SOAP NOTE

Rogert Castro

Name: B.K	**Date:** 13th January, 2021	**Time:** 1530hrs
	Age: 70 years old	**Sex:** M

SUBJECTIVE

CC: Itching skin lesions

HPI: B.K is a male African-American patient that has visited the premises because of his condition that has kept him uncomfortable over the last couple weeks. Now extending to his scalp and elbows, he first spotted the skin lesions on his knees. Over the last three weeks he reports that they have become itchier and stress is part of him now as the pain continues becoming unbearable. Before seeking ibuprofen 400 mg he had tried changing his bathing soap to try and reduce the pain. On a scale of 1 to 10 he rates the severity at 7.

Medications: 1 tablet of Ortho Tri-cyclin daily and over the counter 400 milligrams Ibuprofen every six hours

what is the diagnosis for each of these meds?

PMH

Allergies: No known allergies

Medication Intolerances: Zero medical intolerance history

Chronic Illnesses/Major traumas: Zero major traumas and chronic history recorded

Hospitalizations/Surgeries: Zero reported history of thyroid issues, kidney problem, Tuberculosis, heart disease, lung illness, peptic ulcers, asthma, diabetes, and hypertension

Family History: Grandfather was diagnosed with psoriasis and is dead. Father died with the cause of death unknown. Mother is diagnosed with diabetes and is alive
Social History: he is independent in performing his activities of daily leaving and is in a stable condition. He lives with his three grandchildren and wife. States no alcohol or substance use history. He likes farm works, is a retired teacher and an undergraduate. Tobacco use? Safety?

ROS	
General: No fatigue reported, no night sweats, no weight changes, no fever or chills reported	**Cardiovascular:** Reports no edema, orthopnea, paroxysmal nocturnal dyspnea, chest pains, and palpitations
Skin: Presence of lesions and moles, there is skin discoloration, bruises, and delayed healing This is not ROS - it is your exam findings. Does not go here.	**Respiratory:** reports no hemoptysis, tuberculosis, pneumonia history, dyspnea, wheezes, and coughing
Eyes: Reports no changes in vision, no blurs, and denies using corrective lenses	**Gastrointestinal:** Reports no hemorrhoids, hepatitis, eating disorders, black tarry stools, ulcers, constipation, N/V/D, and abdominal pain
Ears: Denies ringing in the ear, hearing loss, paining ear, and ear discharges	**Genitourinary/Gynecological:** reports no urinary complaints, reports changes in color of urine, alongside its urgency and frequency

Nose/Mouth/Throat: Reports no throat pain and denies hoarseness, dental illness, nose discharge, nose bleeding, dysphagia, and sinus issues	**Musculoskeletal:** Reports elbow and knee swelling with pain. Denies back pain and stiffness and has no fracture history
Breast; Reports no lumps or bumps	**Neurological:** Accepts right hand elbow and knee weakness. Denies black out spells, paresthesia, transient paralysis, seizures, and syncope
Heme/Lymph/Endo: Reports no blood transfusion history, has no bruises, and is HIV negative. He denies cold or heat tolerance, hunger increase, and night sweats	**Psychiatric:** Reports no anxiety, sleeping problems, suicidal thoughts, and depression
OBJECTIVE	

Weight 70 kg **BMI** 20.8	**Temp** 96 F	**BP** 121/67
Height 174 cm	**Pulse** 69	**Resp** 17

General Appearance: the patient is appropriate in response to questions and has no acute distress. He looks more oriented and healthy

Skin: Skin is not intact and lesions alongside rashes are noted.

You need a detailed skin assessment. What kind of rash? Exact locations.

HEENT: Neck: no nodules, thyromegaly, no occipital nodes, ~~no~~ cervical lymphadenopathy, full and supple ROM. Nose: no septal deviation, norsal mucosa that is pinkish with normal turbinate. Ears: there is easy visualization of landmarks. Presence of patent canals. TMS that has no positive light reflex and is bilateral. Eyes: absence of conjunctival or scleral injection. Intact EOMs and PERRLA. Head: hair is evenly distributed. Atraumatic, normocephalic, with lesions absence.

The documentation of the HEENT exam should follow that order: Head, Eyes, Ears, Nose, throat.

No. This is incorrect documentation. Does the PT have no occipital nodes? Or are there no palpable nodes? Not the same thing.

