useful in ruling out the kidneys and liver as the source of abdominal pain.
   All results WNL.
3. **C- Reactive Protein (CRP):** Performed to measure the level of CRP in the blood; CRP is a protein made by the liver in response to inflammation; Useful in ruling out infectious causes of her abdominal pain.
   CRP= 3 (normal).
4. **Urinalysis:** Performed to evaluate for possible UTI that could explain the patient's abdominal pain. Clear yellow urine. PH= 6.0, SG=1.015; negative for leukocytes, nitrates, urobilinogen, protein, bilirubin, blood, ketones, and glucose.
5. **Helicobacter Pylori (H. Pylori) breathe test or a stool polymerase chain reaction (PCR) test:** Did not perform but could be useful in detecting H. Pylori infection in the stomach and duodenum that increases the risk of developing peptic ulcer disease, gastritis, and stomach disease and cancer.
6. **Abdominal Ultrasound:** Performed to evaluate the cause of stomach pain. Used to detect changes in size or shape of organs, tissues, or blood vessels and can also detect abdominal masses.
   Findings: The inferior vena cava, abdominal aorta, liver, gallbladder, common bile duct, kidneys, and spleen appear satisfactory. Pancreas is not well visualized. Impression: Pancreas is not well visualized. Normal abdominal ultrasound.
7. **Upper Endoscopy:** Performed to visualize the inside of the esophagus and stomach. Useful in determining longstanding GERD and detecting peptic strictures, Barrett's metaplasia, and esophageal adenocarcinoma. Identifies esophageal injury. Can help determine if visible esophageal mucosal injury is present.
   Referral sent to Dr. Day, General Surgeon at Andalusia Health for an upper endoscopy. Awaiting results.

X. **Differential Diagnosis with ICD-10 codes:**

Gastroesophageal reflux disease (GERD) – K21.9

- Definition: Condition in which the stomach contents move up into the esophagus causing troublesome symptoms/complications. Gastroesophageal reflux disease (GERD) occurs when symptoms are more frequent and can cause damage to the esophagus as a result of the acid reflux.
- Supporting Data: Suffering classic symptoms including heartburn and regurgitation. Pt reports a burning sensation especially after eating or drinking. Symptoms are worse at night rather than during the daytime hours. Reports feeling full right after eating or drinking. Reports nausea. Reports excessive belching.
- Refuting Data: EGD scheduled, awaiting results. Denies vomiting and BM changes.

Helicobacter Infection – B96.81

- Definition: Bacteria found in the stomach that can increase the risk of developing peptic ulcer disease, gastritis, and stomach disease and cancer.
- Supporting Data: Reports a burning sensation in the stomach after eating and at night, nausea, and appetite changes. Reports excessive belching.
- Refuting Data: Denies unintentional weight loss. Denies blood in the stool. Negative H. Pylori test could be used to refute the diagnosis if one was performed.

Peptic Ulcer Disease – K27.9

- Definition: A sore that develops on the lining of the esophagus, stomach, or small intestine. Occurs when stomach acid damages the lining of the digestive tract. Common causes include H. Pylori and aspirin use.
- Supporting Data: Reports upper abdominal pain, nausea, belching, appetite changes, and early satiety.
- Refuting Data: Negative H. Pylori result (if one was performed). Upper Endoscopy will also aid in refuting this diagnosis (awaiting results). Pain is not relieved by meals. Denies intolerance to fatty foods. Denies blood in stools. Denies vomiting.

Gastritis – K29

- Definition: Inflammation of the stomach lining.
- Supporting Data: Reports upper abdominal pain and nausea. Reports indigestion and a feeling of fullness after eating a meal.
- Refuting Data: Normal CBC, CBC, and C-reactive protein blood tests. Denies vomiting. Upper Endoscopy will also aid in refuting this diagnosis (awaiting results). Negative H. Pylori result (if one was performed).

