

## SOAP NOTE

HISERTATION

Name: VD	Date:	Time:
	Age: 45	Sex: Female.
<b>SUBJECTIVE:</b>		
<b>CC:</b> "I have been feeling hot flashes and irregular periods"		
<b>HPI</b> Patient is a 45-year-old Hispanic female who presents to the clinic with complaints of hot flashes approximately 10 per day, with overwhelming sense of heat that started 3 month ago, patient states, "I need the fan all the time"; besides irregular periods due to heavy bleeding and cramping. It was accompanied with mood changes, stress, fatigue, vaginal drying, itching, sleep problems due to night sweats, about 2-3 times per week needing to change her pajamas and bed linens and night and weigh gain of 15 pounds in the last month. She denied fever, increase the frequency when urine, denied diarrhea, hair loss or warm skin. She refereed that her mother recommends hormones for this problem but she is thinking that this medication is not safe.		
<b>Medication.</b> Hydrochlorothiazide: 25mg PO qd. Lysinopril 20mg PO qd. OTC : Tylenol 325mg. Denies use of herbal supplements.		
<b>PMH</b> <b>Allergies:</b> NKDA <b>Medications Intolerances:</b> None <b>Chronic Illnesses/ Major traumas:</b> HTN since 2008 <b>Other:</b> <b>Hospitalizations/Surgeries:</b> <b>Immunizations:</b> Childhood immunizations are up to date. <b>Environmental hazards:</b> She work in a shop, she is not exposed to environmental hazard <b>Safety measures:</b> Patient state "I use my seat belt in the car, and I don't use my phone when I am driving".		

**Family History**

Father, who is 85 years old has CKD and not dependent on dialysis. His mother, age 89 with HTN. One sister, age 54 with HTN.

**Social History**

Miss. VU denies any illicit drug use. She does not smoke. She drinks alcohol frequently and has an active social life.

**ROS****General:**

No fever. Headache occasionally, level 4/10, with sudden appearance, no irradiation, that relieve with rest, cool compress and Tylenol besides she is feeling occasionally weak, with the necessity of take a rest without do exercises.

**Cardiovascular**

Denies chest pain, palpitations, swollen legs, orthopnea, cyanosis, pallor. Occasionally fatigue, is present, principally with long distance walking.

**Skin**

Denies any rashes, lacerations, or wounds. Denied allergies, hives, eczema, hair loss, excessive bruising or any change in pigmentation. Night sweats, about 2-3 times per week needing to change her pajamas and bed linens and night.

**Respiratory**

Denied runny nose, sore throat, cough or shortness of breath, chest pain with breathing, history of respiratory infections, smoking history, and environmental exposure.

**Eyes**

Denies any redness, swelling, discharge, itching. Vision 20/20 in the last ophthalmologist exam in May 2018. Denied history of ocular problems.

**Gastrointestinal**

Denies nausea, vomiting, diarrhea, abdominal pain, constipation, acid reflux or dysphagia. Good appetite, no past abdominal history.

**Ears**

Denies any ear pain, drainage, hearing loss, tinnitus, or vertigo.

**Genitourinary/Gynecological**

G=2, T=2, P=0, A=0, L=2

Hot flashes approximately 10 per day, with overwhelming sense of heat that started 3 month ago, irregular periods due to heavy bleeding and cramping approximately 10 day in each period, with a lot of coagula, with the use of more than 5 compress diary, no vaginal discharge, decrease

	sexual activity 1 time a month, no use of contraceptives.  LPM:  Sexually active. No known STDs
<b>Nose/Mouth/Throat:</b>  Denies discharge, frequents respiratory infections, sinus pain, trauma, altered smell, sore throat, epistaxis, bleeding gums, hoarseness, altered taste, or use of dentures.	<b>Musculoskeletal:</b>  Denied joint pain, stiffness, or swelling, heat, redness and limitation of movement. Denies Muscle pain. Denied Bone pain, deformity, or any trauma.
<b>Breast and axilla.</b>  Denied pain, lump, discharge, rash, swelling, trauma or history of breast disease. Denied tenderness, lump, swelling or rash in the axilla.	<b>Neurological:</b>  Denies syncope, seizures, weakness or dizziness.
<b>Heme/Lymph/Endo:</b>  Denies bleeding, leg [pain or cramp, swelling, skin change of arm and leg or lymph node enlargement.  Denies increase thirst. The weight is increased 15 pound in the last month.	<b>Psychiatric:</b>  Denied dizziness, vertigo, incoordination, seizure, tremors, numbness or tingling, difficulty swallowing or speaking. Mood change are present with high grade of irritability, sleep disorder with a difficulty for fall sleep due to night sweat.
<b>OBJECTIVES</b>	
Weight: 172 BMI: 26.9	Temp: 97.7 BP: 135/80
Height: 5'7"	Pulse: 73 Resp: 19
<b>General Appearance:</b>  The patient is a cooperative 47-year-old Latin female who appears well groomed. He is appropriate, no under the influence of alcohol, or other drugs, who articulate clearly, ambulate without difficulty, and is in no distress.	
<b>Skin:</b>	

