

# Medical Student Handout

*T. Christou, MD, FACP • Faux Pearls*

## All the gear you need under \$50 or over \$1,495.87

### Stethoscopes \$6 to \$200

Your stethoscope not only transmits sound but it assures the patient you are the doctor. They all work the same. There is a chest piece, tube(s), earpieces. The chest piece may be single or double headed. With a single head you apply variable pressure to differentiate the high from low pitched sounds. The double head has a smooth flat side (diaphragm) and a hollow side (bell). If you have two smooth sides, the smaller is intended for children and can be converted to a bell by removing the diaphragm. The diaphragm vibrates and transmits higher frequency sounds from the patient's body up the tubing to your ears. The bell transmits lower frequency sounds from the skin directly up to your ears through the tubes. The major stethoscopes are Littmann Cardiology/Classic, Allen Gemini (the only stereo tube), ADC Cardiology/Professional, Welch Allyn Tyco Elite, Sprague Rappaport type several manufacturers (twin tubes), AllHeart Cardiology/Nurses (no bell). Pick your color and test them if possible before you buy. Place the chest piece on a table and TAP the table softly with your finger about 12 inches from the chest piece. The ear pieces come in several sizes both soft and hard. Go for comfort first then go for best sound, your ears will learn best when happy.

Once you get the scope start with the diaphragm on the speaker of your computer at:

<http://www.med.ucla.edu/wilkes/intro.html>

### Sphygmomanometer - Blood pressure cuff \$10 to \$200

A cheap cuff is fine it will have twin tubes and do the job. Hospitals and clinics have either wall mounted or electronic ones but you do need one for training. The more expensive Lifetime warranty single ones are in the \$150 to \$200 range. I just sent mine in for free calibration and it is from 1975 BVC (Before Velcro® Cuffs) The best deal on the net is a kit (Lumiscopes or ADC); where you get a cuff and decent beginner double head scope for under \$25

Then find a body with arms and move on to taking blood pressures. Practice on picking out the FIVE

Korotkoff sounds while taking a blood pressure. If you learn to identify these sounds, heart sounds and breath sounds will be a snap, crackle and pop later. Always start with palpating the radial pulse and inflating the cuff until you lose the pulse. Then, pump 10 mmHg higher and listen to the brachial artery.

The First Korotkoff sound is the first of two CLEAR snapping sounds for the systolic pressure.

The Second K. sounds are the murmurs heard for most of the pressure between the systolic and diastolic pressures.

The Third K. sound is described as a loud, crisp tapping sound. (may or may not be present).

The Fourth K. thumping sound is often 10 mmHg above the diastolic blood pressure.

The Fifth Korotkoff sound is silence as the cuff pressure drops below the diastolic blood pressure. The disappearance of sound is considered diastolic blood pressure – 2 mmHg below the last sound heard.

### Reflex hammer \$2 to \$15

Taylor has the triangle tomahawk shaped head

The Queen Square or Babinski have a long handle and round disc head.

The Buck hammer has a bullet double head with or w/o a brush that screws into the handle. The Tromner neurologic hammer has two different size bullet ends - adult peds. (Older versions (before HIV and Hep B) had a screw in nail.

### Tuning fork: \$5 to \$12 each

You only need one in real world but for training buy at least a 128 Hz and a 256 Hz.

### Lights: \$15 to \$530

A good halogen pen light will be your best friend. You may want to wait before you buy the \$50 one in favor of a \$1.50 disposable light. AVOID the LED lights that distort true color illumination. You can buy a home otoscope kit at any pharmacy for around \$10 or you can spend \$340 for the head alone. A recharging base and 2 handles otoscope and ophthalmoscope runs about \$650. A nice pocket set should be around \$150- \$200 but may run as high as \$850 with multiple illuminators. All you need for now is some way to safely light up ears and throats.

For another \$20 this optional gear is nice to have: tape measure (\$1.50), small ruler (\$1), washable scented marker (\$1.20), Goniometer (\$8), EKG caliper (\$3), monofilament (\$2.75), 12 gauge white coated finishing nails (.018); 512 Hz tuning fork. Many of these things are sold in packs of 6-25 so buy in bulk and split the cost and experience collaboration.

Don't buy tongue depressors, ear specula, cotton swabs, gloves, thermometers, alcohol preps (to clean your gear between patients); these are available at the clinical sites. ASK or scrounge for them and carry extras.

# Effective Patient Visits

**INITIAL**

**Greeting**

**ESTABLISHED**

I am Dr..... I will be your primary care physician. That means we talk about your health, and I take care of any chronic medical conditions you have. I order tests when they are needed, I will see you if you are sick and we will discuss treatment options. I may refer you to a specialist for some conditions or symptoms so its important what that what you tell me is accurate. I usually do a general check up once a year. Before we get started tell me what you are looking for in a doctor?

Are you on any medications? Record meds.  
If patient recently stopped a med ask why.

**Hello...**

How have you been?

Have you been the ER or seen any other doctors since I last saw you?

The last time we spoke you were complaining of...how's that now? Better? Worse? The same?

Any problems with your medications?  
Are you still taking....? Reconcile meds.  
If patient recently stopped a med ask why.

**what brings you here today?**

**Visit**

Reason for the visit	-- CC --	Reason for the visit
Location, quality, severity, duration, timing, modifying factors	HPI	Same as INITIAL
Complete: constitutional head/neck, CV/resp, GI/GU, neruo/musculoskel	ROS	Pertinent
Allergy: Past medical surgical/ Family / Social: work-education, lifestyle	PFSHx	Changes
Complete: head/neck, CV/resp, GI/GU, skin/lymph, neruo/musc	EXAM	Appropriate

**Medical Decisions  
Clinical-Social**

**Here's what I'm thinking.**

Explain your findings and plan.

Offer choices and direct them to what you want but do what they want first.

Ask the patient if there are any questions or concerns about your impression. DO NOT go through an extensive DDX they will only remember either the fatal or insignificant possibilities.

Order labs and explain what and why you ordered.

Explain what the meds are and why they need them. Give one common side effect they will look up the rest.

Be sure they can afford and are in agreement with your treatment plan. Have an alternative plan ready.

Have a plan for the next step(s) if the plan/treatment is ineffective and for communicating this to the patient.

## Follow up

Negotiate the next visit. If they choose the date and time they are more likely to show up. Give them a range and explain why you need to see them again. Give them a 24 access number and instructions to call if there are nay problems with fulfilling your treatment. Encourage pre-visit labs that are critical to your plan. If they can't schedule a test in time before the next visit give them the option to reschedule the visit after the testing is complete .

## Physician/Patient Satisfaction

The patient should be able to voice their opinion anonymously or to you about; ease of making an appointment, wait times, interaction with staff, interaction with you, and if were happy with the visit.

You should be happy with what you did and how the interaction went. If not, evaluate why. Medical, social, logistics?

# Current Procedural Terminology

All providers use CPT codes to quantify their medical visit. These codes are also known as Evaluation and Management (E/M) codes. The fee/reimbursement corresponds with the chosen code: the higher the complexity, the higher the fee. Fees may vary for the same level of care according to location where the services are performed (hospital/office) and/or if the patient is NEW or ESTABLISHED. Each of the following **SEVEN** components are considered when choosing the correct code for a visit.

**TIME:** Face to face time spent with the patient may range between 5 to 60 minutes.

**HISTORY:** All coded visits must have a documented chief complaint (CC:) and a History of Present Illness (HPI:) Review of Systems and Past Medical, Family, and Social history (ROS PFSH) are not necessary in a Minimal or Focused visit.

## **PHYSICAL EXAMINATION:**

Minimal exam doesn't require the doctor to be present (nurse simply checks blood pressure).

Focused exam includes a brief history and exam for single problem.

Expanded exam is limited to the affected body area or organ system.

Detailed exam is extended to the affected body area and other symptomatic or related organ systems.

Comprehensive - exam is a general multi-system exam or complete examination of a single organ system.

Elements of the physical examination include:

CONSTITUTIONAL (general appearance) & VITALS: BP supine • sitting • standing, Temp, Weight, Height, Pulse (regular irregular), Respiration (regular irregular), BMI, Waist circumference, O<sub>2</sub> %sat

BODY AREAS: Head-Neck, including the face, Chest, including breasts and axillae, Abdomen, Genitalia, groin, buttocks

ORGAN SYSTEMS: Cardiovascular, Musculoskeletal, Ophthalmologic, Otolaryngologic, Respiratory, Neurologic Hematologic/Lymphatic, Endocrine, Gastrointestinal, Each extremity Back including spine, Allergic/Immunologic Genitourinary, Integumentary, Psychiatric

**SEVERITY:** How serious and what are the consequences of the presenting medical problem?

**COMPLEXITY:** Medical decisions are made by considering and DOCUMENTING the following issues:

- What is the most probable diagnosis?
- What are the possible diagnoses, treatment, and management options?
- What tests if any, should be ordered, reviewed, and interpreted?
- What is the risk or complication of the decision: low, moderate, or high?