Gastroparesis – K31.84

- Definition: A disorder effecting the stomach muscles that slows or stops the movement of food from your stomach to the small intestines.
- Supporting Data: Reports nausea, feeling full soon after eating, belching, heartburn, and pain in the upper abdomen. Reports appetite changes.
- Refuting Data: Denies vomiting. Denies lower abdominal pain. Upper Endoscopy will also aid in refuting this diagnosis (awaiting results).

XI. **Definitive Diagnosis with ICD-10 code**:

GERD – K21.9

- Definition: Condition in which the stomach contents move up into the esophagus causing troublesome symptoms/complications. Gastroesophageal reflux disease (GERD) occurs when symptoms are more frequent and can cause damage to the esophagus as a result of the acid reflux.
- Supporting Data: Suffering classic symptoms including heartburn and regurgitation. Pt reports a burning sensation especially after eating or drinking. Symptoms are worse at night rather than during the daytime hours. Reports feeling full right after eating or drinking. Reports nausea. Reports excessive belching.
- Refuting Data: EGD scheduled, awaiting results. Denies vomiting and any BM changes.

XII. **Chronic Health Problems with ICD code:**

- **Hypertension – I10**
- **Obstructive Sleep Apnea – G47.33**
- **Malignant Neoplasm of the Breast – C50**
- **Peripheral Neuropathy – G90.09**

XIII. **Plan:** (acute and chronic illnesses)

- **Gastroesophageal reflux disease (GERD)**
    - Treatment: Arrive at scheduled EGD appointment on June 13, 2022, and follow-up with your PCP to discuss results. Dr. Day's office will fax results to your PCP and you will follow up in 5-7 days to discuss results and adjust any medications. Pick up refilled Protonix 40 mg PO daily for an additional 28 days. Avoid citrus fruits, tomatoes, spicy foods, carbonated beverages, high-fat and fried foods, chocolate, mint, and caffeine. Do not eat two hours prior to bedtime. Keep the head of your bed elevated six to eight inches at night by stacking pillows. Avoid exercising or lying down directly after meals.
    - Education: Gastroesophageal reflux (acid reflux) occurs when the stomach contents back up into the esophagus and/or mouth. Gastroesophageal reflux disease (GERD) occurs when symptoms are more frequent and can cause damage to the esophagus as a result of the acid reflux. If GERD is left untreated, it can cause erosive esophagitis, esophageal stricture, Barrett's esophagus, dental problems, and lung or throat problems. Sometimes a diagnostic test called an

