

Progress Notes

Amit Patel at 06/23/20 0940

Assessment:

Jennifer Beth Cartrette is a 37 y.o. Caucasian female with polyarthralgia

1. Polyarthralgia: With pain in the left wrist and right knee. She finds that prednisone does not help with this pain. Prior testing shows negative ANA, rheumatoid factor, CCP, uric acid. She does have tenderness to palpation on exam today. Testing that was ordered in March 2020 has yet been resulted.
2. History of bulimia: With ongoing symptoms of decreased food intake. She does take NSAIDs daily, but also finds that she has nausea daily and requires Zofran.
3. History of degenerative disc disease in the cervical spine: Status post C4-C5, C5-C6 ACDF in September 2018. Continues to follow with orthopedics. Daily Aleve.
4. Autoimmune thyroid disease: With positive thyroglobulin and thyroid peroxidase antibodies noted in 2018. Recent testing does reveal abnormal thyroid function. She is not currently on any thyroid medications.

Plan:

We will await her lab results, and once they are reviewed, we will consider starting Humira injections every 7 days

She will continue on steroids, will transition to Rayos 5 mg at night (samples provided today)

She will also use Vimovo, if covered by her insurance (she is aware if it is not covered, she will return to using Aleve)

She is aware that our office does not have capabilities to ultrasound with our joint aspirations, so she elects to follow with orthopedics whenever joint aspirations are required

She is aware that our office policy restricts my ability to prescribe nonrheumatic medications, and that I would defer management of such to her other providers

I encouraged her to continue to follow with her other providers as previously scheduled

Return to office in 3 months

To assess for drug toxicity continue monitoring blood tests once every 6 months .

I spent 20 minutes of face-to-face time with the patient and more than half of the time was devoted to patient education discussing about the importance of increasing physical activity; medication side effects; and current management plans.

Subjective:

Jennifer Beth Cartrette is a 37 y.o. female who is here for follow-up of polyarthralgia. They were last evaluated in the Rheumatology Department in March 2020. At that time, she was to undergo further testing, but was given a course of prednisone as a trial of immunosuppression.

Since then, she has not completed her blood work. She completed a course of prednisone 2 days ago.

She has noted that prednisone helps with swelling in her knee and pain in her knee and wrist.

AM stiffness lasting for about 30 minutes when off of prednisone, less when on prednisone.

No new rashes.

She is still being treated for a Staph infection on her face.

No enthesitis. She has noted swelling in her fingers from time to time.

No IBD-like symptoms. No vision changes.

Major concerns today include arthralgia, fatigue, joint pain and morning stiffness. Over the past one week the symptom (s) is (are) moderate. Jennifer Beth Cartrette reports symptom severity rating of 4 on a scale of 0 to 10.

Patient thinks that symptoms are helped by prednisone - Problems: none. Associated symptoms include: arthralgia, fatigue, joint pain and morning stiffness. Patient denies shortness of breath, cough, leg edema, alopecia, bleeding/clotting problems, depression, fevers, memory loss, muscle weakness, nausea, new headache, nodules, oral ulcers, palpitations, pleurisy, polydypsia, polyuria, rashes/photosensitive, Raynaud's and seizures.

Past Medical History:	
Diagnosis	Date
<ul style="list-style-type: none">• ADHD• Anorexia• Bipolar disorder (*)• Broken teeth <i>upper left, lower right</i>	
<ul style="list-style-type: none">• Colitis <i>Ischemic</i>	age 25
<ul style="list-style-type: none">• Colon polyp <i>Ischemic Colitis</i>	2005
<ul style="list-style-type: none">• DDD (degenerative disc disease), cervical• Graves' disease• Presence of dental prosthetic device <i>Right lower x1</i>	

- PTSD (post-traumatic stress disorder)

Medication	Sig
• amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	Take one tablet (20 mg dose) by mouth 3 (three) times a day for 30 days.
• mupirocin (BACTROBAN) 2 % ointment	Apply topically 2 (two) times daily.
• naproxen sodium (ALEVE) 220 mg tablet	Take 440 mg by mouth 2 (two) times daily with meals.

Social History

Tobacco Use	
• Smoking status:	Former Smoker
Packs/day:	0.00
Years:	0.00
Pack years:	0.00
Start date:	1/1/2000
Last attempt to quit:	1/1/2013
Years since quitting:	7.4
• Smokeless tobacco:	Never Used
• Tobacco comment:	Quit- age 30
Substance Use Topics	
• Alcohol use:	Not Currently
Alcohol/week:	0.0 standard drinks
Comment:	rarely
• Drug use:	Not Currently
Types:	Marijuana
Comment:	last used - 2 to 3 yrs. ago

Review of Systems

All other review of systems is negative other than symptoms stated in the HPI.