Low Complexity Medical Decision Making, the problem will (1) be of low severity, urgency with a low risk of complications, (2) have a limited differential diagnosis and data, (3) have a straightforward diagnostic and treatment plan.

Moderate Complexity Medical Decision Making, the problem addressed will (1) be of moderate severity with a moderate risk of complications, (2) require review of a moderate amount of additional information with an extended differential diagnosis, (3) require complicated diagnostic and/or therapeutic intervention.

Highly Complex Medical Decision Making, the problem addressed will (1) be of high severity with a high risk of complications and clinical deterioration, (2) require review of an extensive amount of additional information with an extensive differential diagnosis, (3) require highly complex multiple diagnostic and/or therapeutic interventions, with a highly complex treatment plan.

For the purpose of documentation 2 of these 3 elements must either meet or exceed the requirement for medical decision making.

**COUNSELING:** Discussing lifestyle changes, personal or medical dilemmas, or adherence to treatment.

**COORDINATION OF CARE:** Discussion and planning with other health care professionals.

## The SOAP Note

### **Subjective** – The “history” section

CC/HPI: include symptom dimensions, chronological narrative of patient’s complains, information obtained from other sources. Pertinent past medical history. Pertinent review of systems. Current medications.

**CC:** Rash for 2 days

**HPI:** *TC is a 78 y/o man who resents with abdominal pain. He noticed a rash two days ago Tuesday night that began on his right mid abdomen and has since extended to his right flank. He does not recall scratching, being bitten or contact to the area with any new soaps, lotions, or other substances. By Wednesday he began to feel a burning and shooting sharp pain without itching, sweats, chills or fevers. The pain progressed in severity to 7/10 deterring his routine daily activities and sleep. The pain has not improved despite using calamine lotion, and 2 ibuprofen every 6 hours. Because he could not sleep he borrowed a friend’s Vicodin last night to help him sleep but came in this morning for treatment of the pain. He has a 12 year history of hypertension for which he takes ramipril 5 mg daily.*

**Objective** – The physical exam and laboratory data section. Vital signs including oxygen saturation when indicated.

Focuses physical exam. All pertinent labs, x-rays, etc. completed at the visit.

**General:** *TC is a youthful gentleman who appears in moderate distress when he moves.*

**VS:** *BP-137/64 RR-18 HR-90 regular T-37°*

**Abdomen:** *not distended, erythematous clustered 2-4 mm vesicles many with a clear fluid and others open in appearance. The rash extends from the midline to the RIGHT posterior axillary line in a T12 dermatome distribution. Bowel sounds are normoactive, palpation of the unaffected abdomen was soft without tenderness or groin adenopathy.*

**Assessment** – A summary description of the patient and major problem. The likely supported diagnosis as well as a narrative or numerical problem list. You may wish to include your differential at this time.

**Plan** – to include testing, treatment, and follow-up. Include pharmacologic doses, consults you might consider should the condition worsen.

**A/P:** *Gradual onset of a painful rash in a dermatomal distribution. The most likely diagnosis is Shingles due to reactivation of varicella-zoster as herpes zoster because of the location, quality of pain, and character of the lesions. Less likely is drug reaction from the ACE inhibitor, contact dermatitis or cellulitis; because of the focal distribution for the former and no history of injury and absence of fever in the latter.*

# Vesicular painful abdominal rash H. Zooster

Local treatment of lesions with Burrows solution

Systemic treatment of zoster with valacyclovir 1 g q 8h x 7 days (symptoms began <72 hrs ago)

Systemic treatment of pain with flurbiprofen 100 bid # 30

Advised that he is contagious to others until all vesicle have crusted over

Return to clinic if pain does not resolve or rash worsens

# Insomnia secondary to the pain

Tylenol® #3 1 tab HS prn pain # 10 disp

# Hypertension controlled increased HR due to pain

Continue with ramipril 5 mg

*Here is where you can make some points by footnoting your treatment plan with evidence based citations. Look up the diagnosis or symptoms and go back to the patient and asked what you might have missed.*

Efficacy and tolerability of gastric-retentive gabapentin for the treatment of postherpetic neuralgia: results of a double-blind, randomized, placebo-controlled clinical trial. Clin J Pain. Mar-Apr 2009

Dworkin RH, Johnson RW, Breuer J, Gnann JW, et al. Recommendations for the management of herpes zoster. Clin Infect Dis. Jan 1 2007

Goh CL, Khoo L. A retrospective study of the clinical presentation and outcome of herpes zoster in a tertiary dermatology outpatient referral clinic. Int J Dermatol. Sep 1997

# Ciip and laminate cards

## History & Physical

**ID** • Name, MRN, Admit date, DOB, Ethnicity, Race, Preferred language, Room

**CC** • Reason for visit or admission

**HPI** • Describe the RFA including mode of admission (direct-ED), location, quality, severity, duration, timing, context, modifying factors and associated symptoms, severity, with pertinent ROS positives.

**Allergy** • Reaction: food - environmental - medication

**Lifestyle** • Tobacco /day yrs yr/quit. ETOH past, social, daily, weekends, holidays, never. Drugs past hard daily occasional. Diet restrictions, compliance, meals/day. (Sex) Exercise/Fun regular, some, never.

**Prevention** • Seat belt, Mammo, PAP/DRE, Dental, Vision, Flu, Pneumo, Tdap, FBS, Lipids, Colon,

**Risk** • Toxic exposure, Transfusions, Travel, Trauma,

**FHx** • HTN, DM, CAD, CVA, TB, CA, Anemia

**SHx** • Employed-retired-disability, Spouse-divorced-separated-widowed, Edu 1-8, 9-12, 13-16, 17+

**PHx** • Medical: HTN, DM, CAD, A fib, CVA, TB, Asthma, COPD, Pneumonia, S Apnea, PE/DVT, PUD, DJD, Anemia, HIV, CA, Thyroid, Glaucoma, Seizures. Surgery: GB Hysterectomy, Tonsils, Appy, Joint, Breast, Prostate, Eye, Stomach, Colon, Bladder, Hernia, Pacer/ICD, Heart/Vasc stents, Amputation,

**Medications** • Name or condition, Adherence to Rx, OTC, Herbal, Borrowed

## REVIEW OF SYSTEMS

(ADL: Self/Assist/Depend Toilet-Feed-Dress-Groom-Ambulate-Bathe)

**GENERAL** General well being, weakness, energy, fatigue, sweats (day/night), chills, fever. Skin changes, color, rashes, itching, dryness, lumps, bumps, sores, moles,  $\Delta$  nails, hair loss-growth.

**CNS** Right - Left handed, sleep pattern, headache,  $\Delta$  memory, concentration-focus, lightheaded, dizzy, vertigo, balance. Syncope, LOC, seizures, tremors, tics. Numb-tingle-burning paresthesia/hyperesthesia.

**ENDO**  $\Delta$  Weight,  $\Delta$  appetite, polyuria, polydypsia, flushing, galactorrhea, amenorrhea.

**EENT** Eye pain. Glasses, tearing, dry eyes, itchy eyes, vision changes, spots, floaters, flashes of light, photophobia. Hearing, pain, discharge, tinnitus. Sinus, pain, pressure, epistaxis, discharge, smell, perforated-deviated septum. Dentures, teeth, gums, jaw pain, tongue pain with chewing, sores,  $\Delta$  taste, hoarseness, speech changes. Swollen neck glands/nodes, stiffness, pain, goiter.

**RESP** Cough; dry, productive, paroxysmal, nocturnal. Snoring hiccups wheezing. Sputum color quantity, taste, hemoptysis. Chest pain (P,Q,R,S,T). SOB, DOE, PND, orthopnea. Palpitation, edema.

**GI** BM color, shape, consistency, frequency.(blood, pus, mucus, melena) Heartburn, nausea, vomiting, reflux, flatulence, dysphagia, odynophagia, food intolerance, hemorrhoids, jaundice.

