

SUBJECTIVE:, The patient returns to the Pulmonary Medicine Clinic for followup evaluation of COPD and emphysema. She was last seen in the clinic in March 2004. Since that time, she has been hospitalized for psychiatric problems and now is in a nursing facility. She is very frustrated with her living situation and would like to return to her own apartment, however, some believes she is too ill to care for herself.,At the present time, respiratory status is relatively stable. She is still short of breath with activity, but all-in-all her pulmonary disease has not changed significantly since her last visit. She does have occasional cough and a small amount of sputum production. No fever or chills. No chest pains.,**CURRENT**

MEDICATIONS:, The patient's current medications are as outlined.,**ALLERGIES TO MEDICATIONS:**,

Erythromycin.,**REVIEW OF SYSTEMS:**, Significant for problems with agitated depression. Her respiratory status is unchanged as noted above.,**EXAMINATION:**,General: The

patient is in no acute distress.,Vital signs: Blood pressure is 152/80, pulse 80 and respiratory rate 16.,**HEENT:** Nasal

mucosa was mild-to-moderately erythematous and

edematous. Oropharynx was clear.,Neck: Supple without

palpable lymphadenopathy.,Chest: Chest demonstrates decreased breath sounds throughout all lung fields, coarse but relatively clear.,Cardiovascular: Distant heart tones.

Regular rate and rhythm.,Abdomen: Soft and

nontender.,Extremities: Without edema.,Oxygen saturation was checked today on room air, at rest it was

90%.,**ASSESSMENT:**,1. Chronic obstructive pulmonary

disease/emphysema, severe but stable.,2. Mild hypoxemia, however, oxygen saturation at rest is stable without supplemental oxygen.,3. History of depression and schizophrenia.,PLAN:, At this point, I have recommended that she continue current respiratory medicine. I did suggest that she would not use her oxygen when she is simply sitting, watching television or reading. I have recommended that she use it with activity and at night. I spoke with her about her living situation. Encouraged her to speak with her family, as well as primary care physician about making efforts for her to return to her apartment. Follow up evaluation is planned in Pulmonary Medicine Clinic in approximately three months or sooner if need be.