Uniformly tank-pink in color, warm, dry, intact, turgor good. No lesions, birthmark, edema. Hair, normal distribution and texture, no pest inhabitants. Nails, no clubbing, biting, or discolorations. Nails bed pink and firm with prompt capillary refill.

### **HEENT:**

Head: Normocephalic, no lesions, lump, scaling, parasites, or tenderness. Face symmetric, no weakness, no involuntary movements.

Eyes: Acuity by Snellen chart O.D 20/20, O.S 20/20. Visual field full by confrontation. EOMs intact, no nystagmus. No ptosis, lid lag, discharge or crusting, Corneal light reflex symmetric, no strabismus. Conjunctivae clear. Sclera white, no lesion or redness. PERRLA. Fundi: Disc flat, with sharp margins, vessels present in all quadrants without crossing defects. Back grounds has even color, no hemorrhage or exudates.

Ears: Pinna no mass, lesions, scaling, discharge, or tenderness to palpation. Canals clear. Tympanic membrane pearly gray landmarks intact, no perforation. Whispered words heard bilaterally. Weber test- tone heard midline with lateralization. Rinne test AC>BC. And = Bilaterally.

Nose: No deformity or tenderness to palpation. Nares patent, Mucosa pink, no lesion. Septum midline, no perforation. No sinus tenderness.

Mouth: Mucosa and gingivae pink, no lesion, or bleeding. No molar missing, no spots, no gum alterations. Tongue symmetric, protrudes midline, no tremor. Pharynx pink, no exudate. Uvula rises midline on phonation. Tonsils 1+, gag reflex present

Neck: Neck supple with full ROM. Symmetric, no masses, tenderness, lymphadenopathy. Trachea midline. Thyroid no palpable, no tender. Jugular veins flat @ 45degrees. Carotid arteries 2+ and = bilateral, no bruits.

### **Cardiovascular**

Precordium, no abnormal pulsations, no heaves, Apical impulse at 5<sup>th</sup> ICS in the left MCL, no thrills. S1-S2 are not diminished or accentuated, no S3 or S4. No murmurs are present . Capillary refill 2 seconds. Pulses 3+ throughout. No edema.

### **Thorax and lung**

AP< transverse diameter. Chest expansions symmetric. Tactile fremitus equal bilaterally. Lung field resonant. Diaphragmatic excursion 4cm and 5cm bilaterally. Breast sound audible with a god tone and intensity no adventitious sounds are present.

### **Gastrointestinal:**

Abdomen flat symmetric. Skin smooth with no lesions, scar or striae. Bowel sounds presents in all 4 quadrants, no bruits. Tympanic predominate in all quadrants. Liver spam 7cm in right MCL.

Abdomen soft, no organomegaly, no masses or tenderness, no inguinal lymphadenopathy.

**Breast:**

Symmetric, no retraction, discharge, or lesions. Contour and consistency firm and homogeneous. No masses or tenderness, no lymphadenopathy.

**Genitalia.**

External genitalia with burning and itching sensation at palpation. Pelvic muscles with a decreased tone.

Internal genitalia: Vaginal wall thin, red and no lesions.

Specimen for PAP test, GC/chlamydia, trichomoniasis, moniliasis obtained. Swabbing mucosa with acetic shows no acetowhitening.

Bimanual, painful when cervix is moving, uterus midline enlargement is present, no masses, Adnexa ovaries not enlarged, no tenderness.

Anus no hemorrhoids, fissures or lesions. Rectal wall intact, no masses or tenderness. Stool soft brown; hemates negative.

**Normal Finding:** External genitalia reveal coarse pubic hair in normal distribution; skin color is consistent with general pigmentation.

No vulvar lesions noted. A small speculum was inserted; vaginal walls are pink and well rugated; no lesions noted. Cervix is pink. Pap smear done. On bimanual exam, cervix is firm. No CMT. Uterus is antevert and positioned behind a slightly distended bladder; no fullness, masses, or tenderness. No adnexal masses or tenderness. Ovaries are nonpalpable.

**Kidneys.**

Negative renal rally maneuver, negative percussion fist.