**HEME** Pallor, pica, bleeding, bruising, lymph nodes, recurrent infections, oral yeast infections.

**GU** Dysuria, frequency, urgency, stream, color, micturition day, nocturia, Incontinence. Stones. G:P:A. Menarche, menopause. LNMP flow, pads, regularity, cramps. ( $\Delta$  Sexual interest/libido, ED, painful intercourse, discharge, genital pain-lesions, infections, itching, STD, risk. (condom, multiple partners, sex worker).

**MUSC/SKEL/VASC** Pain cramps claudication hot cold extremities. AM-PM stiffness. Red, swollen, hot, tender joints. Raynaud's. Varicosities. Back, neck, extremity, joint injury or deformity.

**PSYCH** (>2 weeks) Anxious-nervous, daily worry, loss of interest/pleasure, sad-hopeless-down. Stress level, relates to others, mood, emotion, suicidal ideation, fear of harm, panic, affect, OCD, SAD.

End with: "Is there anything I haven't covered or do you have any questions for me or concerns?"

## Discharge Summary

**ID** • Your name, Patient name, MRN, Admit date, Discharge date, Clinical Admitting and Final Discharge diagnosis

**Reason For Admission** • Mode of admission (direct-ER, transfer), Age/gender/ethnicity CC/HPI with pertinent ROS positives, Allergy, Pertinent Past Med Hx, Working diagnosis if different from above, Active problem list.

**Hospital Course** • Problem list based description with treatment rendered, procedures, labs tests/imaging confirming the Dx, Consults ordered and opinions rendered, Adverse events, complications or explanation of delays. Discharge Day Data: BP weight, labs (K+, BS, H/H, BUN/Cr)

**Discharge Instructions** • Where (home, SNF/Rehab, hospice, other) Who ( self, family, guardian). Diet. Physical restrictions with estimated return to previous activity. Specific instructions/information given and to whom. Educational material given (DM, HTN, CAD, Wound care, anticoagulant precautions, smoking cessation, ETOH)

**Medications** • List of Rx given and reconciled with pre admit medications. Core measures employed when applicable (ACE/ARB, Statin, ASA, Flu, Pneumo, Tdap)

**Followup Care** • Therapy (PT, OT) prescribed and why, Home health ordered and why (why they are home bound), Consultant(s) they need to see. Post discharge testing ordered. PCP appointment date  $\leq$  2 weeks. Your contact information for any post discharge questions.

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Points	0	1	2	3	4
Consciousness	Alert	Arousable	Responds	Unresponsive	
Age/Month	2/2	1/2	0/2		
Open eyes/Squeeze	2/2	1/2	0/2		
EOM	Normal	partial loss	dolls		
Visual fields	no loss	partial hemi	complete hemi	blind	
Facial palsy	Normal	minor loss	partial loss	paralysis	
Left Arm	Normal	drift	3/5	2/5	0/5
Right Arm	Normal	drift	3/5	2/5	0/5
Left Leg	Normal	drift	3/5	2/5	0/5
Right Leg	Normal	drift	3/5	2/5	0/5
Finger nose	No ataxia	Ataxia 1 limb	Ataxia 2 limbs		
Light touch	Normal	mild loss	severe loss		
Name watch pen	Normal	mild dysarthria	aphasia	mute	
No ifs ands or butts	Normal	impaired	unintelligible		
Touch or sound R/L	Normal	neglect	profound		
<b>STROKE SCALE</b>	<b>0</b> No stroke No tPA	<b>1-4</b> mild stroke No tPA	<b>5-15</b> moderate	<b>15-20</b> moderate/severe	<b>21-42</b> Severe

**Glasgow Coma Scale (CDC)** Mild 13-15 Moderate 9-12 Severe 3-8 = Coma

**Eye Opening Response**

Spontaneously	4
To verbal request	3
To Pain	2
No response	1

**Motor Response**

Obeys	6
Localizes pain	5
Flexion-withdrawl	4
Flexion-decorticate	3
Extension-decerebrate	2
No response	1

**Verbal Response**

Oriented & Converses	5
Disoriented & Converses	4
Inappropriate words	3
Incomprehensible sounds	2
No response	1

**Mini Mental State Exam**

Orientation	Year	Season	2	
	Month	Date	Day	3
	City	State	County	3
	Hospital	Floor		2
Registration	Repeat three objects		3	
Attention	WORLD-DLROW		5	
Recall	Recall three objects		3	
Language	Name: Watch Pen		2	
	No ifs, ands or butts		1	
	Three step command		3	
<b>CLOSE YOUR EYES</b>			1	
	Write a sentence		1	
	Intersecting pentangle		1	
	Total		30	

> 23 is acceptable

The 9 symptoms of Depression:

insomnia, agitation/retardation, Δ appetite, inability to concentrate, low energy level, low mood, anhedonia, guilt, suicidal ideation

Minor depression 2/9

- 300.40 dysthymic disorder (2 years)
- 309.00 adjustment disorder with depressed mood
- 296.82 atypical depression

Major depression 5/9

- 296.X2 without melancholia,
- 296.X3 with melancholia
- 296.X4 with psychotic features

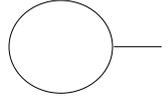
**Depression Screen PHQ4** Score > 3 for questions 1 & 2 = **Anxiety** > 3 for 3 & 4 = **Depression**

During the last 2 weeks how many days...

- |                                                  |             |                 |                   |              |
|--------------------------------------------------|-------------|-----------------|-------------------|--------------|
|                                                  | <b>0</b>    | <b>1</b>        | <b>2</b>          | <b>3</b>     |
| 1. Have you felt nervous or anxious?             |             |                 |                   |              |
| 2. Not been able to stop or control your worry?  | <b>None</b> | <b>1-2 days</b> | <b>&gt;7 days</b> | <b>daily</b> |
| 3. Have you felt a loss of interest or pleasure? |             |                 |                   |              |
| 4. Were you feeling down, hopeless or depressed? |             |                 |                   |              |

Weight	BP	Pulse <small>reg irreg</small>	Temp	BMI
Height	BP	Resp <small>reg irreg</small>	%O2	Waist

Allergy



CC: \_\_\_\_\_

HPI: location, quality, severity, duration, timing, context, modifying factors, associated symptoms

**Social Hx:**

Tobacco: never \_\_\_\_\_c/day \_\_\_\_\_Yr quit \_\_\_\_\_pk/yrs 2nd hand

Alcohol: never past rare social weekends binge daily \_\_\_\_\_

Drugs: never past present \_\_\_\_\_

Diet: General Cardiac Low Na Diabetic Renal Healthy Tube

Exercise: never past rare 2-3/wk 4-7/wk

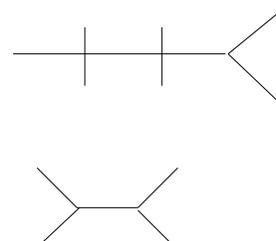
Who do you live with?

PAP/PSA	Mammo	Flu	A1C
DRE	Coln/FOB	Pneumo	LDL

Alert  Cooperative  No distress  Pain 0 1-2 3-4 5-6 7-8 9-10

**Exam:**

Eyes	Oropharynx	GU	GI
Conjunctivae	tongue	M Genitals	Scars
Lids	mucosa	Prostate	Bowel sounds
Sclera	pharynx	F Genitals	Consistency
Vision ≥20/40 OU	<b>Resp</b>	Urethra	Pain • Tender
PERRL	Effort	Bladder	Mass
Fundi lens • disc	Breath sounds	<b>Skin</b>	Liver • spleen
<b>ENT- Mouth</b>	Percussion	Inspection	Hernia
Ears external	Fremitus	Palpation	Ano-rectal
TM EAC right	<b>CV</b>	<b>Lymph</b>	<b>Psych</b>
TM EAC left	Palpate PMI	Neck	Year Season Place
Hearing R = L	Heart sounds	Axillae	Affect • Insight • Coop
Speech clear	No murmur	Groin	3 step command
Nose	Carotids	<b>Neuro</b>	<b>Mus/Skel</b>
mucosa	Femorals	CN II-XII	Back • Spine
septum	Pedal pulses	DTR UE LE	Digits nails
Dentures	Varicose veins	Sensation	<b>R</b> ROM <b>L</b>
lower	Edema	Gait > 20 ft	UE Strength UE
upper	<b>Neck</b>	Cerebellar	LE ROM LE
Teeth	Supple	<b>Breasts</b>	Strength tone
lips	No tenderness	Inspection	tone
gums	Thyroid	Palpation	



