**Progress Notes** 

# **Subjective:**

# **Chief Complaints:**

1. \*f/u post CLN.

#### HPI:

# New Symptom:

53 y/o male pt with a hx of adenomatous polyp of colon, hepatic steatosis, and high grade dysplasia in colonic adenoma is here for a f/u after a CLN. CLN showed one fragment of hyperplastic polyp in the descending colon, one hyperplastic polyp in the sigmoid colon, four fragments of hyperplastic polyps in the rectum, stool in entire examined colon, and diverticulosis in sigmoid colon. Results discussed with patient. Significance of findings and importance for surveillance explained to patient. Advise patient to repeat colonoscopy in 1 years for surveillance. All patient questions were answered. Patient understand and agrees to plan. Pt did complain of bloating and gas.

#### ROS:

# **General/Constitutional:**

Denies Change in appetite. Denies Chills. Denies Fatigue. Denies Fever.

ENT:

Denies Decreased hearing. Denies Decreased sense of smell. Denies Difficulty swallowing. Denies Dry mouth. Denies Ear pain.

## **Respiratory:**

Denies Chest pain. Denies Cough. Denies Shortness of breath at rest. Denies Shortness of breath with exertion. Denies Wheezing.

#### Cardiovascular:

Denies Chest pain at rest. Denies Chest pain with exertion. Denies Dizziness. Denies Dyspnea on exertion. Denies Palpitations.

# Gastrointestinal:

Denies Abdominal pain. Denies Blood in stool. Denies Change in bowel habits. Denies Constipation. Denies Decreased appetite. Denies Diarrhea. Denies Difficulty swallowing. Denies Heartburn. Denies Hematemesis. Denies Nausea. Denies Rectal bleeding. Denies Vomiting. Denies Weight loss.

# Hematology:

Denies Easy bruising. Denies Swollen glands.

# **Genitourinary:**

Denies Blood in urine. Denies Difficulty urinating. Denies Frequent urination.

## Musculoskeletal:

Denies Joint stiffness. Denies Leg cramps. Denies Muscle aches.

#### Skin

Denies Discoloration. Denies Dry skin.

## Neurologic:

Denies Balance difficulty. Denies Coordination. Denies Difficulty speaking. Denies Dizziness. Denies Fainting.

**Medical History:** Diverticulosis, Dysplasia. **Surgical History:** Colonoscopy 2021.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Family History: Father: deceased, multiple maloma, diagnosed with Cancer. Mother: deceased, multiple

maloma, diagnosed with Cancer. Maternal Grand Mother: deceased, cancer.

# **Social History:**

<u>Tobacco Use:</u> Tobacco Use/Smoking Are you a nonsmoker. Tobacco use other than smoking Are you an other tobacco user? No.

<u>Drugs/Alcohol:</u> Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen Did you have a drink containing alcohol in the past year? Yes, How often did you have a drink containing alcohol in the past year? 2 to 3 times a week (3 points), How many drinks did you have on a typical day when you were drinking in the past year? 3 or 4 drinks (1 point), How often did you have 6 or more drinks on one occasion in the past year? Never (0 point), Points 4, Interpretation Positive.

**Medications:** Not-Taking/PRN Dulcolax 5 MG Tablet Delayed Release take 4 tablets followed by 2 glasses of water a day before procedure at 6 pm Orally Once a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

# **Objective:**

**Vitals:** Temp 97.0 F, HR 98 /min, BP 195/116 mm Hg, 159/109 mm Hg, Ht 5 ft 9 in, Wt 224 lbs, BMI 33.08 Index.

### **Examination:**

### gi physical examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: no icterus.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended...

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

# **Assessment:**

# **Assessment:**

- 1. Diverticulosis K57.90
- 2. Hyperplastic colon polyp K63.5 (Primary)
- 3. Internal hemorrhoids K64.8
- 4. Fatty liver K76.0

# Plan:

# 1. Hyperplastic colon polyp

Notes: repeat colonoscopy in 1 year for surveillance due to multiple polyps and poor prep.

### 2. Fatty liver

Notes: advised pt weight reduction, reduction in alcohol/carbs/processed foods/sugar, increase in exercise repeat fibroscan 1 year from previous.

#### Immunizations:

Immunization record has been reviewed and updated.

## **Preventive Medicine:**

Counseling: Care goal follow-up plan: BMI management provided Yes, Above Normal BMI Follow-up Dietary management education, guidance, and counseling.

Follow Up: prn