SOAP Note

 Student’s Name:

 University Name:

 Course Name:

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| **Name:** CG  | **Date:** 05/14/2019 | **Time:** 1430  |
| **Age:** 58 | Race: Hispanic | **Sex:** M  |
| **Setting type:** Undeserved area/population | **Referral:** other | **Reason for visit:**Follow up |
| **Insurance:** Private Insurance | **PMHX:** unremarkable. All vaccines are current. | **Time w/ patient:**23 minutes |
| **SUBJECTIVE** |
| **CC:** “I have headache. “  |
| **HPI:** 58-year-old male presents to clinic with complaints of headache that is not relieved by OTC medications. Symptoms have been occurring for two weeks now. This past week, he has more frequents unrelieved with Tylenol 500 mg. He said is frequent in the evening, which is making him perform poorly at work. He denies another neurologic problem.  |
| **Medications:** Ibuprofen: 200 mg PO, 400 mg every 4 hours for pain as needed. Tylenol: 500 mg PO daily for pain as needed. Lisinopril: 10 mg PO once daily for Hypertension.Hydrochlorothiazide 12.5 mg PO daily for Hypertension.  |
| **PMH****Allergies:** No known food or drug allergies.  |
| **Medication Intolerances:** No known medication intolerances  |
| **Chronic Illnesses/Major traumas:** 1. (Essential primary) Hypertension I10 ICD10; 2- Central pain syndrome G89.0 ICD 10; Hyperlipidemia, unspecified E78.5 ICD10No major traumas reported |
| **Hospitalizations/Surgeries:** No surgeries noted. No hospitalizations or surgeries reported/record |

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| **Family History** Patient’s mother and father are alive and well. Mother has history of ovarian cancer but has been in remission for 10 years. Father has Hypertension but no major chronic conditions. MGM: Deceased, Cardiovascular disease. MGF: Deceased, healthy. PGM: Deceased, Acute kidney failure. PGF: Deceased, cardiovascular disease. Patient has one sibling healthy.  |
| **Social History** Patient is currently employed at a post office company as a vendor. He is married and has a son who is grown and married and no longer lives in the home. He never drinks alcohol. He denies using tobacco or any illicit drugs. He has a “healthy relationship” with his wife of 12 years.  |
| **page8image395328ROS**  |
| **General** Reports headache. The headache pain tends to pulsate and often gets worse with physical activity. | **Cardiovascular** Denies shortness of breath, edema, chest pain, and palpitations. Patient has high blood pressure. |
| **Skin** Denies rashes, skin changes, mole changes, or bruising.  | **Respiratory** Denies wheezing, hemoptysis, dyspnea, and history of pneumonia or TB. Admits to an occasional productive cough and nasal congestion/sinus pressure.  |
| **Eyes** Denies eye pain or any vision changes.  | **Gastrointestinal** Denies abdominal pain, N/V/D, constipation, or hemorrhoids.  |
| **Ears** Denies Ear ache/pain, hearing loss, ringing in ears or discharge | **Genitourinary/Gynecological** Denies urgency, frequency, burning, or change in urine color |
| **Nose/Mouth/ Throat** Denies sinus pressure and post nasal drip. Denies dysphagia, nose bleeds/discharge, or throat pain.  | **Musculoskeletal** Denies back pain, joint swelling, stiffness or pain, or hx of broken bones.  |
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| **Breast** Denies lumps, bumps, or changes.  | **Neurological** Denies syncope, seizures, or weakness. Headache  |
| **Hema/Lymph/Endo** Denies swollen/sore glands or night sweats  | **Psychiatric** Denies Anxiety. Denies depression. Denies: change in mental status, confusion, delirium.  |
| **OBJECTIVE**  |
| Weight: 168 BMI 23.4 (Normal) Height: 5’10”  | Temp: 97.4 F tympanicPulse: 69Resp: 19 (Room Air)BP: 158/98 |
| **General Appearance** Well nourished, healthy appearing adult male in acute distress due to two weeks of sinus pressure and nasal congestion. Alert and oriented; answers questions appropriately.  |
| **Skin** Skin is pale, warm, dry, clean and intact upon examination.  |
| **HEENT** Head is normocephalic, without lesions; hair evenly distributed. Eyes: PERRLA. No lesions, eye discharge or other abnormalities. ENT: no lesions of oral or nasal mucosa, tympanic membranes are intact. Oral mucosa pink and moist. Neck: Nick tissue exam demonstrates no masses, symmetrical, and trach is midline. Full ROM; no cervical lymphadenopathy; no occipital nodes. No thyromegaly or nodules.  |
| **Cardiovascular** Regular rate and rhythm. No extra sounds, clicks, rubs or murmurs. Capillary refill 2 seconds. Pulses 3+ throughout. No edema. **Respiratory** Breathing is unlabored and chest movement is equal bilaterally. No wheezing, rhonchi, rales or rubs upon auscultation. Nasal congestion is audible.  |
| **Gastrointestinal** Abdomen flat, soft, and non-tender in all quadrants. No hepatomegaly or splenomegaly.; BS active in all 4 quadrants. No masses palpated.  |
| **Breast**Breast is free from masses or tenderness.  |
| **Genitourinary** No bladder tenderness upon palpation.  |
| **Musculoskeletal** Full ROM seen in all 4 extremities as patient moved about the exam room.  |
| **Psychiatric** Insight and judgment appear both to be intact and appropriate. Mood and affect are described as normal mood and full affect. Dressed in clean dress pants, dress shirt, and tie. Speech is normal toned and answers questions appropriately.  |
| **Lab Tests** 85025 - BLOOD COUNT; COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, & PLATELET) & AUTOMATED DIFFERENTIAL WBC 81000 - URINALYSIS, DIP STICK/TABLET REAGENT; NON-AUTOMATED W/MICROSCOPY |
| **Special Tests** No special tests ordered at this time.   |
| ASSESSMENT FINDINGS AND PLAN  |
| **Assessment:** Problem focused hypertension is the high blood pressure that does not have a secondary cause and can also be called primary hypertension. Most hypertension cases are also referred to as essential hypertension. Problem focused hypertension is influenced by genetic factors (Lindholm, 2014). In addition, the following factors increase the risk of problem focused hypertension. The factors are: stress, diet, overweight and minimum body activity. The signs and symptoms of problem focused hypertension include individual confusion and fatigue, constant headaches, chest pains, blood urine, unstable heartbeat, and constant pounding on the ears, neck and chest.**Plan:** High blood pressure is tested using a monitor for blood pressure on different intervals. The doctors record the findings and discuss them at later dates. A physical exam is conducted to check for any signs of heart disease (Viera & Neutze, 2018). The examination also involves looking into the eyes of the patient. The following tests are also considered.* Echocardiogram: involves the use of sound waves to display a picture of a patient’s heart.
* Cholesterol test: this test is also referred to as a lipid profile and is used to test the cholesterol levels in a patient’s blood
* Kidney and other tests for different body organs: this test includes urine tests, blood tests, and ultrasounds.

**Differential diagnosis:*** Hypertiroidism ICD10 E05.90
* Pheochromocytoma ICD10 D35.00
* Cushing’s disease ICD10 E24.0

The note supports the appropriate differential process. **Pharmacological treatment:**Problem focused hypertension is treated by use of medications. The medications are anti-hypersensitive and include: diuretics, calcium channel blockers, beta-blockers, angiotensin II receptor blockers and angiotensin enzyme (Lindholm, 2014). **Non-pharmacological treatment:**In addition to the medications, lifestyle changes are also significant in lowering the blood pressure. The changes include: lose weight, exercise, reduction of stress levels, and limiting the alcohol intake (Viera & Neutze, 2018).  |

References

Lindholm, L. H. (2014). The problem of uncontrolled hypertension. Journal of human hypertension, 16(S3), S3.

Viera, A. J., & Neutze, D. M. (2018). Diagnosis of secondary hypertension: an age-based approach. American family physician, 82(12).