Tests Ordered Today

- CMP      BMP
- CBC      INR
- Lipids      HgbA1C
- PSA      CXR
- TSH      T3 T4 FTI
- Iron studies      Stool C/S
- UA      Urine C/S
- 2D Echo      Ultrasound

**DO NOT PUT PATIENT'S NAME ON THIS WORKSHEET**

√ or / = done or asked      No Circle = normal      Circle abnormal if present and elaborate

Time in

Time Out

**Circle** if it applies to patient

Single Married Partner Divorced Widowed Separated  
 Asian Black Hispanic Multiethnic Native American Pacific Asian White  
 Years of Schooling/Education: 1-6 7-12 13-16 17+  
 Preferred Language : \_\_\_\_\_

**Medications refills every 90 30 days**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RISK FACTORS**

Have you had any toxic exposures? Y N  
 Have you had a blood transfusion? Y N  
 Any serious trauma or injury? Y N  
 Do you have pets? Y N  
 Do you have "End of Life" directives? Y N  
 Any recent travel outside the USA? Y N  
 Do you use a seatbelt? Y N

**FAMILY HISTORY**

Diabetes bro sis mother father grandparent other \_\_\_\_\_  
 Heart bro sis mother father grandparent other \_\_\_\_\_  
 Hypertension bro sis mother father grandparent other \_\_\_\_\_  
 Cancer who/where \_\_\_\_\_  
 TB bro sis mother father grandparent other \_\_\_\_\_  
 Stroke bro sis mother father grandparent other \_\_\_\_\_

**MEDICAL HISTORY**

Diabetes Heart condition Hypertension Stroke  
 High Cholesterol COPD Asthma Pneumonia  
 Sleep Apnea Depression Thyroid TB Arthritis Ulcers  
 Anemia HIV Hepatitis Poor Circulation Blood clots  
 Cancer Kidney stones Ulcers Glaucoma Seizures

**Constitutional**

Sweats  
 Chills  
 Fevers  
 Trouble sleeping  
 Appetite change  
 Weight change  
 Abuse • Fear harm

**Head Neck**

Vision problem°  
 Eye Pain  
 Headaches  
 Dizzy • Vertigo  
 Hearing problem°  
 Ringing in the ears  
 Hoarseness  
 Sinus • Nose bleeds  
 Smell • Taste  
 Dry mouth • Sores  
 Teeth • Gums  
 Dentures  
 Neck or jaw pain  
 Goiter  
 Swollen glands  
 Tics • Tremors  
 Memory loss

L • R Handed

**Can you** ✓ **Yes**

Toilet Self \_\_\_\_\_  
 Feed Self \_\_\_\_\_  
 Dress Self \_\_\_\_\_  
 Groom Self \_\_\_\_\_  
 Bathe Self \_\_\_\_\_  
 Walk 50 ft \_\_\_\_\_  
 °Use a walker

or cane?

**Gastrointestinal**

Swallowing problem  
 Heartburn  
 Bloating  
 Ulcers  
 Abdominal pain  
 Nausea • Vomiting  
 Diarrhea  
 Constipation  
 Blood in stool  
 Mucus in stool  
 Food intolerances  
 Jaundice  
 Hemorrhoids

**Genitourinary**

Sexually active  
 Multiple partners  
 Condoms BCP IUD  
 Infections  
 Change in sex drive  
 Menstrual changes  
 Incontinence°  
 Frequent urination°  
 Urge to urinate  
 Painful urination  
 Blood in Urine  
 Discharge  
 Groin itching  
 Awaking to urinate  
 Change in stream  
 Last period \_\_\_\_\_  
 Pregnancies \_\_\_\_\_  
 Live births \_\_\_\_\_  
 Abortions \_\_\_\_\_

**Respiratory**

Shortness of breath  
 Cough  
 Sputum  
 Coughed up blood  
 Choking at night  
 Breathless flat in bed  
 Snoring  
 Breathless with walking

**Cardiovascular**

Chest pressure  
 Chest pain  
 Palpitations  
 Wake up breathless  
 Ankle swelling  
 Leg cramping  
 Varicose veins  
 Cold feet or hands  
 Passing out

**Musculoskeletal**

Problem walking°  
 Joint stiffness or pain  
 Joint swelling  
 Muscle aches  
 Muscle weakness°  
 Change in moles  
 Change in nails  
 Change in hair  
 Rashes • Bumps • Bruises  
 Fractures  
 Numbness • Tingling  
 Low Back Pain  
 Phlebitis  
 Deformity • Amputation  
 Fall in last 3 months°°°

**SURGICAL HISTORY**

Gallbladder Tonsils Appendix Implants Cancer  
 R L Hip • R L Knee • R L Foot  
 Stomach Colon R L Hernia Bladder Prostate  
 R L Breast Hysterectomy R L Cataract  
 Pacemaker Defibrillator Stents Bypass Heart-Valve

	<b>PHQ4 screen ≤ 5 mild ≥ 6 do PHQ9</b>	0	1	2	3
<b>Falls Screen</b> _____ °	1. Do you feel nervous or anxious?	No	sometimes	most of the time	all the time
≥3 high risk °°°	2. Are you able to control or stop your worry?	Yes	mostly	sometimes	no
1-2 moderate risk °°	3. Loss of interest in doing things or having fun?	No	sometimes	most of the time	all the time
0 low risk	4. Do you feel sad, hopeless, or down?	No	sometimes	usually	all the time

## Let's start with some basics before you go through a corrected H&P.

Introduce yourself and what you plan to do, use a confident, gentle approach to minimize the patient's anxiety. Anxiety may present as anger, hostility, affection, extreme dependence, crying, etc. YOU control the interview. Depth of questioning should be adjusted to the circumstances. Watch for non-verbal cues so you know when to bail in case the interview begins to deteriorate. Try to talk in complete sentences so it is more like a conversation than an interrogation. Eye contact - look at the person when you are talking to them.

Questions can be: Neutral - tell me about your pain? Loaded - how bad is your gallbladder pain? Direct - is this pain you have; burning, achy, stabbing or campy? Leading - do you have right upper quadrant pain that comes on after a fatty meal? Environment - be sure room temperature, privacy, lighting, and other factors are appropriate-turn off TV.

Somewhere in the record document the patients AGE, GENDER, RACE, ETHNICITY, LEVEL OF EDUCATION, PREFERRED LANGUAGE. You may know about PHI Protected Health Information or HIPAA regulations. What you need to remember, in the most simple terms DO NOT DISCUSS, COPY, POST, TRANSMIT in any form, any of the information about the patient you obtain. Keep the information confidential with specific attention to keeping the patient's identity private when you do your write-ups. SHRED your notes or papers in the big box shredders if you have any identifying information about your patient. Only use patient initials on your work sheets. Do not discuss patients in elevators or public areas in or out of the hospital.

**CHIEF COMPLAINT: C.C.** Briefly describe primary symptom and duration, preferably in patient's own words.

**HISTORY OF PRESENT ILLNESS: H.P.I.** ONSET: When was patient last well? Was the condition in the CC acute or insidious in onset? NATURE and COURSE: Begin with neutral questions about each problem and follow with direct questions. If the patient leads you to another problem ask the appropriate questions to elaborate but in your write-up maintain a chronological order. Repeat the order of events to the patient to confirm the order. Practice journalistic integrity: Don't embellish, slant, or add to what you've been told. Sort out the: Who? What? When? Where? And why, will be answered later. Pertinent negatives should be listed. Review of systems will pick up what you don't know or forget to ask. Include associated symptoms and review of pertinent organ systems in the HPI.

### Symptoms - Pain, SOB, Nausea,

- O** opinion (is it now better, worse or the same from when it began)
- P** precipitated/provocative/palliative (how did it start how does it change)
- Q** quality (dull, colicky, sharp, burning, aching, cramping)
- R** region/radiation (location at onset and now/where does it go)
- S** severity ("How does it interfere with... Rate it 0-10 people pass out at 10.")
- T** timing chronology-sequence/frequency/duration (constant, intermittent, diurnal)
- U** undercurrent associated symptoms

**ALLERGY:** medication, environmental, foods. NKA = (No Known Allergy). What happens? Rash, anaphylaxis, stomach ache.

**MEDICATIONS:** List medication, dose x duration. Lasix 40mg qam X 3 months. OTC. Herbal. Borrowed

### PAST MEDICAL FAMILY SOCIAL HISTORY:

**Medical History:** Have you had any medical problems in the past? Have you ever been treated for any kind of medical condition? Did any of your illnesses come back more than once? Have you ever had surgery or an operation or been in a hospital as a patient? (When for what) Common conditions/surgeries: I DM II HTN MI Angina CAD CHF CA Stroke A Fib PVD Anemia Jaundice Lipidemia Thyroid CKD ESRD Seizure Wound/Ulcer GERD Arthritis Glaucoma Hepatitis S Apnea PE DVT Asthma Pneumonia TB COPD HIV Psych OB/G:P:A - Tonsils Appy Hernia R L GB Colon Prostate Implants Stomach Bladder Total Hysterectomy Partial Pacer/ICD Stents CABG Vascular Kidney R L o Lung R L Breast R L o Cataracts R L o Hip R L o Knee R L o Foot R L Psychiatric (have you ever been in counseling, had a nervous condition or been treated by a psychiatrist?). Childhood illness and immunization history. DPT/MMR/HepB/shingles/flu shot/pneumovax etc.