esophagogastroduodenoscopy (EGD) or also called an upper endoscopy is indicated to visualize the upper part of the GI tract down to the duodenum. A tiny camera is at the end of a long flexible tube and is used to diagnose and treat stomach conditions. This also allows the surgeon to gather samples of the stomach lining if needed and remove a polyp. Risks include infection, bleeding, and tearing of the GI tract; however, the risk is very low. You will need to stop drinking and eating four to eight hours before your endoscopy to ensure your stomach is empty for the procedure. It is also important to stop certain medication such as blood thinners, but your PCP will ensure these medications are addressed and you are aware not to take them. Pantoprazole Sodium (Protonix) may be prescribed to treat GERD. Take medication as prescribed (take one 40mg tablet once a day). Protonix can be taken without food. It should be swallowed whole. Do not chew, break, or crush. Take a missed dose as soon as you think about it but do not take two doses at the same time. Store medication at room temperature in a dry place (do not store in the bathroom). Side effects include dizziness, headache, stomach pain, diarrhea, vomiting, gas, joint pain, or signs of a common cold. If you experienced signs of an allergic reaction, signs of electrolyte problems (confusion, muscle pain, change in balance, abnormal heartbeat), fever, bone pain, or sever skin reactions, stop taking the medication and call your PCP immediately. Continue recommended non-pharmacologic measures to control GERD.
    - Follow-up: Follow-up with PCP in 5-7 days to discuss esophagogastroduodenoscopy (EGD) results.
    - Referral: Referral sent to Dr. Day, general surgeon, for an EGD. The endoscopy is scheduled for June 13, 2022. Dr. Day's office will call you and let you know when to arrive for the appointment including directions to the hospital if needed. Additionally, they will call you with any pre-operative education within the next couple days. Awaiting results.
- **Essential Hypertension**
    - Treatment: Continue taking as prescribed Apresoline 50 mg PO daily and Coreg 12.5 mg PO BID by PCP. Maintain a heart-healthy diet that is low in sodium. Continue to get plenty of exercise, at least 30 minutes three to five times per week. Minimize alcohol and tobacco consumption. Utilize stress reduction techniques.
    - Medication Profile: Carvedilol 12.5 mg tablet PO daily.
        - Generic: Carvedilol
        - Brand: Coreg
        - MOA: Inhibits exercise induce tachycardia through its inhibition of beta adrenoceptors. Carvedilol's action on alpha-1 adrenergic receptors relaxes smooth muscle in vasculature, leading to reduced peripheral vascular resistance and an overall reduction in blood pressure.
        - Drug Class: Beta Blocker
        - Indication: Hypertension
        - Dosage: Initial: 6.25 mg twice daily; titrate in ≥1-week intervals as needed based on patient response; usual dosage range: 6.25 to 25 mg twice daily; maximum dose: 50 mg/day.
        - Cost for a 30-day supply:
        - Walmart: $4.00
        - Publix: $12.41
        - Walgreens: $33.06
        - **https://www.goodrx.com/carvedilol**
    - Education: Blood pressure refers to the pressure that blood applies to the inner walls of the arteries. Arteries carry blood from the heart to other organs and parts of the body. "Hypertension" is the medical term for high blood pressure. Untreated high blood pressure increases the strain on the heart and arteries, eventually causing organ damage. High blood pressure increases the risk of heart failure, heart attack, stroke, or kidney failure. Normal blood pressure is less than 120 over less than 80. Blood pressure should be monitored daily. Keep a blood pressure log of the dates and times when blood pressure is taken. Avoid stressful situations if possible. Maintain a low-sodium, heart-healthy diet. The Dietary Approaches to Stop Hypertension (DASH) diet is high in vegetables fruits, low-fat dairy products, whole grains, poultry, fish, and nuts. Combining DASH diet with sodium restriction can lower blood pressure. Apresoline is used to treat high blood pressure. Medication should be taken as prescribed (one 50 mg tablet once a day). Medication can