Objective:

Vitals:

	06/23/20 0953
BP:	124/68
Pulse:	75
SpO2:	99%

Wt Readings from Last 3 Encounters:

06/23/20	144 lb 6.4 oz (65.5 kg)
03/19/20	133 lb 9.6 oz (60.6 kg)
02/18/20	130 lb (59 kg)

General appearance: alert, appears stated age and cooperative

Eyes: no conjunctival injection, PERRL

Throat: no mouth ulcers and wet buccal mucosa

Neck: no adenopathy, no carotid bruit, no JVD, supple, symmetrical, trachea midline and thyroid not enlarged, symmetric, no tenderness/mass/nodules

Lungs: clear to auscultation bilaterally

Extremities: extremities normal, atraumatic, no cyanosis or edema

Skin: Skin color, texture, turgor normal. No rashes or lesions

Neurologic: alert and oriented x 3, no gross motor deficit, normal gait

Joints: no peripheral synovitis. There is evidence of bony hypertrophy in the PIP joints, particularly the third fingers bilaterally. Normal range of motion bilateral wrists. Normal range of motion in bilateral elbows, with no tenderness palpation of the epicondyles. Range of motion the shoulders is intact, with no significant crepitus. Cervical spine range of motion is relatively preserved, with no tenderness palpation of the vertebral column in the thoracic spine. There is bilateral SI joint tenderness to palpation. Schober sign is intact. Patellofemoral grind is present in both knees, with cool effusion overlying the superolateral aspect of the right knee. No significant medial joint line tenderness palpation bilaterally. Intact range of motion in both knees. Normal range of motion of bilateral ankles, with no tenderness palpation over the insertion of the Achilles tendon. Normal MTP squeeze, no dactylitis in the feet.

Lab Review: I reviewed the labs and radiology.

Lab Results

Component	Value	Date
WBC	6.1	07/27/2018
HGB	12.9	07/27/2018
HCT	37.7	07/27/2018
MCV	90	07/27/2018

Plt Ct 237 07/27/2018

Lab Results

Component	Value	Date
Creatinine	0.69	07/27/2018

Lab Results

Component	Value	Date
ALT (SGPT)	26	02/14/2018

2/12/2020

ANA direct negative
RF 10.0
CCP 14
ESR 13
CRP <1
Uric acid 4.9
Endomysial ab negative
Lyme IgG+IgM <0.91
TSH 7.090

1/28/2020

Synovial fluid:
Cell count: 1878 nucleated cells (0 polys, 49 lymph, 51 macrophage, 0 eos), rare RBC
No crystals under normal or polarized light
Gram stain: no WBC, NOS
Culture: no growth in 56-72 hours (aerobic), no anaerobic growth in 72 hours

2/14/2018

TSH <0.006
Thyroglobulin ab 1.3
TPO ab 236

1/28/2020

From Orthopedic note:

"Medical Decision Making: We obtained an Anterior to Posterior, Lateral, and Sunrise View of the right knee.

Findings: There are no fractures or dislocations on these films. The joint spaces of the right knee appear to be well-maintained. The patient is a small right knee effusion. Bone density appears to be adequate.

Impression: Small right knee effusion"

10/18/2019

Left wrist, 5 views

Comparison: None.

IMPRESSION:

1. Mild soft tissue swelling about the radial side of the wrist.
2. No fractures, dislocations, or significant degenerative changes.

PQRS Measures:

A TB test was not interpreted.

Electronically Signed by: Amit M Patel, MD, Rheumatology

6/23/2020 7:11 AM

Portions of the history and exam were entered using voice recognition software. Minor syntax, contextual, and spelling errors may be related to the use of this software and were not intentional. If corrections are necessary, please contact provider.

Patient Instructions

Amit Patel at 06/23/20 0959

Prednisone (PRED ni sone)

Brand Names: US Deltasone; predniSONE Intensol; Rayos

Brand Names: Canada APO-PredniSONE; TEVA-PredniSONE; Winpred

What is this drug used for?

- It is used for many health problems like allergy signs, asthma, adrenal gland problems, blood problems, skin rashes, or swelling problems. This is not a list of all health problems that this drug may be used for. Talk with the doctor.

What do I need to tell my doctor BEFORE I take this drug?