**Family History:** List blood relatives with age at onset or cause of death. Specifically ask about: diabetes, cancer, stroke, heart problems or surgeries, thyroid disease, kidney problems, T.B., hypertension, seizures, arthritis, blood problems (SICKLE, THALASSEMIA, DVT, LEUKEMIAS)

**Social History:** Habits: Have you ever used tobacco? Type? How much? How long? (calculate pack/years) Ever Stop? Ever thought of quitting? Do you drink alcohol? Daily, social, weekends, parties? How often? How much? What? Do you regularly use any over the counter medications, supplements, or vitamins? Any use of someone else's prescription medication or street drugs? Do you regularly drink coffee or colas? Cups per day? EDUCATION: How far did you go in school. What kind of work have you done? ETHNICITY: What is your first language your preferred language? Where were born where does your family come from? RISK: Toxic exposure Transfusions, Trauma, Travel history, military, work and hobby history (ever been exposed you to chemicals, fumes or hazardous materials?) Sex: Are you sexually active? At what age did you become sexually active? Have you changed sexual partners in last month? Ever had any sexually transmitted infections or rashes? Ever been tested for HIV or STI? How did you meet your last partner? Do you always use a condom? When did you put the condom on? Do you recall any experiences of sexual or physical abuse? Are you straight, gay or bi? Some info from here can go under G/U ROS.

**PREVENTION:** Screens for: colon > 50 yr-old, self-testis 15-30 yr-old, prostate > 50, self-breast, Pap, mammo, glaucoma >40 yr-old, teeth yearly. Exercise 20 min x 3-4/week. Diet low fat/cholesterol. Sleep patterns. Tanning habits. Seat belts, air bags, bike helmets. Gun locks. Smoke detectors. Fire extinguisher. Fire drills.

## REVIEW OF SYSTEMS

**GENERAL** General health and well-being, weakness, sweats, chills, fevers.

**SKIN** Color changes, rashes, lumps or bumps, moles that have changed, nails, hair loss-growth, itching, bruising, photosensitivity, ulcers or non-healing lesions or sores, Jaundice.

**HEENT/NECK** Trauma, pain, dizzy. Glasses/contacts, tearing, dry eyes, vision changes, spots, floaters, flashes of light, night blindness, blindness or blind spots, photophobia. Hearing, pain, discharge, bleeding, tinnitus, punctured eardrum. Sinus, epistaxis, discharge, smell, postnasal drip, perforated or deviated septum. Dentures, teeth, gums, jaw pain, clicking, tongue pain with chewing, sores, taste, strep throats, hoarseness, speech changes, halitosis, dry mouth. Thyroid, swollen glands, stiffness, pain, goiter.

**CARDIO-RESPIRATORY** Cough; dry, productive, brassy, loud, high pitched, paroxysmal. Loud snoring, hiccups, wheezing. Sputum; color, quantity, hemoptysis. Chest pain (O,P,Q,R,S,T,U) pleural, chest wall, angina. S.O.B.= short of breath, D.O.E.=dyspnea on exertion, How far can you walk on level ground? stairs?, at rest, supine, P.N.D.= paroxysmal nocturnal dyspnea ie. awakes S.O.B. vs. can't sleep supine = orthopnea, sleeps on >1 pillow. Palpitation skipping heartbeats or pounding in the throat. Edema at the end of the day or all day long, both feet or just one foot, face, hands. Nocturia. Syncope or fainting, lightheaded with standing(orthostasis), can't tolerate tight collars.

**GASTROINTESTINAL** Pain Esophageal; retrosternal with radiation to the back. Gastric; epigastric radiates to left subscapula. Duodenal; epigastric radiates to back & R subscapula. Gallbladder; right upper quadrant and epigastric radiates to tip of R shoulder. Anorexia. Heartburn, nausea, vomiting (color, amount, content, odor), regurgitation, flatulence, aerophagia, reflux, dysphagia (solids, liquids), odynophagia (pain), food intolerance. BM color, shape, size, amount, consistency, frequency, tenesmus.(blood, pus, mucus, black tarry stool-melena, maroon stool-hematochezia), hemorrhoids.

**HEME-IMMUNO** Pallor, pica(eat dirt=geophagia, eat ice=pagophagia), bleeding, bruising, lymph nodes, recurrent infections, oral yeast infections, Raynaud's phenomenon.

**GENITO-URINARY** Dysuria, burning, frequency, urgency, color, amount. day/night. Stream strong, steady, dribbles trouble starting stopping, stones. G:P:A. Menarche, menopause, L.M.P. L.N.M.P. duration of flow, # of pads, regularity, menstrual cramps, painful intercourse. Sexual interest, preference, activity. Discharge, pain, lesions, rashes, infections, itching. Infertility "any children?"

**ENDOCRINE** Weight change, polyuria, polyphagia, polydypsia, goiter, lethargy, slow speech, nervousness, galactorrhea, amenorrhea, flushing, sweats, heat/cold intolerances.

**MUSCULOSKELETAL/VASCULAR** Pain, claudication (Leg pain cramps with walking), night cramps, cold extremities. Myalgias, arthralgias, paresthesias. AM-PM stiffness. Red, swollen, hot, tender. Varicose veins, clots. Chronic back/neck/joint pain, injury, weakness, deformity, swelling, cyanosis

**CENTRAL NERVOUS SYSTEM** Right or Left handed, sleep patterns, napping, headache, memory, lightheadedness, vertigo, blackouts, sensory and motor changes, vision, hearing, taste, seizures, dizzy, numbness, tingling, burning, balance, walking, tremors, tics, incontinence.

**PSYCH** Nerves, stress at home and work, relates to family friends, depression, crying, sleep, anger, suicidal ideation, anxiety, panic, attention, memory, affect, obsessive compulsive disorder, seasonal affective disorder.

End with: Is there anything else I haven't cov **Next visit in:**

days weeks months

**Before and After correction for a History and Physical**

**B-CC:** Swollen testicles and fluid collecting in the body

**A-CC:** "Swollen testicles and fluid collecting in my body for the third time"

Add quotes if it is verbatim Or paraphrase properly: Body retaining fluid with swollen testicles

**B-HPI:**

61yo African-American male with DM and two previous instances of fluid collecting in the body and SOB presented again with fluid collecting in all areas of the body but especially concentrated in the testicles. The swollen testicles have made it very difficult to walk. Patient reports urinating 1-2x or less per day and takes a "water pill" that is ineffective, both which he says contributed to the fluid collection. After being admitted this past Monday, patient was diagnosed with CHF. Patient denies chest pain. Patient states that the medications administered after being admitted are helping his urination.

**A-HPI:**

61 year-old African-American man with a history of Type II diabetes, and two episodes of edema extending to his abdominal wall was admitted on 10/2. The first episode occurred about 6 months ago and the second 1 month ago. When he awoke this past Monday, the patient noticed the swelling that had been present in his legs for a week, now also involved his abdomen and testicles. This change prompted his arrival to the ED. The swollen testicles are tender and three times normal size and making it very difficult to walk. The week prior to admission the patient also recalls increasing shortness of breath with walking  $\geq 10$  feet, and unable to sleep flat in bed. He was unable to sleep even with on 3 pillows and moved to sleeping in a chair the last 2 nights prior to admission. He is awakening at night 4 or more times to urinate, but urinating 1-2 times less per day even with taking his "water pill." Since his admission the urination has been more frequent and he feels better. The current episode is identical to the previous episodes without symptoms of chest pain/pressure, arm or jaw pain, palpitations, cough, nausea, sweats, chills, or fevers.

