

Mrs. Jensen Age: 56 years Sex: Female Weight: 157 lbs MRN: LOC:
 Allergies: NKDA DOB: 8/2/1954 Portal: Language: English FN#: Outpatient: **Part 3**

Vitals and Measurements			Common Labs		
	Most Recent	Previous		Most Recent	Previous
BP	122/72	122/74	WBC		4,5
HR	70	70	Hemoglobin		14.3
Temp (°F)	98.2	98.4	Hematocrit		43
Respiratory Rate	20	18	Platelet		248
Weight (kg)	73	71.214	Sodium Level		143
Weight (lb)	157	157	Potassium Level		4.0
Height (in)	65	65	Chloride Level		98
Body Mass Index (in)	26.1	26.1	Glucose Level		110
Waist Cir. (in)	34	34.5	HDL	49	50
			LDL	129	170
			Triglycerides	96	130
			Total	197	246

Family History:
 Mother: Hip fractured (possible osteoporosis); decreased x 8 mo.
 Father: High blood pressure
 Maternal and Paternal Grandparents: Heart Disease; HTN
 Maternal grandfather, mother, sister: Obesity; Type 2 DM
 Father: Colon Cancer

Social History:
 Married
 Non-drinker
 Non-smoker
 Water aerobics
 Walking 30 minutes daily

Past Medical History:
 Postmenopausal
 HRT – none
 DXA screen – annually last 2 years
 Recent mammogram - normal
 Colonoscopy 8 years ago

Past Surgical History:
 T & A (age 5)

Review of systems:
 General: Negative for fever, chills, malaise
 CV:: Negative for chest pain, edema or palpitations

Medications:

Calcium
Multivitamin
Hydrochlorothiazide 12.5 mg. po daily
Simvastatin 40mg q hs (Prescribed prior visit)

GI: a little nausea; negative for heartburn or reflux
Lungs: Negative for cough; problems breathing
MS: Negative for arthralgias or myalgias

Exam: Gen: Well-nourished female in no acute distress
PUL: Lungs CTA and ant/post bilaterally
CV: RRR, S1 and S2 auscultated, PMI WNL
GI: ABD soft non-tender with BS X 4 quads. Negative for tenderness or hepatosplenomegaly.
MS: Motor strength and gait normal with full ROM X 4 extremities

Plan:

1. Continue medications as prescribed
2. Continue exercise routine and diet according to dietician recommendations
3. Monitor daily BP and bring log to follow up visit
4. 6 month follow up visit

Physician Notes:

I have seen and evaluated the patient and agree with the documentation provided by Kellie Bruce NP. For the patient's Hypertension I agree with continuing the HCTZ (K+ remains in normal range). For the patient's Hyperlipidemia I agree with continuing the simvastatin which she is tolerating well. I have congratulated the patient on her TLCs.

Pharmacist Notes:

Pharmacy is present for this follow up visit for Mrs. Jensen. Today, Mrs. Jensen is here for follow up of blood pressure and annual visit. Patient does not state any complaints.
ROS: performed by NP – not significant except for some muscle

Assessment:

- 1) ASCVD risk: decreasing with lifestyle modifications and statin therapy. Patient did mention some myalgias and myopathies that occurred a few months back, but she has

aches a few months prior

Objective:

Exam: Performed by NP

Gen: Well-nourished female in no acute distress

PUL: Lungs CTA and ant/post bilaterally

CV: RRR, S1 and S2 auscultated, PMI WNL

GI: ABD soft non-tender with BS X 4 quads. Negative for tenderness or hepatosplenomegaly.

MS: Motor strength and gait normal with full ROM X 4 extremities.

not had any recent episodes. Due to no recent episodes of myopathies or myalgias, will continue simvastatin 40 mg PO every evening.

- 2) Hypertension: controlled at goal (BP < 130/80 mmHg per ACC/AHA Guidelines) with lifestyle modifications and hydrochlorothiazide. Mrs. Jenson has not described any issues with the medication or any adverse effects at this time. Continue hydrochlorothiazide 12.5 mg PO daily.
- 3) Health Maintenance: Mrs. Jenson did have some questions regarding on if she could stop taking her medications. During the visit, it was explained that she has made a lot of progress with her lifestyle changes, however, if we stop the medications, it is likely that her cholesterol levels will raise back to their former levels and her blood pressure will increase. Mrs. Jenson states that she will continue to take the medication and continue her lifestyle changes.

Plan:

- 1) Continue simvastatin 40 mg PO every evening
- 2) Continue hydrochlorothiazide 12.5 mg PO daily
- 3) Continue to participate in lifestyle modifications.