Post-Visit Clinic Note: 10/28/21

ID/CC: Terry Jones is a 48 year-old patient presenting for follow-up of chronic asthma.

Problem list: **This would be automatically added by EHR. Your PCP might want to update.**

- Asthma: Diagnosed in childhood. No hospitalizations. ED visit for exacerbation in January 2019.
- GERD: Mild, intermittent symptoms. Uses prn famotidine or TUMS.
- Hypertension: Diagnosed in 2015. ACE-inhibitor caused cough. Currently on amlodipine
- Low back pain. Previous x-rays showed osteoarthritis in the lumbar spine. MRI - no spinal stenosis. Intermittent exacerbations. Treated with massage and occasional NSAIDs
- Hx of cholecystectomy 2003
- Former smoker, 6 pack years, quit age 23

Allergies: Sulfa- rash **This will also be automatically added by EHR.**

Medications: **This will also be automatically added by EHR.**

1. beclomethasone inhaler (Qvar) 40 mcg 2 puffs BID
2. albuterol inhaler 1-2 puffs q 6 hrs prn shortness of breath
3. Amlodipine 10 mg po daily
4. Famotidine 20 mg po daily as needed for heart burn.
5. Ibuprofen 200 mg 1-2 tabs po q 6 hrs prn pain

Subjective:

Problem #1. Asthma. Terry presents today requesting refills of asthma inhalers. Overall, the patient feels that asthma is well controlled on a controller med (beclomethasone) but reports some difficulty with adherence and does not actually use this every day – usually about three times a week. The cost of the beclomethasone inhaler is high and Terry developed thrush after using it. The patient also has a rescue inhaler (albuterol) which is used once or twice a day for symptom, which always resolve.

Aggravating factors include exposure to pet cat, cigarette smoke and exercise. Although Terry quit smoking after college, smokes a few cigarettes monthly when spending time with sister who is a smoker. Also exposed to second hand smoke at work during breaks with colleagues who smoke. Denies any recent fever, chills, rhinorrhea, cough, or chest pain.

Terry has had two ED visits in the last year, last January (triggered by URI) and again in September. The most recent ED visit was triggered by second hand smoke exposure when staying overnight at his sisters. Both times, received nebulizer treatments and was discharged on 5 days of prednisone.

Problem #2. Hypertension. Blood pressures 120-130/70-80s at home on amlodipine, taken daily. Needs refill.

Problem #3. Mild, intermittent GERD symptoms mostly controlled with behavioral modifications but occasionally uses famotidine. Needs refill.

Problem #4. Low back pain. No change from baseline, occasional flares brought on by lifting something too heavy. Would like massage therapy prescription renewed.

Objective:

VS: BP 128/78; HR 78; RR 12 T 37

Gen: comfortable appearing, completes full sentences without pausing for breath

HEENT: bilateral nares without bogginess, oropharynx clear, without erythema or exudate

Chest: symmetric chest expansion, resonant to percussion bilaterally, clear lungs

A/P:

1) Asthma – not at goal, given use of rescue inhaler multiple times per day and two recent ED visits. Contributors are likely sporadic use of controller inhaler and smoke exposure. There may be an allergic component to the symptoms as well, with the pet cat being a clear precipitant of symptoms.
    - Reviewed asthma action plan with patient
    - Discussed role and use of controller meds. Encouraged the patient to use the beclomethasone 40 mcg inhaler 2 puffs twice a day-every day
    - Advised to rinse out mouth after using beclomethasone inhaler to prevent thrush
    - Advised to talk with pharmacist (when picking up refills) to see if there is a less expensive steroid inhaler on his insurance company's formulary.
    - Will add fexofenadine 60mg po BID on weekends only when home with the cat
    - Started a discussion around avoiding second hand smoke and quitting smoking altogether. Will re-address this at a follow up visit in one month.

2) Healthcare Maintenance
    - Immunizations: Due for flu shot today – ordered, next visit: Pneumococcal 23 and Tdap vaccine (does not want these done today)
    - Screening:
      Consider HbA1c, lipid panel next visit.
      Colon cancer screening was due at age 45 now that recommendations have changed to start colon cancer screening at an earlier age. Will discuss at future visit.

3) Hypertension. Well controlled on amlodipine. Refill given

4) GERD. Encouraged behavioral modifications. Patient is working on weight loss. Refill given of famotidine 20 mg po qd prn.

5) Back pain. Renewed referral for massage therapy.

Guidelines for Writing SOAP Notes (for established patients)

SUBJECTIVE is the equivalent of the history of present illness in a follow-up note.

It is organized by problems, reflecting both the patient's agenda and other important problems addressed during the visit (such as uncontrolled blood pressure).

Use the appropriate medical terms so that you and other clinicians can quickly review the history of any problem by glancing at past visit notes.

DO include in 'subjective'
What the patient tells you (symptoms, control, function, attributions, etc.)
What you know to have occurred in the past (like a medication change you made on the phone with the patient)
Results of consults
A problem-focused medical/family/social history
A problem-focused review of systems
DON'T include in 'subjective'
Results of your physical exam
Lab results
Your impressions or interpretation

OBJECTIVE includes results of physical examination and interval test data.

ASSESSMENT includes your interpretation of information in the previous two sections.

PLAN includes what you are going to do about your impressions. Many physicians write the assessment and the plan together for each individual problem. On every note, indicate a specific plan for follow up. Be sure the problems in the "assessment/plan" section correspond to those listed in the subjective section.

SOAP NOTE WORKSHEET

*What did the patient tell you? Include **pertinent** history and review of systems.*

S

Subjective

ID/CC
HPI
PMH
Meds
Allergies
FHx
SHx/Habits
ROS

What were your findings?

BP HR Temp RR O2 Weight

O

Objective

Vitals
PE
Labs
Imaging

What is your interpretation of the subjective and objective?

A

Assessment

What needs to happen next?

P