**B-Past Medical Hx:**

Diabetes

**A-Past Medical Hx:**

DM Type II diagnosed 1960

Congestive Heart Failure first diagnosed 3/2012

**B- Past Surgical Hx:**

Left leg and toe

**A- Past Surgical Hx:**

Left tibia/fibula reconstruction of compound fracture after a fall (1987)

Left toe amputation because of bone infection (July 2008)

**B-Allergies:** None

**A-Allergies:** No Known Allergy to medication, foods or airborne allergens

**B-Medications:** Lasix Insulin Potassium

**A-Medications:**

Lasix 40 mg twice daily

KCl 20 meq daily

Novalin 70/30 29 units in the morning and 10 units at night

**B-Family Hx:**

Mother - stomach ulcers  
1 of 4 brothers - DM  
MGF - bilateral leg amputation from complication of DM  
Family Hx of tobacco and alcohol use

**A-Family Hx:**

DM Type I brother 32  
Maternal grandfather died in his 70's bilateral amputee from DM.  
Peptic Ulcer Disease Mother died 78  
Two uncles with alcohol problems  
Parents smoked in the home with moderate second hand smoke exposure  
No Heart disease, cancer, strokes, TB  
3 younger brothers in good health

**B-Social Hx:**

Greyhound bus driver since 1974  
15 year history of smoking (1-2 packs/week), quit in 1994  
Lives with 17 y-o godson since June 2008  
Desires to lose weight

**A-Social Hx:**

Over the road bus driver since 1974  
4 pack-year smoking quit in 1994  
Lives with 17 y-o godson since June 2008  
Does not use alcohol or illicit drugs.  
Does not follow a diabetic diet most of the time  
Uses a seatbelt, does not exercise, and has no unlocked weapons in the home  
Sees a podiatrist and ophthalmologist yearly

**B-ROS:**

General: Denies energy loss, sleep disturbances, fevers, chills, and headaches. Did gain weight  
Skin: Denies skin problems  
Head: Denies trauma, headaches, or dizziness  
Eyes: Uses glasses for reading; denies blurriness, double vision  
Ears: No problem  
Nose: Denies nose problems  
Mouth: Uses dentures  
Neck: Denies pain, lumps, stiffness, swelling.  
Respiratory: SOB per HPI  
Cardiovascular: Denies chest pains  
GI: Denies GI problems  
GU: Denies changes in stream. Genital swelling per HPI  
Musculoskeletal: Left leg swelling as a complication of reconstruction surgery, alleviated by elevation  
Psych/CNS: Denies depression, anxiety, paralysis, paresthesias.

**A-ROS:**

**General:** No loss of energy, heat or cold intolerance. Sleep problems as per HPI. No night sweats. Has had an increase in appetite with a weight gain of 18 lbs in the past 6 months.

**Skin:** No lesions, itching, bruising, new moles, or color changes.

**Head:** Denies past or recent trauma, headaches, or dizziness. No hair changes.

**Eyes:** No change in vision, discharge, pain, jaundice, or redness; wears glasses only for reading.

**Ears:** No loss of hearing, pain, discharge or tinnitus

**Nose:** Good sense of smell, no discharge, nosebleeds, or sinus problems.

**Mouth:** Has both upper and lower dentures, good sense of taste, no sores, difficulty chewing or swallowing, pain or dry mouth.

**Neck:** Denies neck or jaw pain, no swollen glands, thyroid, masses, or neck stiffness.

**Respiratory:** Denies snoring, wheezing, sputum, hemoptysis.

**Cardiovascular:** As per HPI. Denies paroxysmal nocturnal dyspnea.

**GI:** No food intolerances, dysphagia, heartburn, reflux, pain, vomiting, changes in bowels. Has a hard BM every 2 days without mucus, or blood. Does have hemorrhoids and has seen bright red blood on the paper once or twice a month.

**GU:** No dysuria, polyuria, hematuria, urgency, incontinence. No high risk sex, discharge, change in stream. Nocturia as per HPI.

**Musculoskeletal:** End of the day left leg swelling off and on since surgery improved with elevation and never present in the AM before current problem. No other joint pain, swelling, redness or stiffness.

**CNS:** No weakness, numbness, or tingling. Denies changes in memory or thought process.

**Psych:** No persistent feelings of nervousness, anxiety, unusual mood changes, loss of interest, sadness, or inappropriate fear.

**B-EXAM:**

**Vitals:** BP - 124/77 Pulse - 84 RR - 20 Wt: 128kg Ht: 174 cm T: 37.2°

**General:** Patient is awake and alert and oriented.

**Head and Neck:** PERL:EOM full. Oropharynx normal. No masses nodes or tenderness. Ears normal.

**Cardiac:** Heart RRR no murmur. No JVD normal carotids.

**Respiratory:** Lungs clear to auscultation and percussion.

**Vascular:** Pulses regular bilateral extremity edema.

**Abdomen:** Soft with normal bowel sounds. Hepatomegally. Spleen not felt. Inguinal hernia right. Hemorrhoid.

**Musculoskeletal:** Scar on left leg and left great toe absent. Gait OK.

**GU:** Testes swollen.

**Skin:** Skin warm and dry to touch.

**Neuro:** DTR's 2+. Sensory intact.

**A-EXAM:**

**Vitals:** BP - 124/77 sitting L arm Pulse - 84 regular RR - 20 unlabored Wt: 128kg Ht: 174 cm T: 37.2° C

**General:** Patient is awake and alert, appears comfortable Pain is now: 0 / 10

**Head and Neck:** Sclera are clear, there is no facial weakness, speech clear. PERLLA:EOM (Pupils Equal Round Reactive to Light: Extra Ocular Movements) full. Oral mucosa moist tongue midline no pharyngeal lesions. Gums pink good dentition. No cervical, or clavicular lymphadenopathy. Neck supple without tenderness. No Thyromegally. Ears without discharge R/L EAC (External Auditory Canal) clear both Tympanic Membrane's well visualized with light reflex.

**Cardiac:** Heart sounds S1 and S2 regular with an S3 gallop. Apical rate equals pulse, no Lift and PMI not displaced. No murmur appreciated. No JVD at 30° and symmetrical carotids with good upstroke and no bruits.

**Respiratory:** Good respiratory effort with clear breath sounds bilaterally. Fremitus R>L and no chest wall tenderness. There was no dullness on percussion over lung fields.

**Vascular:** Radial pulses symmetrical and regular. Bilateral entire lower extremity edema. Mild tenderness with palpation. Femoral pulses palpable without femoral bruit. Popliteal, dorsalis pedis and post tibialis bilaterally not palpable due to swelling.

**Abdomen:** Soft with good bowel sounds and pitting edema to the umbilicus. Liver span 20 cm and tender 2/10. Spleen not felt. Inguinal hernia right. Large external hemorrhoid at 2:00.

**Musculoskeletal:** Right & left Upper Extremities ROM (Range Of Motion) strength-tone- symmetrical 5/5 without deformity or lesions. Left Lower Extremity with 6 cm scar over tibia and left great toe absent. ROM strength-tone of lower extremities symmetrical. Gait stable wide based and slow.

**GU:** Increased urine output clear yellow urine in urinal. Testes descended scrotal sac 9 cm across. No genital lesions.

**Skin:** Skin warm and dry to touch. No ecchymosis, decubitus, rashes.

**Neuro:** Patellar, biceps DTR (Deep Tendon Rreflexes) are 2+ symmetrical. Trigeminal sensory light touch symmetrical, intact.

