

Focus note for Adults 9/21/2012

## Subjective Data

**Chief Complaint/History of present illness (HPI):** AJ is 58 year old black male in today for 6 month check-up, last check-up 3/21/2012. Last appt. at VA was with nephrologist on 7/25/12 who referred him to Kaiser Nephrology in Atlanta, GA, due to renal u/s showing a mass on rt. kidney and cyst on lt. kidney. Patient states he has not seen the physician at Kaiser yet. His appt. is 10/2/12. He has been checking his blood pressure daily, with ranges 150-188/80-104. HR 70-88

## Past Medical History (PMH):

Current medications

Amlodipine 5 mg daily,

Lisinopril 20 mg daily

Rosuvastatin 10 mg (1/2 tab) daily

ASA 325mg daily

MVI/iron 1 tablet daily

Tylenol 500mg as needed

Advil 200 mg as needed

Allergies: NKDA

Prior illnesses and injuries: CHF, Ess. HTN, CKD, Anemia, Dyslipidemia, cardiomyopathy, Osteoarthritis, Mass to Rt. kidney and cyst to Lt kidney  
Torn rotator cuff in 1989

Surgeries: Rotator cuff repair in 1989, Lt. adrenal gland removal in 2009

Hospitalizations: CHF (initial diagnosis) in 2010, GI issues in 2011

Immunizations: Up to date

**Social Hx:** Patients states that he is retired security guard. He stopped smoking about 5 years ago. He states he smoked 1 ½-2 pkg/day. States that he occasionally drinks a beer 2-3x/months. Completed the 10<sup>th</sup> grade.

## Family History (FH):

Father: heart disease, high blood pressure, and seizures. Father expired in 2000 at age 70. Patient states he thinks it was due to nature causes.

Mother: heart disease, heart attack, high blood pressure and patient states that his mother had cancer in her 30's but don't know what type. Patient states mother expired at age 75 in 2005 due to heart attack.

Brother: heart disease, high blood pressure and stroke

Sister: High blood pressure

## Review of Systems (ROS).

**Constitutional symptoms:** patient denies any recent or past fever, HA; states that he has gained weight gradually over the past 2 years but is not concerned about it.

**HEENT:** states he has headache at least 1x a week that is relieved with Tylenol or Advil, patient wears glasses and states he has blurred vision at times but not on a regular basis. Last eye exam was in January 2012, no changes made to glasses. Denies HOH last audio exam was 2010-Normal. Wears upper and lower partials

**Cardiovascular:** Patient states he does not exercise, but will try to work in yard when he feels up to it. last EKG was today-Normal; Last Lipid panel was 7/2012 TG=129, Cholesterol: 203, HDL 48, LDL 139. Lipid Panel in 3/2012 TG 132, Cholesterol 210, HDL 46, LDL 141. Denies CP states that he does feel his heart beat if he over exert himself. States that his feet swell if he stands/sits up for a long period of time. Gets SOB if he walks > 20-30 feet or when trying to do work around his home. Hx of smoking 1 1/2- 2 pkg of cigarettes per day for 25 + years. Hx of CHF (dxed in 2011), dyslipidemia, and HTN. Daily blood pressure and heart rate ranges since 7/25/12 are 150-188/80-104. HR 70-88

**Respiratory:** States he easily fatigues and gets SOB if he walks > 20-30 feet or when trying to do work around his home. Denies cough. CXR today showed mild cardiomegaly

**Gastrointestinal:** States that appetite is "too good". Patient states that he tries to eat baked foods mostly but does eat fried foods at least 1-2 times a week for dinner. Eats plenty of fresh vegetables. States that he does not eat as much fruit as he should. States he may eat an apple or orange 3-4 times a week. Denies constipation.

**Genitourinary:** Patient denies any difficulty in urinating or incont; denies odor to urine or change in color, denies any changes in flow or stream of urine; Genital exam deferred; no changes in sexual practice; pt denies doing self-testicular exam. Hx of lt adrenal gland removal in 2009. BUN 19, Creat 1.7, eGFR 54, Renin activity 1.70, PSA 0.6 (7/2012). Renal U/S (7/2012) Solid renal mass on rt kidney mass measures 4 cm in diameter. Lt renal cyst 3cmx3cm.

