

Name:	BERRY, VICKIE L		Admit Date:	4/29/2024
MRN / FIN:	10502	7209867	Discharge Date:	4/29/2024
DOB / Age:	3/1/1953	72 years	Attending:	Akande MD, Olusina
Sex / Birth Sex:	Female	Female	Copy to:	CareAware Oauth, LOGN_IN

Office Clinic Notes

Document Type:	Office Clinic Note Physician
Service Date/Time:	4/29/2024 10:45 EDT
Result Status:	Auth (Verified)

BERRY, VICKIE L

DOB: 03/01/1953
Age: 71 years
Sex: Female
MRN: 10502
Visit Date: 04/29/2024
Primary Care Physician:
Akande MD, Olusina

Chief Complaint

6 mo follow up
cough for past year

History of Present Illness

Vickie Berry is a 71-year-old female who presents in the clinic today for evaluation of multiple medical concerns. The patient consents to the use of DAX for the recording of this visit and the creation of documentation.

Cough.

She has been experiencing a persistent cough for over a year, initially manifesting as a sensation akin to being choked in air during laughter. The severity of the cough has escalated to the point of causing nocturnal awakenings. She also reports occasional dysphagia and is uncertain if this symptom is related to her cough. Occasionally, she expectorates phlegm. Her son has suggested the cough to be sensory and neuropathic in nature.

Blood pressure readings and weight gain.

Her blood pressure readings today are within the normal range. She attributes her hypertension to weight gain. She expresses a desire to lose weight but finds it challenging to maintain a sedentary lifestyle. She is currently prescribed lisinopril for hypertension.

Social history.

She has grandchildren.

Review of Systems

Constitutional: No fevers, chills, sweats

Eye: No recent visual problems

ENT: No ear pain, nasal congestion, sore throat

Respiratory: See HPI

Cardiovascular: No Chest pain, palpitations, syncope

Gastrointestinal: No nausea, vomiting, diarrhea

Genitourinary: No hematuria

Problem List/Past Medical History

Ongoing

Aneurysm, cerebral
Asymptomatic stenosis of intracranial artery
Bilateral cataracts
Carotid stenosis
Cough
Essential hypertension
Gastro-esophageal reflux disease without esophagitis
Hemorrhoids
History of CVA (cerebrovascular accident) without residual deficits
Hx of basal cell carcinoma
Hypothyroidism, acquired, autoimmune
Iron deficiency anemia
Keratoconus
Mixed hyperlipidemia
Other chronic pain
Prolonged grief disorder
Vertigo

Historical

Disease caused by 2019 novel coronavirus

Procedure/Surgical History

- ORIF - Open reduction and internal fixation of fracture (04/19/2022)
- Colonoscopy (04/14/2008)
- Stroke
- Tonsillectomy

Logansport Family

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Office Clinic Notes

Hema/Lymph: Negative for bruising tendency, swollen lymph glands
Endocrine: Negative for excessive thirst, excessive hunger
Musculoskeletal: No back pain, neck pain, joint pain, muscle pain, decreased range of motion
Integumentary: No rash, pruritus, abrasions
Neurologic: Alert & oriented X 4
Psychiatric: No anxiety, depression

Physical Exam

Vitals & Measurements

T: 36.6 °C (Temporal Artery) HR: 96 (Peripheral) RR: 16 BP: 125/78 SpO2: 99%
HT: 162.56 cm WT: 83.0 kg BMI: 31.41 BSA: 1.94

General: NAD, awake and conversant
Eyes: Normal conjunctiva, anicteric, round symmetric pupils
ENT: Hearing grossly intact, no nasal discharge
Neck: Neck is supple, no masses or thyromegaly
Pulm: Respirations are nonlabored, no wheezing
CV: No lower extremity edema
MSK: Normal ambulation, no clubbing or cyanosis
Skin: Warm, no rashes or ulcers
Neuro: Sensation and CN II - XII grossly normal
Psych: Alert and oriented, cooperative, appropriate mood and affect, normal judgment

Assessment/Plan

1. Cough R05.9

The condition is chronic and has been progressively worsening.
Assessment: It is likely that her use of lisinopril may be a contributing factor.
Further management will be determined based on her symptom improvement following the change in medication.

Meds: A switch from lisinopril to Olmesartan will be initiated to potentially alleviate her symptoms.

Labs: Screening labs have been ordered.

Imaging: N/A

Referral: N/A

Counseling: N/A

2. Essential hypertension I10

Chronic, controlled.

The hypertension is currently stable. The hypertension is likely secondary to her overall lifestyle. Complicated by patient's other comorbidities.

Meds: Lisinopril was discontinued, and she was started on Olmesartan to potentially alleviate her chronic cough.

Labs: Future labs sent.

Imaging: EKG is not on file.

Counseling: Lifestyle changes such as low salt diet, activity, and excess alcohol.

3. Hypothyroidism, acquired, autoimmune E06.3

Chronic, stable

Assessment: No changes in management will be made at this time.

Labs: A TSH test has been sent.

