SOAP Note-Geriatric-Andrea Payne-Nurs 7440-Fall 2012

**CC: Routine HIV follow-up**

**Subjective Data:** **CC: Routine HIV follow-up**

HPI: Pt. was diagnosed with HIV in 2003. Pt. states she believes that she contracted HIV from her deceased husband who passed in 2000. Pt. states she has not missed any doses of her HIV meds since her last visit in May 2012. Pt. states she "feels good." However, the pt. reports that she has been hospitalized twice in the past month for hypotension due to her Metoprolol dose of 25 mg being to strong. According to the pt., her Metoprolol dose has been reduced to 12.5 mg BID. She also reports losing 34 pounds in the past couple of years by exercising regularly and eating a low fat diet and drinking water and a 2 ounce glass of red wine nightly.

PMH: NKDA, CAD, MI, CABG-3 bypasses-2009, Stent placement x2-2007, Hypercholesterolemia, Type II Diabetes, Depression, GERD, COPD, 1/2 PPD Smoker x 50 years, Seasonal allergies, Hypertension, HIV, UTI, Arthritis, Obesity, Depression, Anxiety, Cholecystectomy 2007, Appendectomy 1980, Flu vaccine 2012, PPD 2012, Pneumonia vaccine 2007, Hep B series 2003, PCP 2003, COPD exacerbation 2011

Meds: Pristique, Prevacid, Aspirin, Plavix, Lisinopril, Gliperide, Simvastatin, Tricor, Truvada, Intelence, Potassium, Doxycyline, Metoprolol, Combivent Inh, Duoneb Nebulizer, Zyrtec

FMH: Maternal (deceased at age 74)-Hypertension, MI, Smoker, Stroke, Overweight Paternal (deceased at age of 69)- Smoker, Bladder Cancer, Stroke, Hypercholesterolemia

SH: Widowed, lives with son and his partner, 1/2 PPD smoker for 50 years, daily alcohol intake of 2 ounces of red wine, one sexual partner (her deceased husband), Denies sexual activity since her husbands passing, High school education, retired homemaker, exercises daily by walking 30 minutes in her neighborhood

ROS:

Constitutional: No fever or dizziness

Eyes: Wears bifocals

ENT: Denies any ear pain, throat pain or nasal congestion

CV: No palpatations or chest pain

Resp: No SOB or cough

GI: Denies abdominal pain or any N/V/D, reports daily bowel movements

GU: Reports stress incontinence, Post menopausal since age 58

MS: Reports mild joint pain in her hands and knees

Integumentary: Denies any rashes, bruises or irregular moles

Neuro: Denies headaches or memory problems

Psych: Reports depression since age 40, anxiety since age 58

End: Reports dx of Type 2 DM at age 63

Hema/Lymph.: HIV positive since age 61, denies anemia

Allergic/Immun.: Denies any drug or food allergies, reports seasonal allergies, Reports immunizations are up to date

**Objective Data**

V/S: T: 97.1, P: 86, BP: 150/97, R: 18, O2 Sat: 97% on RA

Ht: 5'2" Wt.: 137. 3 pounds/62.41 kg

Labs (drawn 2 weeks prior to this visit):

CD4 Count-334

Viral Load- 42

Total Cholesterol- 172

Hgb A1C- 5.6

Constitutional: No acute distress, no fever, no dizziness, overweight

Eyes: Clear without redness or drainage

ENT:Bilateral ears no redness, tympanic membrane visualized, minimal cerumen noted

CV: RRR, no murmurs or gallop noted, hypertension (BP 150/97 @ triage)

Resp: RRR, Lungs clear to auscultation in all fields

GI: Abdomen soft, non-tender, BS x4 quads

GU:

MS: Ambulated to the exam room with a cane

Integumentary: No rashes, bruising or wounds noted

Neuro: Alert

Psych: Cooperative

End: Hgb A1C-5.6

**Assessment**

Differential Diagnosis:

HIV-Uncomplicated

Hypertension

Type 2 DM-Well controlled

**Plan**

Pt. was instructed to follow-up in January for maintenance of her HIV. Pt. also instructed to follow-up with her cardiologist regarding her blood pressure. Pt. encouraged to continue with her diet and exercise routine and monitoring her blood glucose 4x/day. Pt. encouraged to lose 10 pounds by her next follow-up appointment. Pt. informed that her HIV is well-controlled with her current drug regimen and by continuing to take her medications as prescribed she can reasonably expect her CD4 count and viral load to continue to drop increasing her chances of her viral load becoming undetectable which would be seen by a viral load of < 20. Pt. encouraged to quit smoking and to use protection if she does decide to become sexually active.