- If you are allergic to this drug; any part of this drug; or any other drugs, foods, or substances. Tell your doctor about the allergy and what signs you had.
- If you have a herpes infection of the eye.
- If you have any of these health problems: A fungal infection or malaria infection in the brain.
- If you have recently spent time in the tropics and have unexplained diarrhea.
- If you have nerve problems in the eye.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- Have blood work checked as you have been told by the doctor. Talk with the doctor.
- This drug may affect allergy skin tests. Be sure your doctor and lab workers know you take this drug.
- You may have more of a chance of getting an infection. Wash hands often. Stay away from people with infections, colds, or flu. Some infections have been very bad and even deadly.
- Call your doctor right away if you have any signs of infection like fever, chills, flu-like signs, very bad sore throat, ear or sinus pain, cough, more sputum or change in color of sputum, pain with passing urine, mouth sores, or a wound that will not heal.
- Chickenpox and measles can be very bad or even deadly in some people taking steroid drugs like this drug. Avoid being near anyone with chickenpox or measles if you have not had these health problems before. If you have been exposed to chickenpox or measles, talk with your doctor.
- If you have or may have threadworms, talk with your doctor.
- This drug lowers how much natural steroid your body makes. Tell your doctor if you have fever, infection, surgery, or injury. Your body's normal response to these stresses may be affected. You may need extra doses of steroid.
- High blood pressure has happened with drugs like this one. Have your blood pressure checked as you have been told by your doctor.
- Long-term use may raise the chance of cataracts or glaucoma. Talk with the doctor.
- Have your eye pressure checked if you are on this drug for a long time. Talk with your doctor.
- This drug may cause weak bones (osteoporosis) with long-term use. Talk with your doctor to see if you have a higher chance of weak bones or if you have any questions.
- Have a bone density test as you have been told by your doctor. Talk with your doctor.
- Talk with your doctor before getting any vaccines. Use of some vaccines with this drug may either raise the chance of an infection or make the vaccine not work as well.
- If you have high blood sugar (diabetes), you will need to watch your blood sugar closely. Tell your doctor if you get signs of high blood sugar like confusion, feeling sleepy, more thirst, more hungry, passing urine more often, flushing, fast breathing, or breath that smells like fruit.
- Talk with your doctor before you drink alcohol.
- If you are 65 or older, use this drug with care. You could have more side effects.
- This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor.

- This drug may cause harm to the unborn baby if you take it while you are pregnant.
- Tell your doctor if you are pregnant, plan on getting pregnant, or are breast-feeding. You will need to talk about the benefits and risks to you and the baby.
- If you used this drug when you were pregnant, tell your baby's doctor.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Signs of low potassium levels like muscle pain or weakness, muscle cramps, or a heartbeat that does not feel normal.
- Signs of a pancreas problem (pancreatitis) like very bad stomach pain, very bad back pain, or very bad upset stomach or throwing up.
- Signs of high or low blood pressure like very bad headache or dizziness, passing out, or change in eyesight.
- Signs of a weak adrenal gland like a very bad upset stomach or throwing up, very bad dizziness or passing out, muscle weakness, feeling very tired, mood changes, not hungry, or weight loss.
- Signs of Cushing's disease like weight gain in the upper back or belly, moon face, very bad headache, or slow healing.
- Feeling very tired, weak, or touchy; trembling; having a fast heartbeat, confusion, sweating, or dizziness if you missed a dose or recently stopped this drug.
- Shortness of breath, a big weight gain, or swelling in the arms or legs.
- Skin changes (pimples, stretch marks, slow healing, hair growth).
- Fast, slow, or abnormal heartbeat.
- Chest pain or pressure.
- Swelling, warmth, numbness, change of color, or pain in a leg or arm.
- Period (menstrual) changes.
- Bone or joint pain.
- Feeling very tired or weak.
- Change in eyesight.
- Feeling confused, not able to focus, or change in behavior.
- Mood changes.
- Memory problems or loss.
- Hallucinations (seeing or hearing things that are not there).
- Seizures.
- A burning, numbness, or tingling feeling that is not normal.
- Very bad belly pain.
- Any unexplained bruising or bleeding.
- Black, tarry, or bloody stools.
- Throwing up blood or throw up that looks like coffee grounds.

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- Upset stomach or throwing up.
- Trouble sleeping.
- Restlessness.
- Sweating a lot.
- Dizziness or headache.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to your national health agency.

You may report side effects to the FDA at 1-800-332-1088. You may also report side effects at <https://www.fda.gov/medwatch>.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

All products:

- Take this drug with food or milk.
- Take in the morning if taking once a day.
- Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well.
- Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor.
- You may need to lower how much salt is in your diet and take extra potassium. Talk with your doctor.

Delayed-release tablets:

- Swallow whole. Do not chew, break, or crush.

Liquid (solution):

- Measure liquid doses carefully. Use the measuring device that comes with this drug. If there is none, ask the pharmacist for a device to measure this drug.

Liquid (concentrate):

- Only use the measuring device that comes with this liquid drug.

What do I do if I miss a dose?

- Take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not take 2 doses at the same time or extra doses.

How do I store and/or throw out this drug?

All products:

- Store at room temperature in a dry place. Do not store in a bathroom.
- Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.
- Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

Liquid (concentrate):

- Throw away any part not used after 3 months.

General drug facts

- If your symptoms or health problems do not get better or if they become worse, call your doctor.
- Do not share your drugs with others and do not take anyone else's drugs.
- Some drugs may have another patient information leaflet. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.
- Some drugs may have another patient information leaflet. Check with your pharmacist. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.
- If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

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