be taken with or without food; however, food enhances bioavailability. Take at the same time each day. Take missed doses as soon as remembered; do not double doses. If more than 2 doses in a row are missed, consult health care professional. Must be discontinued gradually to avoid sudden increase in BP. Keep this medication in the container it came in, tightly closed, and out of reach of children. Store at room temperature and away from excess heat and moisture (not in the bathroom). Continue to take hydralazine even if you feel well. Do not stop taking hydralazine without talking to your doctor. Side effects include flushing, headache, upset stomach, vomiting, loss of appetite, diarrhea, constipation, eye tearing, stuffy nose, and rash. If you experience signs of fainting, joint or muscle pain, fever, rapid heartrate, swollen ankles or feet, chest pain, or numbness or tingling in hands or feet stop the medication and call your PCP immediately. Coreg is used to treat high blood pressure. Medication should be taken as prescribed (12.5 mg tablet twice a day). Medication should be taken with food. Do not take more or less of the medication than prescribed and labeled on the bottle. Do not crush or chew the capsules. Continue taking carvedilol even if you feel well. Do not stop taking carvedilol without talking to your doctor. If you suddenly stop taking carvedilol, you may experience serious heart problems such as severe chest pain, a heart attack, or an irregular heartbeat. Avoid alcohol while taking this medication. Continue normal diet while taking this medication. Side effects may include extreme thirst, frequent urination, weakness, and blurred vision. If you experience symptoms of vomiting, vision changes, weakness, dizziness, or numbness or tingling contact your PCP and stop the medication. Continue recommended non-pharmacological interventions to control hypertension.
    - Follow-up: We will follow this problem at her subsequent visits.
    - Referral: No referrals required at this time.
- **Obstructive Sleep Apnea**
    - Treatment: Continue with CPAP use while sleeping. Continue to get plenty of exercise, at least 30 minutes three to five times per week. Continue to avoid alcohol consumption. Continue to sleep in the lateral recumbent position. Continue to walk on the treadmill two times per week and floor exercise three times per week for 30–45-minute intervals.
    - Education: Obstructive sleep apnea is a disorder that is characterized by obstructive apneas and hypopneas due to repetitive collapse of the upper airway during sleep. Untreated OSA has many potential consequences and adverse clinical associations, including excessive daytime sleepiness, impaired daytime function, metabolic dysfunction, and an increased risk of cardiovascular disease and mortality. It is recommended to avoid alcohol consumption as it will worsen OSA. It is recommended to sleep in the lateral recumbent position. Patients should engage in weight loss and exercise strategies to improve overall health and decrease OSA symptoms. Consume a healthy diet low in sodium and saturated fats and high in fruits, vegetables, and whole grains. The main treatment is continuous positive airway pressure or CPAP. CPAP involves maintenance of a positive pharyngeal transmural pressure so that the intraluminal pressure exceeds the surrounding pressure. CPAP also stabilizes the upper airway through increased end-expiratory lung volume. As a result, respiratory events due to upper airway collapse (eg, apneas, hypopneas) are prevented. Continue with CPAP use and programmed settings. Contact the PCP if symptoms reoccur or worsen. Contact the PCP if daytime sleepiness or drowsiness occurs. Continue recommended non-pharmacological recommendations to control OSA.
    - Follow-up: We will follow this problem at her subsequent visits.
    - Referral: No referrals required at this time.
- **Malignant Neoplasm of the Breast**
    - Treatment: Continue taking Anastrozole 1 MG PO daily prescribed by oncologist. Continue with breast self-examinations at least once a month and keep scheduled appointments with your OBGYN and any follow-up tests or scans as scheduled by Kirkland Clinic. Continue with exercise and avoiding alcohol intake.
    - Education: Malignant neoplasm of the breast is a disease in which the cells in the breast grow out of control. Although, she is in remission breast cancer is considered a chronic illness with ongoing lifestyle recommendations. It is important to eat a healthy diet and get regular exercise, at least 30 minutes three to five times per week. It is also recommended to avoid alcohol. Breast self-exams are important and should be performed monthly in the unaffected breast. It is also important to keep annual appointments with an OBGYN and remain up to date on recommended preventative screenings. It is recommended to practice mindfulness to accept the breast cancer