**DATA:**

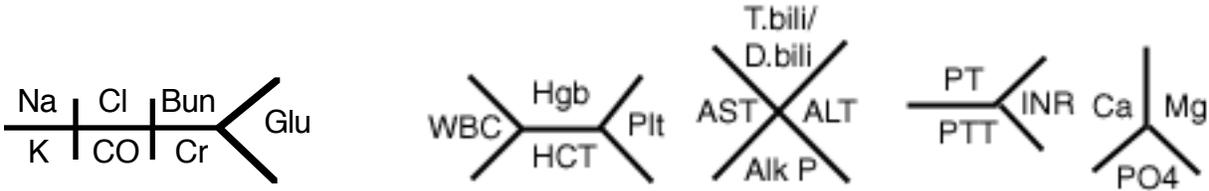
Testing Results Review:

CXR Markedly enlarged heart with right pleural effusion with increased vascularity

2 D Echo 25% EF no valvular abnormalities

Na 144 K 3.2 Cl 101 CO2 30 BNP 2300

144	101	36
3.2	16	3.2

**B-Differential Diagnosis:**

1. **CHF** - associated with poor renal perfusion and low filtration/excretion of fluids
2. **Nephropathy** - associated with poor filtration/secretion/excretion/ of fluids
3. **Liver cirrhosis** - associated with low venous return and pooling of fluid in lower extremities
4. **DVT** - that embolized to IVC, leading to a blockage of venous return and pooling of fluid in lower extremities

**A-Differential Diagnosis:**

1. **Anasarca** is likely due to Diastolic Heart Failure brought on by cardiomyopathy from his longstanding diabetes or valvular heart disease. Diabetics may also have asymptomatic coronary artery disease which may cause Systolic dysfunction and heart failure. Examining the patient should separate these two since an S3 gallop is more likely in Systolic dysfunction and an S4 gallop or significant murmur is more likely found in Diastolic dysfunction.
2. **Nephropathy** - Renal failure associated with diabetic renovascular disease could also explain the anasarca and obtaining a serum Blood Urea Nitrogen and creatinine would confirm the presence of renal failure. The patient is less likely to be short of breath.
3. **Constrictive Pericarditis** - is associated with scrotal swelling in the elderly and because he is a bus driver he may have been exposed to TB. He does not have weight loss, or night sweats but observing no engorgement of his neck veins when he takes a deep breath should help eliminate the diagnosis.
4. **Liver cirrhosis** - associated with low venous return and pooling of fluid in lower extremities but causes jaundice and ascites which he does not have, there is also no breathlessness with cirrhosis.
5. **Lymphatic or venous obstruction** - this might be more likely with a unilateral or distinct distribution of the edema due to a blockage of the venous system by a clot or the lymphatic system by a tumor or parasite. Ultrasound and radiographic tests could eliminate these causes.
6. **Other causes of edema** - associated with medications for blood pressure, arthritis, and steroid use. Evaluation for thyroid and adrenal function may also be necessary.

**B-Problem List:**

1. Body-wide edema
2. Swollen testicles
3. SOB lasting the past month
4. IDDM
5. Left tibia/fibula compound fracture reconstruction, left leg swelling
6. Left toe amputation
7. CHF
8. Weight gain

**A-Problem List:**

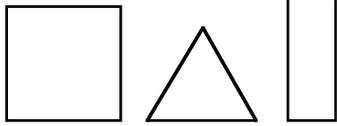
1. Anasarca due to Congestive heart failure
2. Type I Diabetes
3. Diabetic cardiomyopathy due to Type I Diabetes
4. Congestive heart failure due to cardiomyopathy
5. Dyspnea on exertion due to Congestive heart failure
6. Orthopnea due to Congestive heart failure
7. Nocturia due to Congestive heart failure
8. Swollen tender testicles due to Anasarca
9. Weight gain due to Diabetes and Congestive heart failure
10. Driving long distance
11. Constipation due to driving long distance
12. Hemorrhoids due to Constipation

**Ciip and laminate cards**

**St Louis University Mental Status Exam**

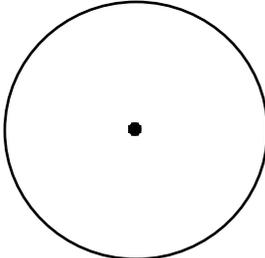
What day of the week is it	1
What is the year	1
What state are we in	1
Remember these 5 objects: apple pie tie house car	
You have \$100 and you go to to store to buy a dozen apples for \$3 and a tricycle for \$20. How much did you spend	1
How much do you have left	2
Name as many animals as you can in one minute	
0-4	0
5-9	1
10-14	2
15+	3
What were the 5 objects I asked	
5	
Please repeat these #'s backward. If I say 24 you say 42	
87	0
649	1
8537	1

Which one is a triangle



1
1

Which figure is the largest

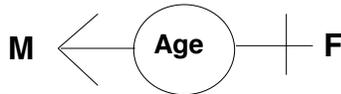


This is a clock face  
Draw the hour markers on this clock  
and the time ten minutes to three

I am going to read you a story. Listen carefully because afterwards I am going to ask you some questions about it.  
Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had 3 children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

What was the female's name	2	What work did she do	2
When did she go back to work	2	What state did she live in	2
High School Education		Less Than High School Education	
27-30	Normal	25-30	
21-26	Mild Neurocognitive Disorder	20-24	
1-20	Dementia	1-19	

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
										
<b>NO PAIN</b>	<b>MILD PAIN</b>	<b>MODERATE PAIN</b>	<b>MODERATE PAIN</b>	<b>SEVERE PAIN</b>	<b>WORST PAIN POSSIBLE</b>					
Alert and smiling.	Pain can be ignored	Furrowed brow. Pain interferes with tasks	Rapid breathing raised upper lip. Pain interferes with concentration	Slow blink, mouth open. Pain interferes with basic needs	Crying, eyes closed. Confined to bed					



Initials JP DOB 1/6/53

Date: 7/25/15 **Sample**

Allergy **NKA**

62

(A) B H M E W

Weight lbs	180	BP sitting	174/96	Pulse	112	IR	Temp
Height in	65	BP		Resp	22	R	98°

- ~~Sweats~~ ~~chills~~ ~~fevers~~ ~~LOC~~ ~~Δ appetite~~ ~~Δ weight~~
- ~~Depression~~ ~~memory loss~~ sleep fatigue ~~dizzy~~
- ~~Headache~~ ~~vision~~ ~~ears~~ ~~throat~~ ~~sinus~~ ~~Δ voice~~ ~~epistaxis~~
- ~~Chest pain~~ pressure palpitations DOE PND edema
- ~~Orthopnea~~ SOB ~~wheezing~~ ~~cough~~ ~~sputum~~ ~~hemoptysis~~
- ~~Food intolerance~~ ~~pain~~ ~~dysphagia~~ ~~dyspepsia~~ ~~bloating~~
- ~~Nausea~~ ~~vomiting~~ ~~reflux~~ ~~hemorrhoids~~ ~~Δ BM~~ ~~blood~~
- ~~Dysuria~~ ~~urgency~~ ~~frequency~~ Δ libido ~~incontin~~ Nocturia
- ~~Joint muscle pain~~ ~~stiffness~~ ~~weakness~~ ~~cramps~~
- LMP: G: P: A: monogamous high risk **3**
- ~~Skin lesions~~ ~~rashes~~ ~~ulcer~~ ~~bruising~~ ~~Δ nails~~ ~~Δ hair~~

**cc:** Palpitations for 1 week

**H P I:** Over the last week heart seems to race off and on with some DOE of 1/2 flight of stairs PND x last 2 days. Wakes up with bilateral midtibial edema x 7 D. 4 weeks prior only PM swelling of ankles. Stopped BP Rx 3 months ago because of change in sex drive he blamed on the lisinopril/HCTZ.

General: comfortable in no distress Pain 0 1-3 4-6 7-8 9-10

**EXAM** ✓ = examined No Circle = normal Circle abnormal and explain

Eyes	Neck	GU	GI
Conjunctivae ✓	Palpation ✓	Scrotum	Scars
Lids ✓	Thyroid ✓	Penis	Bowel sounds ✓
PERRLA ✓	<b>Respiratory</b>	Prostate	Consistency
Fundi	<u>Effort</u> ✓	Fem Genitals	Tender • Mass ✓
lens	<u>Breath sounds</u> ✓	Urethra	Liver • spleen ✓
disc	Percussion ✓	Bladder	Hernia
<b>ENT • Mouth</b>	Fremitus ✓	Cervix	Ano-rectal
Ears external	<b>Cardiovascular</b>	Uterus	Occult blood
TM EAC right	Palpate PMI ✓	Adnexa	<b>Musculoskel</b>
TM EAC left	thrill ✓		Gait ✓
Hearing R = L	<u>Heart sounds</u> ✓	<u>Inspection</u> ✓	Digits nails ✓
Nose	No murmur ✓	<u>Palpation</u> ✓	Upper Extrem
mucosa	Carotids ✓	<b>Lymphatic</b>	ROM
septum	Aorta ✓	Neck	Strength • Tone
turbinates	Femorals ✓	Axillae	<u>Lower Extrem</u> ✓
Teeth • gums ✓	Pulses <u>UE</u> LE ✓	Groin	ROM ✓
lips ✓	Varicose veins ✓	<b>Neuro</b>	Strength • Tone ✓
Oropharynx ✓	<u>Edema</u> ✓	CN II-XII ✓	<b>Psych</b>
mucosa • palates ✓	<b>Chest</b>	DTR ✓	P • P • S • Y
tongue • tonsils ✓	Inspect breasts	Sensation	Affect
glands • pharynx ✓	Palpate breasts	Cerebellar	3 step command

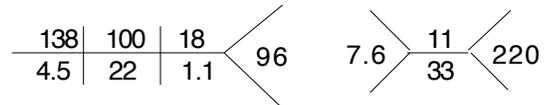
Increased resp effort  
bilateral rales R>L no dullness  
Variable S1 no murmur

JVD 2 cm at 90°

UE pulses irregular, unequal and symmetrical.

