

BETTY SWEET: VISIT #3

Dr. Washington

<p>Patient: Betty Sweet Age: 38 year old female Also in appointment: 13 year old daughter, Aintshe Sweet Setting: Outpatient Office with Dr. Washington</p> <p>Visit # 3</p> <p>Chief Complaint:</p> <ul style="list-style-type: none"> - Follow up for Diabetic maintenance care <p>HPI (<i>History of Present Illness</i>): Betty is a 38 year old woman that presents to the doctor's office after being diagnosed with Type II Diabetes Mellitus by A1c 2 weeks ago. Since her last visit she has met with a diabetes educator and changed her diet to incorporate more fresh fruits and vegetable, as well as decreased her sugar intake. She has stopped drinking juice and soda, and has gone to some local classes to learn how to cook new meals that are healthy for her. She no longer has the severe thirst that she previously had, and she has stopped urinating as often as she was before her diagnosis. No fevers, chills, sweats, chest pain, nausea, vomiting, diarrhea, stomach pain, pain with urination, headache, or lightheadedness.</p>	<p>Medications:</p> <ul style="list-style-type: none"> - Metformin 500mg twice daily - Tylenol 650 milligram tablet every 4 hours as needed for headache/pain - Ibuprofen (Motrin) 400mg tablet every 6 hours as needed for headache/pain <p>Allergies: No Known Drug Allergies (<i>NKDA</i>)</p> <p>PMH (<i>Past Medical History</i>):</p> <ul style="list-style-type: none"> - Obesity (BMI 30) <p>PSH (<i>Past Surgical History</i>):</p> <ul style="list-style-type: none"> - Cholecystectomy (Gallbladder removal) in 2011 after Choledocholithiasis (Gallstones) <p>- No changes since her last visit</p>
<p>FHx (<i>Family History</i>):</p> <ul style="list-style-type: none"> - Her 5 sisters all have Diabetes - Her Father, age 61, has Diabetes and has had several Myocardial Infarctions (Heart Attacks) - Her Mother, age 59, has Diabetes and has kidney problems and eye problems <p>SocHx (<i>Social History</i>):</p> <ul style="list-style-type: none"> - Lives with her daughter, Aintshe, who is 13 years old. Betty does not smoke cigarettes (never has), and does not drink Alcohol. She has never used drugs. - She works at the US Postal office in Cranston 	

ROS (Review of Systems):

- *Constitutional*: Mild fatigue (improving), no fevers, chills, sweats, insomnia
- *Head, Ears, Eyes, Nose, Throat (HEENT)*: Negative for blurry vision. Negative for light sensitivity, rhinorrhea (runny nose), ear pain
- *Neck*: no neck pain or swelling
- *Cardiovascular*: Negative for chest pain/pressure, palpitations/racing heart beat
- *Respiratory*: Negative for cough, wheezing, shortness of breath, cyanosis of fingers (blueness)
- *Gastrointestinal*: Negative for nausea, vomiting, diarrhea, constipation, abdominal pain
- *Genitourinary*: Negative for urinary frequency and urgency; Negative for dysuria (pain with urination), negative for hematuria (blood in urine)
- *Extremities*: Positive for occasional numbness in legs; Negative for edema (swelling in lower extremities)

VS (Vital Signs):

Temperature: 98.4 degrees Fahrenheit, *Blood Pressure (mmHg)* 132/70, *Heart Rate*: 80 bpm, *Respiratory Rate*: 18, *Pulse oximetry*: 99% on Room Air, Height 154cm, Weight 82 kilograms, BMI 33.7 (weight in kilograms divided by height in meters squared)

PE (Physical Exam):

General: Alert, oriented to person, place, time, NAD (no acute distress)
HEENT: PERRLA (pupils equal, round, reactive to light and accommodation), EOMI (Extraocular movements intact), Fundoscopic exam is normal, Dry mucosal membranes, good dentition,
Cardiovascular: Normal S1 and S2, Regular rate and rhythm, no murmur, gallop, rub, heave, or thrill
Pulmonary: Lung fields clear to auscultation bilaterally, no crackles or wheezes
Abdominal: Normoactive bowel sounds, soft, NT (non-tender), ND (non-distended), no HSM (hepatosplenomegaly, enlarged liver or spleen)
Extremities: WWP (warm and well perfused), no sores/lesions on feet
Neurological: Sensation to light touch grossly intact, slight loss of sensation on monofilament exam bilaterally.

Labs/DI (Laboratory data/Diagnostic Imaging):

- Spot Serum Glucose: 143mg/dL

Assessment: *Diabetes Mellitus Type II*

Betty is a 38 year old woman with recent diagnosis of Type II Diabetes Mellitus. Her physical examination is concerning for mild neuropathy likely from her poorly controlled diabetes. She will need routine screening for end-organ damage caused by her diabetes, including annual diabetic foot exams, annual diabetic retinopathy screening exams by an ophthalmologist or certified optometrist, blood pressure screening for hypertension (high blood pressure), and a spot urine microalbumin to check for diabetic nephropathy. Her diabetes also places her at risk for infection, and so she will need an influenza vaccination,

pneumococcal polysaccharide vaccine (23 valent). We will also need to make sure she has received the Tdap (Tetanus, diphtheria, acellular pertussis) vaccine, MMR (measles/mumps/rubella) vaccine, and the Varicella (chicken pox) vaccine.

Plan:

1) Educate on the importance of routine of diabetic health screening

The way in which diabetes can harm the body was reviewed with the patient. The issues of diabetes-related kidney disease, eye disease, blood vessel disease, nerve dysfunction, and immune system dysfunction were reviewed. Her goal blood pressure meant to keep her risk of heart disease at its lowest it <140mmHg/90mmHg, per the 8th Joint National Committee. To lower her risk of losing her vision due to diabetic retinopathy, she will need annual dilated eye exams. To watch for progression of diabetic kidney disease, we will check a urine protein/Creatinine ratio today. To maintain good foot health, as the neuropathy caused by diabetes can lead to skin breakdown and ultimately infection, she will need yearly foot exam by a podiatrist and monofilament testing to evaluate her sensation in her feet.

2) Educate on the importance of immunization against Disease.

People with diabetes, they are at higher risk for severe infections. To lower this risk she will need vaccination against the flu and pneumonia-causing bacteria. I will confirm these has had these immunizations or will provide them for her today.

Follow up:

Ms. Sweet will return in 3 months for routine diabetic follow-up.

Reading list:

<http://www.diabetes.org/diabetes-basics/diagnosis/?loc=db-slabnav>

<http://www.diabetes.org/diabetes-basics/>

<http://www.diabetes.org/living-with-diabetes/complications/?loc=lwd-slabnav>

<http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>

Teacher Note: