

HPI:

48 y.o. female with a past medical history as listed below. Patient here today for a medical home visit

Past Medical History:

Acute chest syndrome

Acute low back pain

Anxiety

Asthma

Bipolar affective disorder

CAD (coronary artery disease)

Depression

DVT (deep venous thrombosis)

Encounter for blood transfusion

Gastric ulcer

Heart attack 2005

Hypertension

Intubated

SBO (small bowel obstruction)

Sickle cell disease, type SC

Stroke 2005

Stroke

Substance abuse

Thyroid disease

TIA (transient ischemic attack)

Venous disease

Family History

Sickle cell trait: Mother

Depression: Mother

Sickle cell trait: Father

Diabetes: Maternal Grandmother

Colon cancer: Maternal Grandmother

Breast cancer: Maternal Grandmother

Sickle cell trait: Maternal Grandmother

Diabetes: Maternal Grandfather

Stomach cancer: Maternal Grandfather

Sickle cell trait: Maternal Grandfather

Sickle cell trait: Daughter

Sickle cell trait: Son

Clotting disorder: Other

Social History: reports that she has been smoking cigarettes. She has a 22.5 pack-year smoking history. She has been exposed to tobacco smoke. She has never used smokeless tobacco. She reports that she does not currently use drugs after having used the following drugs: Marijuana. She reports that she does not drink alcohol.

Current Outpatient Medications

- albuterol (ACCUNEb) 1.25 mg/3 mL nebulizer solution Inhale 1 vial per nebulizer into the lungs every 8 hours as needed for shortness of breath. Only use when you need it.
- aspirin 81 mg, Oral, Daily
- butalbital-acetaminophen-caffeine (Fioricet) 50-300-40 mg capsule 1 capsule, Oral, Every 4 hours PRN, Take no more than 6 capsules in 24 hours.
- clopidogrel (PLAVIX) 75 mg, Oral, Daily
- diphenhydramine (BENADRYL) 25 mg, Oral, Every 6 hours PRN
- folic acid (FOLVITE) 1 mg, Oral, Daily
- glutamine (SICKLE CELL) 10 g, Oral, 2 times daily
- HYDROMORPHONE (DILAUDID) 8 mg, Oral, Every 4 hours PRN
- multivitamin capsule 1 capsule, Oral, Daily
- naloxone (Narcan) 4 mg/actuation nasal spray Use 1 spray in right nostril as needed for opioid reversal for up to 1 dose. May administer additional dose, if necessary, in 2 to 3 minutes.

- nicotine polacrilex (NICORETTE) 4 mg, Oral, As needed, Chew then park between cheek & gum every few minutes.
- OxyCONTIN 40 mg, Oral, Every 8 hours
- polyethylene glycol (Glycolax) oral powder 17 g, Oral, Daily
- promethazine (PHENERGAN) 25 mg, Oral, Every 6 hours PRN
- Qvar RediHaler 160 mcg, Inhalation, Daily as needed

Vitals:

BP Readings from Last 3 Encounters:

04/30/24	113/79
04/23/24	103/49
03/12/24	125/90

Recent Labs:

CBC and Reticulocytes

Lab Results

Component	Value	Date
NEUTROABS	5.47	04/30/2024
NEUTROABS	5.14	01/06/2024

Lab Results

Component	Value	Date
PLT	392	04/30/2024
PLT	329	04/23/2024

Lab Results

Component	Value	Date
HGB	9.6 (L)	04/30/2024
HGB	8.9 (L)	04/23/2024

Lab Results

Component	Value	Date
RETICULOCYTE	39.0	04/30/2024
RETICULOCYTE	53.0	02/15/2024

Renal

Lab Results

Component	Value	Date
EGFR 91		04/30/2024
EGFR 111		02/15/2024
EGFR 107		01/08/2024

Lab Results

Component	Value	Date
CREATININE	0.8	04/30/2024
CREATININE	0.6	02/15/2024
CREATININE	0.7	01/08/2024

Lab Results

Component	Value	Date
K 3.8		04/30/2024
K 3.9		02/15/2024
K 4.6		01/08/2024

Lab Results

Component	Value	Date
MICROALBUMIN	8.0	05/04/2022

Liver

Lab Results

Component	Value	Date
ALT	10	04/30/2024
AST	19	04/30/2024
ALKPPOS	81	04/30/2024
BILITOT	0.8	04/30/2024

Ferritin

Lab Results

Component	Value	Date
FERRITIN	85.4	12/29/2023
FERRITIN	86.4	07/16/2018
FERRITIN	117.7	10/10/2017

Vitamin D

No results found for: "VITAMIND125D"

No results found for: "VITAMIND25HY"

Glucose

Lab Results

Component	Value	Date
GLUCOSE	81.0	04/30/2024
GLUCOSE	98.0	02/15/2024
GLUCOSE	95.0	01/08/2024
GLUCOSE	115.0 (H)	01/07/2024

Fructosamine calculator <https://myendoconsult.com/learn/fructosamine-to-a1c-conversion-calculator/>

Lipids

Lab Results

Component	Value	Date
CHOL 126		02/17/2023

Lab Results

Component	Value	Date
HDL 52		02/17/2023

Lab Results

Component	Value	Date
LDLCHOCALBLD 65		02/17/2023

Lab Results

Component	Value	Date
TRIG 46		02/17/2023

Hemoglobin Variants

Lab Results

Component	Value	Date
HGB 9.6 (L)		04/30/2024
HGB 8.9 (L)		04/23/2024
HGB 9.0 (L)		02/15/2024

Lab Results

Component	Value	Date
HGBA2 4.4 (H)		09/20/2018
HGBA2 4.2 (H)		08/18/2018

HGBA2 4.4 (H) 10/10/2017

Lab Results

Component	Value	Date
FHGBP	<1.0	09/20/2018
FHGBP	<1.0	08/18/2018
FHGBP	<1.0 (L)	10/10/2017

Lab Results

Component	Value	Date
HGBS	49.3	09/20/2018
HGBS	48.0	08/18/2018
HGBS	48.1	10/10/2017

Lab Results

Component	Value	Date
HEMC	46.8 (H)	06/01/2022

Lab Results

Component	Value	Date
HGBC	45.8	09/20/2018
HGBC	47.3	08/18/2018
HGBC	47.0	10/10/2017

Urine Toxicology Results

Lab Results

Component	Value	Date
AMPHETAMINE	Negative	02/15/2024
AMPHETAMINE	Negative	09/11/2023

AMPHETAMINE	Negative	07/05/2023
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Lab Results

Component	Value	Date
BARBITURAURN	Negative	02/15/2024
BARBITURAURN	Negative	09/11/2023
BARBITURAURN	Negative	07/05/2023

Lab Results

Component	Value	Date
BENZODIAZURN	Negative	02/15/2024
BENZODIAZURN	Negative	09/11/2023
BENZODIAZURN	Negative	07/05/2023

Lab Results

Component	Value	Date
CANNABINOURN	Negative	02/15/2024
CANNABINOURN	Positive (!)	09/11/2023
CANNABINOURN	Negative	07/05/2023

Lab Results

Component	Value	Date
COCAINEURN	Negative	02/15/2024
COCAINEURN	Negative	09/11/2023
COCAINEURN	Negative	07/05/2023

Lab Results

Component	Value	Date
FENTANYLURN	Negative	02/15/2024

Lab Results

Component	Value	Date
METHADONEURN	Negative	02/15/2024
METHADONEURN	Negative	09/11/2023
METHADONEURN	Negative	07/05/2023

Lab Results

Component	Value	Date
LABOPIA	Positive (!)	02/15/2024
LABOPIA	Positive (!)	09/11/2023
LABOPIANegative		07/05/2023

Health maintenance/Complications

Stroke: no

Retinopathy: no Last ophthalmology exam on:

Avascular necrosis: Yes)Last imaging on 11/1/2023 Unchanged radiographic appearance of left femoral head avascular necrosis without collapse

DVT/PE: Yes, On anticoagulation: No DAPT for Subclavian stent and CAD

Pulmonary hypertension Last Echo on: 4/22/2017 Result: Left Ventricle:Left ventricular size is normal. Left ventricular wall thickness and mass are normal. LV mass index was calculated to be 50.94g/m². Left ventricular ejection fraction measured by Simpson's biplane method is 73%. LV regional wall motion is normal. The diastolic filling pattern is normal. E/e' is in the equivocal range for estimation of LV filling pressures. Right Ventricle:The right ventricle is mildly dilated. The right ventricular systolic function is normal.

Priapism: n/a female

Lower extremity ulcer: no

Nephropathy: unknown: last microalbumin-creatinine 8.0 on 05/04/2022

Vitamin D Deficiency: yes 25HYDROXYDTCO 9.7 (L) 12/29/2023

Vaccine History

Tdap (adolescent/adult 10 y+) 07/31/2014, 12/09/2014, 01/19/2015, 03/08/2015, 05/08/2015, 08/15/2015, 02/06/2016, 03/09/2016, 09/11/2016

historic influenza, unspecified formulation: 10/02/2008, 09/30/2016, 10/18/2017, 10/25/2018, 11/10/2020

influenza IM, preservative free: 10/30/2019

influenza, IM, quadrivalent, preservative free: 10/18/2017, 10/25/2018, 11/10/2020, 12/29/2023

Routine Vaccines

Haemophilus influenzae type b (Hib)

Meningococcal (MenACWY)

Meningococcal (MenB)

Influenza (Annually)

Covid-19

Pevnar 20 (PVC20)

Assessment and Plan

Disease Modifying Therapies (Sickle Cell SC (HbSC): Patient currently taking no disease modifying therapies. Past last seen at medical home on 2/12/2024 at which time fluconazole and Effexor were stopped and patient was referred to ID. Since then patient has been to acute visits 1 time(s), has been seen in the ED 1 time(s) for fevers, chills cough, congestion and sickle cell pain in her legs and back, has been admitted 0 time(s). Most recent admission was from 1/2/2024 - 1/8/2024 (6 days) . Given that patient has had 5 admissions in the past year it is reasonable to consider restarting Endari. Note, patient unwilling to discuss hydroxyurea therapy

DMARD Plan: Consider starting Endari (L-Glutamine) 10g twice daily

Pain Management: Patient endorses pain today located all over and numbness in her wrist from her port removal - Current medications listed below. Note patient previously tried gabapentin 300mg TID PRN but reported that this made her jittery/tired but stated that she is open to retrying therapy today at a lower dose. She also reported benefit with flexeril and requested a refill. Patient stated that she typically goes 3 days without stooling and thus is it appropriate to augment current bowel regimen

- Short acting opioids Dilaudid IR (Hydromorphone) 8mg every 4 hours as needed
- Long acting opioids: OxyContin (Oxycodone Extended release) 40mg every 8 hours
- Non-Opioid Analgesia: n/a
- Bowel regimen: Miralax
- Antiemetic regimen: Phenergan 25mg Q6H PRN
- Narcan: Yes

Pain Management Plan:

- Consider restarting gabapentin at 100mg TID PRN
- Consider restarting flexeril at 5mg TID PRN
- Consider starting senna-docusate BID PRN

Pulmonology: Patient was seen by pulmonology on 3/12/2024 at which time a 14mg NRT patch was started and an Echo was ordered. Patient stated that recently diagnosed with COPD, but her last FEV1/FVC was >70 thus we will defer to pulmonology for further workup (Echo ordered). Currently smoking 1/2 PPD. She requested refills on her beclomethasone (QVAR) and albuterol nebulizer treatments that were previously prescribed for asthma. If she truly COPD it is more appropriate to send SA BA + SAMA and LABA + LAMA products instead of an ICS and SA BA, however SA BA therapy is still reasonable

Pulmonology Plan:

- Refill albuterol and nebulizer device
- Consider sending 21mg NRT patch
- Consider refilling 4mg NRT gum
- Recommended having patient complete echo
- Discussed ordering BNP as patient may not complete Echo

Bipolar: Patient disclosed to provider that she had 3 hospitalizations for psychiatrist reasons in the past. Provider inquired about starting an antipsychotic today. Patient previously on risperidone therapy

Bipolar Plan

- Restart risperidone 1mg QHS
- Provider referred to psychiatry

History of thyroid nodule

Thyroid nodule plan

- Recommended ordering TSH + Free T4
- Provider referred patient to endocrinology

Vitamin D Deficiency

- Recommended ordering calcium+vitamin D 600mg-2500units once daily
- Future: consider increasing vitamin D to 50,000 IU weekly or 7,000 IU daily

Avascular necrosis

- Provider referred to OT

CAD/Heart Attack/Subclavian Stent

- Consider cardiology/vascular referral

Health maintenance:

- PCV 20
- Hib
- MenB
- MenACYW
- Microalbumin-Creatinine ration