Bilateral 2+ pedal edema to lower 1/3 tibia no redness with trophic changes both legs

**Impression • Plan • Data**

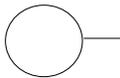


	Level 1 Focused	Level 2 Expanded	Level 3 Detailed	Level 4 Compreh
HPI	1-3	1-3	≥4	≥4
ROS	0	1-2	3-8	≥9
Exam	1-5 element	≥6 element	≥12 element	≥30 elements
DX	1	2	systemic	severe

New onset A fib with CHF NYH Class 2.  
History of HTN non adherent. PUD last year.  
Refuses hospitalization. Restrict fluid limit salt stay home for next week.  
Order ECG, TSH, Echo, CBC, PT, INR, CMP.  
Resume metoprolol 50 and start valsartan 40 mg causes less ED  
+ furosemide 20 IVP stat then 40 po qam.  
Daily weights RTO in 24-48 hours  
Discussed warfarin CHADS = 2 Intermediate risk of thromboembolic event.  
4.0% risk of event per year if no warfarin.

This is a level 4 or comprehensive visit. The HPI and ROS have about 20 elements. The exam has at least 2 elements for 9 regions. (Three vitals count for 2 element) His PFSH was reviewed. The diagnosis is complex in terms of systemic involvement and has the possibility of severe consequences. Testing is extensive, and the return visit reflects urgency.

Initials \_\_\_\_\_ MRN \_\_\_\_\_ Bed \_\_\_\_\_



Circle all positives  
hash mark if negative "√" if examined

# Medical Work Sheet

## Attending:

Sweats chills fevers LOC Δ appetite Δ weight  
 Depression memory loss sleep fatigue dizzy  
 Headache vision ears throat sinus Δ voice epistaxis  
 Chest pain pressure palpitations DOE PND edema  
 Orthopnea SOB wheezing cough sputum hemoptysis  
 Food intolerance pain dysphagia dyspepsia bloating  
 Nausea vomiting reflux hemorrhoids Δ BM blood  
 Nocturia dysuria urgency frequency Δ libido incontin  
 Joint muscle pain stiffness weakness cramps  
 LMP G: P: A: monogamous high risk  
 Skin lesions rashes ulcer bruising Δ nails Δ hair

Race: A B H NA ME W

Time notified \_\_\_\_\_ Time IN \_\_\_\_\_ Time OUT \_\_\_\_\_

**MHx:** I DM II HTN Lipidemia MI CAD CHF Stroke A fib DVT PE PVD Anemia SS  
 Pacer/ICD Pneumonia TB Asthma COPD Sleep apnea Hypothyroid Psych Dementia CA  
 Seizures Glaucoma Arthritis CKD ESRD Obesity PUD GERD Hepatitis B C HIV

**SHx:** Tonsils Appy Hernia R L GB Colon Prostate Stomach Bladder Lung Heart Vasc  
 R L Hip • R L Knee • R L Foot • R L Wrist • R L Cataract • R L Breast P Hyst T

## CC:

**HPI:** location, quality, severity, duration, timing, context, modifying factors, associated symptoms

Alert  Cooperative  Pain 0 1-3 4-6 7-9 10

**FHx:** DM CAD HTN TB CVA CA

**SHx:** EDU 1-6 7-12 13-16 17+ Employed Retired Disability Student

**Risk** Transfusion Toxins Trauma Travel Lifestyle

DNR DNI Full Code Discussed POA Surrogate \_\_\_\_\_

**Tobacco** never \_\_\_\_ c/day \_\_\_\_\_ Yr quit \_\_\_\_ pk/yr 2nd hand

**Alcohol** past rare social weekends binge daily \_\_\_\_\_

**Drugs** never past present \_\_\_\_\_

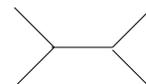
**PAP/DRE** \_\_\_\_\_ **Mammo** \_\_\_\_\_ **Colon** \_\_\_\_\_ **Lipids** \_\_\_\_\_ **Dexa** \_\_\_\_\_

Wt	BP	Pulse <small>reg irreg</small>	Temp	BMI
Ht	BP	Resp <small>reg irreg</small>	%O2	
<b>Eyes</b>		Oropharynx	<b>GU</b>	<b>GI</b>
Vision ≥20/40 OU		tongue	M Genitals	Scars
Conjunctivae		mucosa	Prostate	Bowel sounds
Lids		pharynx	F Genitals	Consistency
Sclera		<b>Resp</b>	Urethra	Pain • Tender
PERRL		Effort	Bladder	Mass
Lens • disc		Breath sounds	<b>Skin</b>	Liver • spleen
<b>ENT- Mouth</b>		Percussion	Inspection	Hernia
Ears external		Fremitus	Palpation	Ano-rectal
TM EAC right		<b>CV</b>	<b>Lymph</b>	<b>Psych</b>
TM EAC left		Palpate PMI	Neck	Year Season Place
Hearing R = L		Heart sounds	Axillae	Affect • Insight
Speech clear		No murmur	Groin	3 step command
Nose		Carotids	<b>Neuro</b>	<b>Mus/Skel</b>
mucosa		Femorals	CN II-XII	Back • Spine
septum		Pedal pulses	DTR UE	Digits nails
Dentures		Varicose veins	DTR LE	<b>R</b>
upper		Edema	Gait > 50 ft	ROM
lower		<b>Neck</b>	Cerebellar	Strength
Teeth		Supple	<b>Breasts</b>	tone
lips		No tenderness	Inspection	ROM
gums		Thyroid	Palpation	Strength
				tone

Trop CBC CMP TSH T3 T4 INR A1C UA Lipids EKG 2DE CXR

PHQ 4 = VTE  3 65 s p i n  IVF  ABx  Medication reconciled on back

**Diet** General Tube Cardiac DM Renal NPO **Orders done**  **H&P Signed**  **Stable** **Guarded** **Unstable**



Notes/Labs:

To do:

/

BP \_\_\_\_\_

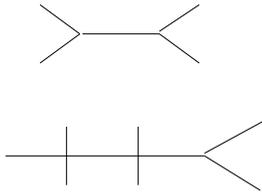
HR \_\_\_\_\_

Temp \_\_\_\_\_

RR \_\_\_\_\_

I/O \_\_\_\_\_

O2 sat \_\_\_\_\_ on \_\_\_\_\_



/

BP \_\_\_\_\_

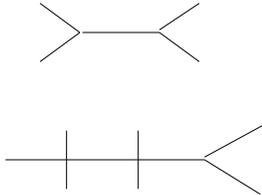
HR \_\_\_\_\_

Temp \_\_\_\_\_

RR \_\_\_\_\_

I/O \_\_\_\_\_

O2 sat \_\_\_\_\_ on \_\_\_\_\_



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BP \_\_\_\_\_

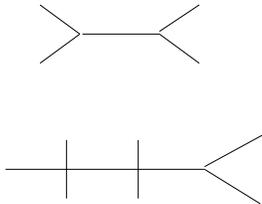
HR \_\_\_\_\_

Temp \_\_\_\_\_

RR \_\_\_\_\_

I/O \_\_\_\_\_

O2 sat \_\_\_\_\_ on \_\_\_\_\_



/

BP \_\_\_\_\_

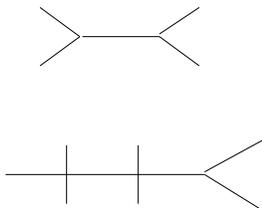
HR \_\_\_\_\_

Temp \_\_\_\_\_

RR \_\_\_\_\_

I/O \_\_\_\_\_

O2 sat \_\_\_\_\_ on \_\_\_\_\_



/

BP \_\_\_\_\_

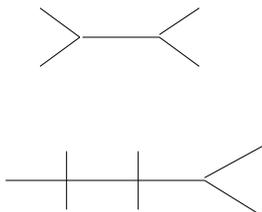
HR \_\_\_\_\_

Temp \_\_\_\_\_

RR \_\_\_\_\_

I/O \_\_\_\_\_

O2 sat \_\_\_\_\_ on \_\_\_\_\_



**Medications**

\_\_\_\_\_

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