diagnosis and work through any unwanted feelings. Mindfulness involves being aware and accepting of one's present experiences, including thoughts, feelings, and physical sensations. Continue to take prescribed Anastrozole 1 MG Tab once daily. Anastrozole is used after breast cancer treatment and surgery to prevent cells from growing that require estrogen. Anastrozole is in a class of medications called nonsteroidal aromatase inhibitors. It works by decreasing the amount of estrogen the body makes. This can slow or stop the growth of many types of breast cancer cells that need estrogen to grow. The medication can be taken with or without food. Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one. Side effects may include weakness, fatigue, hot flashes, mood changes, joint or muscle pain, or dry mouth. Contact your PCP or oncologists if symptoms of chest pain, blurry vision, shortness of breath, or difficulty swallowing are experienced. Continue with recommended nonpharmacological recommendations.
    - Follow-up: Keep yearly appointments for breast exams and mammograms with OBGYN as scheduled. Keep any follow-up tests or scans appointments with Kirkland Clinic as needed or recommended. Will follow this problem at subsequent PCP visits.
    - Referral: No referrals required at this time.
- **Peripheral Neuropathy**
    - Treatment: Continue taking Nortriptyline (Pamelor) 50 mg PO daily and Tramadol (Ultram) 50 mg PO twice daily by Dr. Farmer. Continue to get plenty of exercise, at least 30 minutes three to five times per week. Continue to avoid alcohol and consider smoking cessation.
    - Education: Neuropathy is a result of damage to the nerves located outside of the brain and spinal cord, often causes weakness, numbness, and pain, usually in the hands and feet. It is important to eat a diet rich in fruits, vegetables, whole grains, and lean protein to keep nerves healthy. It is also important to exercise regularly and avoid factors that may cause nerve damage including repetitive motions, cramped positions, and smoking and consuming alcohol. Nortriptyline (Pamelor) is an antidepressant from the same class of medicines as amitriptyline, which is widely recommended for treating neuropathic pain. Take this medication as prescribed, 50 mg tablet once daily. Take at the same time each day. Side effects may include drowsiness, dizziness, dry mouth, blurred vision, and constipation. Get up slowly when rising from a sitting or lying position and suck on hard candy or ice chips and maintain adequate fiber intake. Contact your PCP if symptoms of fast heartbeat, hallucinations, loss of coordination, nausea/vomiting, unexplained fever, or unusual agitation occurs. Tramadol is used to treat moderate to severe pain. Take as prescribed, 50 mg PO twice daily, by MD. You may take this medication with or without food. If nausea develops, take this medication with food. This medication has an abusive and addictive potential, take this medication exactly as prescribed. When this medication is used for a long time, it may not work as well. Side effects may include nausea, vomiting, constipation, dizziness, or headache. Contact your PCP and stop this medication if sleep apnea, mood changes, hallucinations, sever abdominal pain, fainting, or seizures occurs. Continue recommended nonpharmacological recommendations.
    - Follow-up: We will follow this problem at her subsequent visits.
    - Referral: No referrals required at this time.

- **Health promotion plan:**

    - Current recommended screenings:
        1. Continue annual dental exams and vision screenings.
        2. Keep follow-up appointments with PCP every 6-months for lab and routine tests.
        3. Obtain colon cancer screening (Cologuard or colonoscopy) every 10 years (unless abnormal findings). Last exam was in May 2019.
        4. Continue monthly breast self-exams.
        5. Continue mammogram every year. Last mammogram at age 52.
        6. Continue pap smears every 3 years. Last pap smear at age 50.
        7. Tobacco cessation- verbal and written education provided to patient on tobacco cessation.
        8. Keep preventative appointments and scans with your oncologist.
        9. Lung cancer screening was declined; however, will ask again at subsequent visits.

- Immunizations:
  1. Once Hepatitis status is known, we will encourage Hepatitis vaccination.
  2. Pt refused the Shingles vaccine, will continue to ask patient again at subsequent wellness visits.
  3. Will offer the patient the influenza vaccine at the start of the next flu season.
  4. At age 65, the pneumonia vaccine will be offered.

- Lifestyle management:
  1. Incorporate heart healthy diets such as the DASH diet increasing consumption vegetables, fruits and low-fat dairy products, as well as whole grains, fish, poultry and nuts.
  2. Continue with exercise routines of walking on the treadmill two times per week and floor exercises three times per week for 30–45-minute intervals. Consider walking on the treadmill for an additional two more days for a total of four times per week in order to maximize weight loss potential and increase overall health.
  3. Avoid stressful situations.
  4. Begin using sunscreen when outdoors and keep wearing wide brim hat to protect skin from the sun. Also wear protective clothing.
  5. Consider smoking cessation to improve overall health status, chronic disease, and risk factors.
  6. Avoid sewing for long hours that may aggravate your neuropathy. Take frequent breaks and rest your hands.
  7. Continue to take prescribed medications.
  8. Continue to monitor blood pressure at home.
  9. To improve patients' concept of overall fair health status, try to dedicate to a healthy diet to lose weight to improve chronic diagnosis of hypertension and OSA. Additionally, loosing weight will aid in the prevention of onset of diabetes.
  10. Adhering to the above can decrease the family risks of heart related conditions and diabetes.

References

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