**Musculoskeletal:** Patient states that he uses a cane for long distance due to he has knee pain at times. States he has to take Tylenol 1x week. Denies any recent muscle weakness, falls or injury

**Integument:** Patient denies any changes in skin and does not use skin protectant

**Neurological:** Patient denies any issues in this system

**Psychiatric:** Patient denies any issues in this system

**Endocrine:** denies increase thirst, urination, and hunger, HgA1C 5.7 (7/2012)

**Hematological/lymphatic:** Hx of Anemia; Iron 68, TIBC 335, RBC 4.01, Hgb 12.4, Hct 36.8

**Allergic/immunologic:** Patient denies any issues in this system

**Objective Data:**

**Constitutional symptom:** 58 year old male in fair health for age. He is obese. Patient is dressed appropriate for season. VS 143/92, 78, 20, 97.9. ht. 72 wt: 260lbs

**HEENT:** head is atraumatic, free of parasites; eyes are free of exudate, sclera white; wears glasses, wearing upper and lower partials. no oral sores or plaques, m/m pink and moist, Able to distinguish the smell of alcohol pad and perfume. No swelling of turbinate or sinuses tenderness

**Cardiovascular:** Pt has past med hx of HTN, Cardiomyopathy, CHF, and dyslipidemia. Heart rate and rhythm regular. No lifts, heaves, JVD, or carotid bruits noted. Normal S1 and S2. No murmur heard, 1+ bil. non-pitting edema to bilateral lower ext., etc. Last Lipid profile 7/2012 and ECG today. Labs will be update on next visit

**Respiratory:** Pt lungs clear bilaterally. No SOB noted during this visit. Expansion symmetrical. Last CXR today showed no infiltrates and mild cardiomegaly no changes from previous CXR.

**Gastrointestinal:** BS active x4, abd soft, round, non-tender. all other finding within normal limits. DRE normal.

**Genitourinary:** Genital exam deferred. mild CVA tenderness over bilateral kidneys (mass to rt. kidney and cyst to lt. kidney per Renal U/S), no renal bruits noted. Patient to have a UA today

**Musculoskeletal:** Patient able to move all extremities without difficulty or pain. No abnormalities noted with ambulation. Crepitus noted to bilateral knees, DTR 2+ (bicep, brachiradialis, tricep, and patellar)

**Integumentary:** Pt skin dry and warm. Skin turgor <3 sec.; nevi noted over face and back. Skin intact and supple.

**Neurological:** Pt awake and alert. Oriented x 4 (place, person, time, and season) CN I-XII intact,

**Psychiatric:** WNL

**Endocrine:** Last HgA1c 5.7

**Hematologic/ immunologic:** WNL

## Assessment:

1. CHF
  - a. chronic
  - b. well-controlled

Plan: continue to follow up with cardiologist

- Discussed diet low in NA/fat/cholesterol
- Pamphlet given and reviewed regarding CHF and how to prevent exacerbations
- Exercise as tolerated. Pamphlet given on in home exercises for patient with CHF
- Gradual weight reduction
- Continue Lisinopril 20 mg daily
- ASA 325mg daily
- EKG today

2. Essential HTN
  - a. chronic
  - b. failing to change as expected due to CKD

Plan: Increased Amlodipine to 10 mg daily today

- Educated patient on the effects of HTN on the body esp. kidneys
- Discussed changes in medication usage and side effects
- Discussed diet low in NA/fat/cholesterol
- Continue Lisinopril 20 mg daily
- EKG today

3. CKD stage 3
  - a. chronic
  - b. failing to change as expected

Plan: Advised to attend appt. with nephrologist on 10/2/12

- Adhere to recommended diet and exercise plan
- Continue Lisinopril 20 mg daily
- UA today

4. Anemia
  - a. chronic
  - b. failing to change as expected due to CKD

Plan: continue MVI/iron  
- F/u with Nephrologist

5. Dyslipidemia
  - a. chronic

b. improving

Plan:-Continue Rosuvastatin 10 mg (1/2 tab) daily

- Adhere to a low NA/fat/cholesterol diet
- Educated patient on the effects of dyslipidemia such as CVA, MI, PVD, etc.
- Exercise as tolerated. Pamphlet given on in home exercises for patient with CHF.
- Continue ASA 325mg daily

6. Cardiomyopathy

- a. chronic
- b. failing to change as expected

Plan: Continue Lisinopril 20 mg daily

- Keep all appt. with cardiologist
- EKG today

7. Osteoarthritis

- a. chronic
- b. failing to change as expected

Plan: Low-impact aerobic exercise, such as walking and can apply cool compress to knees to prevent inflammation/swelling

- gradual weight reduction
- Continue Advil 200mg as needed for mild pain/ inflammation and contact VA if pain increases
- Follow up as needed for changes in gait, pain, edema, etc.

8. Mass to Rt kidney and cyst to Lt kidney

- a. acute
- b. now inadequately controlled-progression/prognosis not known at this time due patient has not visited Nephrologist

Plan: F/U with Nephrologist

Evaluation:

RTC in 3 months after appointment with Nephrologist.

Please have Nephrology information released to VA

Keep all appt. with specialist.

F/U for changes in health status

Contact 911 for chest pain, sudden onset of weakness especially on one side of body, blurred vision, changes in speech, dizziness, etc.

