

SOAP II

Gerontology
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Name: A.B.

D.O.B., race, insurance: 07/09/1932, African American, Medicare

WT: 150

HT: 63

BMI: 27.4

Vitals: T-98.8, P-74, R-18, B/P-135/80

Medication:

Nu Iron- 200 mg GT Q day

Lantus- 68 units SQ @ HS

Novolog- Sliding Scale

Levothyroxine 25 mcg GT Q a.m prior to meal

Zoloft 25 mg GT Q day

ASA 81 mg GT Q day

Amlodipine 2.5 mg GT Q day

Allergies: codeine, opium, phenanthrene

C.C.: F/U Skilled

HPI: Hypertriglyceridemia- per lab values

PMH: Dementia/ CVA/ Contractures/ Depression/ DMII/ HLD/ HTN/ Hypothyroid

Hospitalization: Peg tube placement 5/14

Surgeries/procedures: Peg tube placement 5/14 for medication and purposes.

FH: Father deceased at 24 years from unknown causes; Mother deceased stroke, has 10 (9 daughters, 1 son) children all alive. Son has diabetes/HTN, eldest daughter had stroke/HTN. "Pretty much all the kids have blood pressure problems"

SH: denies smoking/ drinking alcohol

24 hour diet recall:

B-fast- Grits, eggs, applesauce, honey thick water

Snack- sugar free vanilla pudding

Dinner- Mashed potato and gravy, stewed tomato, potted meat

Snack: fruit cup

Supper: meat loaf, cooked carrots, applesauce, honey thick sugar free tea

Snack: ensure

ROS

General: unable to obtain

Head: unable to obtain

Eyes: unable to obtain

Ears: unable to obtain

Throat/ mouth- unable to obtain

Nose: unable to obtain

Neck: unable to obtain

Chest/lungs: unable to obtain

Skin: unable to obtain

Heart/blood vessels: unable to obtain

Peripheral vascular: unable to obtain

Endocrine: unable to obtain

Gastrointestinal: unable to obtain

Diet: unable to obtain

Genitourinary: unable to obtain

Musculoskeletal: unable to obtain

Neurological: unable to obtain

Psychiatric: unable to obtain

patient confused. Information obtained via chart and daughter at bedside

Objective:

Pt. appears stated age is well groomed and clean and is in a happy disposition confused but willing to talk. Hair is evenly distributed and intact. Skin is without lesions or bruising noted. Mouth is clean, lips are pink and even, teeth intact. No exudate or white spots noted. Uvula is midline, center, pink, moist and of normal size. Ears without drainage or redness noted. Lymph nodes are neither swollen nor tender to touch. Face is symmetrical no ptosis or drooping noted. Thyroid is palpated no goiter noted. Chest rises and falls evenly, without respiratory effort noted, lungs are clear bilaterally. Pt. unable to alternate hands on knees. Bilateral hand grips are weak. Nails on hands are neatly groomed, no clubbing or cyanosis noted. Cap. Refill <2sec. Pt. unable to verbally differentiate btw. sharp and dull touch. Pt. deep tendon reflex intact at triceps and brachial. No jugular distension noted, no murmurs, gallops or bruits auscultated. Brachial and popliteal pulses palpated non-bounding. Apical pulse is in unison with Erb's point. Bilateral ankle's without edema at palpation. Pedal pulses palpable. Abdomen is obese and soft. BS + x 4. Gastrostomy tube in place right side abdomen. No drainage or excoriation noted around g-tube site. No facial grimacing (pain) w/light palpation of abdomen. Liver nor spleen able to be palpated.

Labs:

WBC-12, HMG-10.1, HCT-31.5, Platelet- 331

NA-138, K+-4.7, Cl-103, Co2-26, Bun-33, Creat-0.97, Glucose-190

Ca+- 9.78, Vit D- 19.2, GFR (AA)- 67, B12-791

TSH-7.9, Folic-19.2

Chol- 223, Tri-309, HDL-55, LDL- 126, VLDL- 62

Assessment:

*Patient was able to say "Hi", she was able to state her name, when she was asked if she had any pain she said "yes". I asked her where her pain was and she began spelling her name. I then asked her again if she had any pain which she answered "no". Every question I asked her from that point on was "no" regardless of the question. She was able to follow most commands, if I showed her first like "say ahhh". Eventually she laid her head down and closed her eyes. *

Plan:

Hypertriglyceridemia- Omega-3 2 grams PO QD @ HS re-check lipids in three months

Hypothyroid- moved Nu Iron time on mar to afternoon. Recheck level in two weeks.

Billing:

Hypothyroid(244.9), Hypertriglyceridemia (272.4), HTN(401.1), Dementia (290.0)

Question:

- 1) Why didn't I just increase the Plavachol?
- 2) What are the classes for cholesterol medication and which med correlates with which cholesterol level?
- 3) When does the most significant decrease in cholesterol occur in conjunction with medication?
- 4) What cholesterol value should you focus on first? Why did I focus on the triglycerides? What happens when triglycerides get too high?
- 5) What is phenanthrene?