**King University MSN/NP Program** 

**Clinical SOAP Note Format**

**Adult, Women, Geriatrics**

**Age: 41-60 y/o**

**Student:** Angel Hobbs **Course:** NURS5019

**SOAP Note # 2**

**Pt. Initials:** M.S. **Age:** 59 y/o male **DOB:** 9/11/1960 **LMP:** N/A

**(Subjective)**

**Chief Complaint:** Pt presents today with c/o sore throat and Headache on and off for 3 months.

**History of Present Illness (HPI):**

**Character:** Pt describes headache as tingly and painful. Almost like a nerve type pain. Dull at times with intermittent sharp pains. States it is constant. Pt describes throat pain as sore, raw, and painful to swallow food or drink. States it is also constant.

**Onset:** 3 months

**Location:** Left side of the head and around the left temporal area. Entire throat.

**Duration:** Headache is constant. Denies any relieving factors. Sore throat is constant. Denies any reliving factors.

**Severity:** Pt rates his pain at a 7/10 on the pain scale.

**Pattern:** Pt states there is no pattern to his headache or sore throat. It has been consistent for 3 months.

**Associated:** Pt states the pain in his throat makes it hard for him to eat or drink. Feels irritated after drinking. Headache is dull, but feels like pins and needles sticking in his head. Wakes him up sometimes.

**Medical Hx**: Seasonal allergies

**Surgical Hx:** Pt denies any surgical history

**Social Hx**: Pt admits to drinks caffeine, drinks alcohol (6 pack daily until 3 months ago), smoking (1/2 PPD), Denies: drug abuse, and vaping.Pt lives with his sister and her 2 children. Pt works odd jobs to make money and has no health insurance.

**Family Hx:** Brother #1- deceased/bone cancer, brother #2-deceased/liver cancer, father-alive/alcoholism, mother-alive/cancer, unknown type.

**Meds/Allergies:** NKDA, takes Ibuprofen OTC/PRN

**Review of Symptoms (ROS):**

**General:** Pt is clean and well groomed. Dressed appropriately for the weather.

**HEENT:** Pt c/o pain in throat, states it is very raw and irritated. Has nasal drainage, nasal congestion, and Pharyngitis. Denies pain or discharge with eyes.

**Skin:** Warm, dry, intact. Denies any lesions or rashes.

**Respiratory:** Respirations even and unlabored. Denies cough. Denies distress.

**Cardio:** Denies chest pains, palpitations or chest discomfort

**GI:** Denies constipation, diarrhea, nausea and vomiting.

**GU:** Denies dysuria, hematuria, polyuria, urinary frequency, urinary incontinence and urinary retention.

**Diet:** Denies excessive fast food diet. States sister cooks every night at home. Pt states he has not been eating well since being sick and has lost 20 pounds.

**Endocrine:** C/O fatigue. Denies fever or chills.

**MS:** Pt denies muscle pain or discomfort.

**Neuro:** C/o headache with numbness, tingling and pain to left side of head. Denies any dizziness.

**Psych:** Denies thoughts of suicide. Denies thoughts of hurting himself or others.

**(O) Objective:**

**Vital signs:** **T:** 97.8 **P:** 81 **R:** 18 **BP:** 143/73 **HT:** 5’6” **WT:** 138 # **BMI:** 22.3 **Pain:** 7/10

**Constitutional/ general survey-** Pleasant, cooperative 59 y/o Hispanic male. Clean and well groomed. Dressed appropriately for the weather. Makes good eye contact. Wearing protective mask for COvid-19 purposes. Good historian and very cooperative. Affect is appropriate. A&O x’s 3.

**HEENT:** Auditory canal is clean and free from debris. Tympanic membranes are intact, pearly gray in color, and without erythema. Nasopharynx is erythematous and moist with clear nasal drainage in nares. No lesions noted. No septal deviation noted. Oropharynx is erythematous with no exudate or lesions noted. Oral Candidiasis noted throughout pts oral mucosa. Tonsils are erythematous and intact. Uvula is midline. Poor dentition noted. Several missing teeth and multiple dental caries noted.

