

ABERNATHY, BARBARA (Lynn)

PMS ID: Sex: DOB: Phone: MRN: 116247PAT000058258 Female 03/12/1947 (520) 668-4025 53634

Allergies

No known drug allergies

Medications

pantoprazole 40 mg Intravenous recon soln citalopram 10 mg Oral - tablet hydrochlorothiazide 12.5 mg Oral tablet olmesartan 40 mg Oral - tablet

Medical History

Elevated blood pressure

Surgical History

Excision of basal cell carcinoma

Social History

EtOH none Single Question Alcohol Screening: 0 days Smoking status - Never smoker Healthcare Proxy: No Living Will: No

Advance Care

Do Not Intubate Do Not Resuscitate Driving status: Drives in the Daytime Drives at Night

ROS

Provider reviewed on May 23, 2024.

A focused review of systems was performed including Allergic / Immunologic, Cardiovascular, Constitutional / Symptom, Eyes, Gastrointestinal (G.I.), Hematologic / Lymphatic, Integumentary, Musculoskeletal, Neurological, Psychiatric, and Respiratory and was notable for numbness, tingling, and leg cramps.

No Rheumatoid Arthritis, No Rsd, No Joint Pains, No Joint Swelling, No Joint Stiffness, No Unsteady Gait, No Headaches, No Unexpected Weight Loss, No Fever, No Chills, No Redness, No Rash, No Immunosuppression, No Chest Pain, No Shortness Of Breath, And No Anxiety.

Chief Complaint: Toenail Dystrophy

HPI: This is a 77 year old female who is being seen for a chief complaint of a toenail dystrophy, located on the toenails of left foot (TA, T1, T2, T3, T4) and toenails of right foot (T5, T6, T7, T8, T9). The affected toenail(s) are discolored and mild in severity.

Exam:

Foot

Peripheral Pulses:

Right Dorsalis Pedis: Normal +3 dorsalis pedis pulse Right Posterior Tibial: Normal +3 posterior tibial pulse

Right Capillary Refill: Normal CFT

Right Vascular Skin Trophic Changes: No Skin trophic

changes of vascular nature Right Edema: No Edema

Right Venous Exam: Normal Venous Findings

Sensation: Right LE:

Skin:

Right Foot: skin intact, no rashes or lesions.

Foenails:

Right: nail dystrophy, nail thickening, painful toenails, discolored toenails, and thickened dystrophic nail(s) with subungual debris

Foot ROM:

ROM: Normal

Inspection:

Right Hindfoot: Normal alignment, no deformity, no

tenderness, no warmth, no masses

Right Midfoot: Normal alignment, no deformity, no

tenderness, no warmth, no masses

Right Forefoot: Normal alignment, no deformity, no

tenderness, no warmth, no masses

Right Foot Eversion: Strength: 5/5, normal muscle tone.

Right Foot Inversion: Strength: 5/5, normal muscle tone.

Peripheral Pulses:

Left Dorsalis Pedis: Normal +3 dorsalis pedis pulse Left Posterior Tibial: Normal +3 posterior tibial pulse

Left Capillary Refill: Normal CFT

Left Vascular Skin Trophic Changes: No Skin trophic

changes of vascular nature Left Edema: No Edema

Left Venous Exam: No Venous Insufficiency

Sensation:

Left LE: Sensation absent to 5.07 monofilament

Skin:

Left Foot: skin intact, no rashes or lesions.

Toenails:

Left: nail dystrophy, nail thickening, painful toenails, discolored toenails, and thickened dystrophic nail(s) with subungual debris

Foot ROM:

ROM: Normal

Inspection:

Left Hindfoot: Normal alignment, no deformity, no tenderness, no warmth, no masses

Left Midfoot Inspection: Normal alignment, no deformity, no tenderness, no warmth, no masses

Left Forefoot Inspection: Normal alignment, no deformity, no tenderness, no warmth, no masses

Left Foot Eversion: Strength: 5/5, normal muscle tone.

Left Foot Inversion: Strength: 5/5, normal muscle tone.

Impression/Plan:

1. Onychomycosis

Tinea unguium (B35.1)

Associated diagnoses: Nail Dystrophy and Foot Pain

Plan: Counseling - Onychomycosis.

I counseled the patient regarding the following:

Skin care: Onychomycosis rarely responds to prolonged use of topical anti-fungal agents. Oral antifungal agents offer a higher cure rate, but relapses occur in 50% of patients.

Expectations: Onychomycosis is a fungal infection of the nail plate. Oral therapy is more effective than topical therapy, but serious side effects such as liver toxicity, bone marrow depression and severe rashes may ensue with systemic treatment.

Contact office if: Patient develops a side effect from treatment.

Ciclopirox : Ciclopirox Counseling: Ciclopirox is a topical anti-fungal medication. Side effects of ciclopirox include local allergic reactions and irritation. Please call our office if you are having any side effects. Diagnosis includes mild to moderate toenail onychomycsis involving at least one target toenail and without lunula(matrix) involvement Lamisil: Lamisil (terbinafine) Counseling: Patient counseling regarding adverse effects of lamisil including but not limited to headache, diarrhea, rash, upset stomach, liver function test abnormalities, itching, taste/smell



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disturbance, nausea, abdominal pain, and flatulence. There is a rare possibility of liver failure that can occur when taking lamisil. The patient understands that a baseline LFT and kidney function test may be required. The patient verbalized understanding of the proper use and possible adverse effects of lamisil. All of the patient's questions and concerns were addressed.

After counseling the patient, we decided on the following plan:

• Conservative Management

Plan: MIPS Quality.

Quality 130 (Documentation of Current Medications in the Medical Record): Current Medications Documented

Plan: Prescription Medication Management.

Rx Antifungal Therapy: Lamisil #90 was prescribe which they will start pending LFT

Staff:

Adi Pajazetovic, DPM (Primary Provider) (Bill Under)

Electronically Signed By: Adi Pajazetovic, DPM, 05/28/2024 04:50 PM MST