Meds: She will maintain her daily intake of levothyroxine 100 mcg.

Imaging: None

Counseling: Healthy activity and diet.

This note has been created using Dragon Ambient experience and was completed in the EHR by Marvin Miano.

Medications

amLODIPine 5 mg oral tablet, 1 tab, Oral, Daily
clopidogrel 75 mg oral tablet, 1 tab, Oral, Daily
FeroSul 325 mg (65 mg elemental iron) oral tablet
ibuprofen 800 mg oral tablet
levothyroxine 100 mcg (0.1 mg) oral tablet, 1 tab, Oral, Daily
olmesartan 40 mg oral tablet, 40 mg= 1 tab, Oral, Daily, 2 refills
omeprazole 40 mg oral delayed release capsule, 40 mg= 1 cap, Oral, Daily, 3 refills
pravastatin 20 mg oral tablet, 1 tab, Oral, Daily
traZODone 50 mg oral tablet, 4 tab, Oral, every day at bedtime, PRN
venlafaxine 150 mg oral capsule, extended release, See Instructions

Allergies

No Known Allergies

No Known Medication Allergies

Social History

Alcohol

Past

Electronic Cigarette/Vaping

Electronic Cigarette Use: Never.

Employment/School

Retired

Exercise

Physical Activity Intensity: Light. Sleep number of hours per night: 6. Self assessment: Fair condition.

Home/Environment

Marital Status of Patient if Patient

Independent Adult: Married.-

Comments: Children: yes 3

Nutrition/Health

Diet: Vegetarian. Wants to lose weight: Yes.

Substance Use

Never

Tobacco

Tobacco Use: Never tobacco user.

Family History

Congestive heart failure: Mother.

Fire: Child.

Healthy adult: Sister and Brother.

Hypertension: Mother and Father.

Overdose: Child.

Deceased Family Member(s):

Logansport Family

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Office Clinic Notes

Future Orders

Basic Metabolic Panel, Blood, Routine, 04/29/24, Once, Lab Collect, Order for future visit, Essential hypertension
 CBC w/o Differential, Blood, Routine, 04/29/24, Once, Lab Collect, Order for future visit, Essential hypertension
 Microalbumin/Creatinine Ratio Urine, Urine, Routine Collect, 04/29/24, Once, Lab Collect, Print Label, Order for future visit, Essential hypertension
 Thyroid Stimulating Hormone, Blood, Routine, 04/29/24, Once, Lab Collect, Order for future visit, Hypothyroidism, acquired, autoimmune

Follow Up Instructions

She will call in about 2 weeks or 1 month, and she will tell me if her cough is improving, if not, then she will come back to the clinic in 1 month.

MOTHER, deceased at age: Unknown. Cause of death:

Deceased Family Member(s):

FATHER, deceased at age: Unknown. Cause of death:

Deceased Family Member(s):

CHLD_RESP, deceased at age: Unknown. Cause of death:

Deceased Family Member(s):

CHLD_RESP, deceased at age: Unknown. Cause of death:

Immunizations

Vaccine	Date	Status
influenza virus vaccine, inactivated	10/05/2022	Given
tetanus/diphth /pertuss (Tdap) adult/adol	05/13/2022	Given
Comments : Early/Late Reason: Back-charting an earlier dose		
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	11/27/2021	Recorded
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	03/08/2021	Recorded
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	02/04/2021	Recorded
influenza, unspecified formulation	10/23/2015	Recorded
influenza, unspecified formulation	11/14/2014	Recorded
influenza, unspecified formulation	11/18/2013	Recorded
Novel Influenza- H1N1-09, all formulation	01/29/2010	Recorded

Health Maintenance

Pending (in the next year)

OverDue

Colorectal Cancer Screening
 due 04/14/18 and every 10 years
 Aspirin Therapy for Prevention of CVD
 due 09/16/21 and every 1 years

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Adult Wellness Exam
due 10/04/22 and every 1 years
Annual Wellness Visit (Medicare)
due 10/04/22 and every 1 years
Alcohol Use Screening
due 04/19/23 and every 1 years
Due
Glaucoma Screening
due 04/29/24 and every 1 years
Hepatitis C Screening
due 04/29/24 One-time only
Initial Preventative Physical
Examination (Medicare)
due 04/29/24 One-time only
Due In Future
Breast Cancer Screening not due
until 07/20/24 and every 2 years
Bone Density Screening not due
until 07/20/24 and every 2 years
Influenza Vaccine not due
until 09/01/24 and every 1 years
Depression Screening not due
until 11/06/24 and every 1 years
Satisfied (in the past 1 year)
Satisfied
Body Mass Index
on 04/29/24. Satisfied by Canada RN, Lori
Depression Screening
on 11/06/23. Satisfied by Canada RN, Lori
Fall Risk Screening
on 04/29/24. Satisfied by Canada RN, Lori
High Blood Pressure Screening
on 04/29/24. Satisfied by Canada RN, Lori

Electronically Signed on 04/29/24 10:55 AM

Akande MD, Olusina

Reviewed by: Akande MD, Olusina