**Skin:** Warm, dry, and intact. No swelling noted. No rashes or lesions present.

**Respiratory:** Respirations even, regular and unlabored. No adventitious sounds noted.

**Cardio:** S1 and S2 heard. No murmurs, rubs or gallops noted.

**GI:** Hyperactive bowel sounds are present in upper and lower quadrants. Abdomen soft and nondistended. No discomfort with palpation.

**GU:** Not assessed.

**Endocrine:** Anterior cervical lymph nodes (right and left) swollen and firm, Supraclavicular lymph node (left) are swollen and firm. Denies tenderness and pain with palpitation. Pt denies any fever or chills.

**MS:** Full ROM with of cervical and lumbar spine. No visible abnormalities with arms, hands, legs and hips. Generalized weakness noted.

**Neuro:** CN 3, 4, 6 and 12 intact. PERRLA. Grips are equal and moderate in strength. Dull headache sensation from temporal area to frontal forehead area. No lesions or swelling noted. Pain effects left side of head.

**Psych:** Pt seems cooperative and somewhat depressed due to constant illness. Alert and oriented to person, place and time. Very descriptive with illness explanation. Mood and affect are appropriate.

**Other:** Pt has no insurance and presented to office 3 months ago for dental caries abscess. Pt was put on antibiotic regimen and instructed to seek dental care. Pt went to dentist to start having his teeth pulled due to multiple dental caries and poor dentition. Dentist informed pt he looked as if he has thrush and gave him more antibiotics. Pt returned to office for worsening thrush and states headache started after dentist pulled four of his teeth. He saves up enough money to have four pulled at a time. Pt was given swish and swallow and two Diflucan 200mg tablets. Pt has returned today with c/o oral candidiasis worsening. Pt has lost an average of 20 lbs in 3 months.

**(A) Assessment:**

**Dx:**

1: Candidal esophagitis- B37.81

2: Headache- R51

3: Acute Lymphadenitis- L04.9

**Differentials:**

1: Cancer unspecified- C80.1

2: HIV/AIDS- B20.0

3: Immunodeficiency- D84.9

4: Diabetes Mellitus Type 2- E11.9

**(P) Plan:**

1: CBC with differential cost: between $28.00 and $165.00 (sliding scale at clinic=20.00)

2: HGA1C cost: between $10.00 and $55.00 (sliding scale at clinic=$22.00)

3: Take Ibuprofen or Tylenol for Headache cost: Ibuprofen-$3.84 Tylenol-$1.98 (Walmart)

4: Diflucan 200mg- take 1 tablet daily for 14 days cost: $32.57 (GoodRx)

5: Carafate 1 gram- take one tablet four x’s daily cost: $30.68 (GoodRX)

6: Follow up in 2 weeks

**Pt.Education:**

1: Avoid spicy/acidic foods and drink.

2: Avoid grapefruit juice

3: Avoid alcohol

**Preventive care:** Continue to brush teeth regularly and dispose of any toothbrush you have used while taking antibiotics.

**Follow-up instructions:**

1: Return to office in 2 weeks for evaluation

**Other:** Will evaluate further with patient at next office visit and discuss HIV and cancer testing.

I feel I addressed at least 3 NONPF competencies during this visit by:

1: Using the **Scientific foundation core competency** by critical thinking and applying evidence to improving practice. Also, by incorporating research findings to enhance practice methods and patient outcomes. I feel I truly researched my assessment findings with this patient and used critical thinking to help solve his complaint for today. However, I do feel more testing is necessary to determine the cause of his current illness.

2: Using the **Quality Core competency**, I feel I tailored to my patient’s situation and used interventions as necessary and considered the complex relationships between cost, safety, access, and quality in healthcare delivery. After seeing my patient, I realized he had no health insurance, and had to consider his ability to afford the cost of all medical treatment including medications and tests.

3: Using the **practice inquiry core competency**, I applied my investigative abilities in a clinical setting. I investigated with my advanced assessment and also made several phone calls to find the best prices for my patients’ medication. I also called the lab to check and see how much a CBC with diff and HGA1C were going to cost via sliding scale.