Cardiovascular: S1 and S2 both have regular rhythm and rate. There is no murmur, no rubs, no clicks, and no extra sounds are produced. 3+ is the average all through with edema not being present.

Respiratory: the chest wall is symmetric and bilaterally the lungs is clear to auscultation. There is easy and regular respirations.

Gastrointestinal: Absence of hepatosplenomegally. The abdomen is soft and non-tender. All the four quadrants have active BS and the abdomen is not obese.

Are the BS normoactive? Hyper? Hypo?

Breast: there is no skin discoloration. There is an absence of wrinkles, dimples, and discharge. Upon palpitation there is no tenderness nor masses (Kim et al., 2018).

How is this an appropriate exam for this patient?

Genitourinary: Absence of urethral discharge. There is an absence of hernia, lesions and masses, and the two testes are palpable. There is absence of vulvar lesion. The skin pigmentation is consistent and pubic hair is normally distributed (Ely et al., 2014). There is absence of CVA tenderness and the bladder is non-distended.

How is this an appropriate exam for this patient?

This is a male pt – he has no vulva

Musculoskeletal: upon examination all the 4 extremities reported full ROM.

?

Neurological: there is a normal and stable gait, the tone is good, and the speech is clear.

Cranial nerves? Reflexes?

Psychiatric: he is responding to questions appropriately and he maintains good eye contact. There is cadence, a soft speech with normal and clear rate. He is oriented and alerted. *4.

Lab Tests

You need to document lab results.

Complete Blood Count: iron deficiency is the reason for the itch skin.

Chest-X-rays: with itchy skin characteristics the enlarged lymph nodes will be assessed and confirmed present with chest x-rays. ?

Skin Biopsy: to determine the reason for growth of rash and soreness.

were these tests done?

Special Tests: to determine harmful microorganism of the skin through skin culture

was this done?

Diagnosis

You must document the exams you have conducted.

Differential Diagnosis

- Actinic keratosis
- Benign skin lesions (too vague)
- Squamous cell carcinoma

You need detailed rationales about why you selected these differentials.

Diagnosis result

- Basal cell carcinoma present

How did you arrive at the final diagnosis? Your final diagnosis comes from your differentials.

Plan/Therapeutics

o Procedural Plan:

- Further tests: a histology should be performed to determine nodular basal cell carcinoma presence. A skin culture should be conducted to confirm the microorganism leading to skin complications.
- Patient Medication: a wide local excision, electro surgery, photodynamic therapy, chemotherapy, topical anti-tumor medication, and prescription creams.
- Patient Education: patient awareness will be directed to ensure he looks out for risk factors like ionizing radiation, tanning beds, arsenic ingestions, and too much exposure to the sun.
- Non-medication treatment: non-medication treatment includes radiation therapy, laser surgery, electrodessication and curettage, alongside cryotherapy (Habif, 2016).
- Return to clinic: patient will return to clinic two weeks from the day he receives his medication to check up on his progress.
- Referrals: there are no refferals. → He goes straight to dermatologist or general surgeon. This is not treated by primary care!

The final diagnosis does not fit the presentation of patient. Basal cell carcinoma would not be rash you describe.

The patient encounter evaluation: the patient is uncomfortable due to their current condition and status that is of great concern to him although he displays signs of being well-oriented and alert. The patient is unaware and unknowledgeable of the condition she has alongside the medication type to be induced. The patient is not knowledgeable on the means of reducing exposure to risk factors which poses the underlying condition at a risk of worsening. Thus, the patient is in dire need of medication and education to enlighten him and restore his skin.

This does not address the self-assessment portion of the assignment. Please refer to template & sent out.

References

Ely, J. W., Rosenfield, S., & Seabury, S. M. (2014). Diagnosis and management of tinea infections. *Am Fam Physician, 90*(10), 702-710.

Habif, T. P. (2016). *Clinical Dermatology: A Color Guide to Diagnosis and Therapy.* (6 ed.). Mosby.

Kim, J. Y., Kozlow, J. H., Metta, b., Moyer, J., Olenecki, T., & Rodgers, P. (2018). Guidelines of care for the management of cutaneous squamous cell. *Journal of American Academy Dermatol, 78*(3), 560-578.

No references on basal cell carcinoma?