Bladder is nondistended; no CVA tenderness.

**Musculoskeletal:**

Temporomandibular joint no slipping or crepitation. Neck full ROM, no pain. Vertebral column no tenderness, no deformity or curvature. Full extension, lateral bending, rotation. Arms and legs symmetric with a full ROM, no pain or crepitation. Muscle strength, able to maintain flexion against resistance and without resistance.

**Neurological:**

Mental status. Appearance, behavior speech appropriate. Alert and oriented to person place and time, Thought coherent. Remote and recent memories intact. Cranial nerves II through XII intact.

Sensory: Pinprick, light touch, vibration intact. Stereognosis, able to identify key.

Motor: No atrophy weakness, or tremors. Gait has limp, able to tandem walk with shoes on.  
Negative Romberg's sign.

Cerebellar, finger -to- nose smoothly intact. DTRs present without difficult.

**Psychiatric:**

AAOX4, Easy cry.

Mr. VU dressed in clean season appropriate clothes.

**Lab Test:**

1. PAP smear.
2. CMP, A1c, TSH, T3, T4.
3. FSH.
4. Vaginal PH.
5. Pregnant test.
6. Bone density.

**Imaginology test.**

1. Transvaginal U/S.

**Diagnosis:**

1. Perimenopause.
2. Essential primary hypertension

**Differential diagnosis.**

1. Hyperthyroidism: It is discarded because the absence of swollen thyroid gland, prominent eyes, increased metabolic rate, a condition termed as hyper metabolic state, Irregular or rapid heartbeat, shaking hands or weight loss.
2. Diabetes mellitus: It is discarded because the absence of polyuria, polydipsia, polyphagia and lost of weight.
3. Endometrial cancer: It is discarded because the absence of bleeding between periods, pelvic pain and abnormal, watery or blood- tinged discharge from vagina

## Plan/Therapeutics

### Evaluation of patient encounter

- Diagnosis: Perimenopausal disorder N95.9; Essential primary hipertensión I10
- Treatment:
  - Premarin 0.3-1.25 mg PO qd; Alt: Cycle 25 days on, 5 day off.
  - Premarin vaginal: 0.5g PV qd x 3wk, off x 1wk, repeat.
  - Hydrochlorothiazide: 25mg PO qd.
  - Lysinopril 20mg PO qd.
  - Follow up in 15 days.
  - Education:
    1. Ease vaginal discomfort. Use over-the-counter, water-based vaginal lubricants (Astroglide, K-Y jelly, others) or moisturizers (Replens, Vagisil, others). Choose products that don't contain glycerin, which can cause burning or irritation in women who are sensitive to that chemical. Staying sexually active also helps by increasing blood flow to the vagina.
    2. Eat healthy. Because your risk of osteoporosis and heart disease increases at this time, a healthy diet is more important than ever. Adopt a low-fat, high-fiber diet that's rich in fruits, vegetables and whole grains. Add calcium-rich foods. Ask your doctor if you should also take a calcium supplement and if so, what type and how much — also ask if you need more vitamin D, which helps your body absorb calcium. Avoid alcohol and caffeine if they seem to trigger hot flashes.
    3. Be active. Regular exercise and physical activity helps prevent weight gain, improves your sleep and elevates your mood. Try to exercise for 30 minutes or more on most days of the week, although not right before bedtime. Regular exercise has been shown to reduce hip fracture risk in older women and to strengthen bone density.
    4. Get enough sleep. Try to keep a consistent sleep schedule. Avoid caffeine, which can make it hard to get to sleep, and avoid drinking too much alcohol, which can interrupt sleep.
    5. Practice stress reduction techniques. Practiced regularly, stress-reduction techniques, such as meditation or yoga, can promote relaxation and good health throughout your lifetime, but they may be particularly helpful during the menopausal transition.
    6. Low-risk complementary therapies, such as acupuncture, yoga and paced breathing may help reduce stress and improve psychological well-being. Research on acupuncture for decreasing hot flashes is inconclusive, but promising. Relaxation can

help reduce stress, which may in turn help improve menopausal symptoms.

#### OTHERS

Repeat annual exam and STDs screening every year. Monthly breast exam. Education on prevention of STD. Contraceptive methods also discussed during the visit. .

Educated patient on medication and all appointments compliance. Abortion sign and symptoms reviewed with patient. Answered all questions.

Appointment in 2 weeks to review and discuss test result.

Printed information about pregnancy care.

Follow apt: 2 weeks to review labs results

Avoid use of fabric softeners.

Avoid harsh soap.

Avoid nylon or synthetic underwear.